# *CLIENT SERVICE RECEIPT INVENTORY - CHILDREN'S VERSION -*

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**This instrument is to be completed by the main carer of the child in the family.**
**The retrospective period over which data sought = 6 months**

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## BACKGROUND INFORMATION

1. Child's name and/or number _____ ☐☐☐

2. Interviewer's name and/or number _____ ☐☐☐

3. Date of interview *day/month/year* ☐☐/☐☐/☐☐
   *d d m m y y*

4. Relationship of interviewee to child
   *(e.g. mother or aunt)* _____

5. Is the interviewee the main carer? Yes ☐ No ☐

6. Child's address *Street* _____

   *Town* _____ *Postcode* _____

7. Child's date of birth *day/month/year* ☐☐/☐☐/☐☐
   *d d m m y y*

8. Child's gender Male ☐ Female ☐

9. How would you describe your childs' ethnic status?
   *(please circle one code only)*

| | |
|---|---|
| White | 1 |
| Black Carribean | 2 |
| Black African | 3 |
| Black other | 4 |
| Indian | 5 |
| Pakistani | 6 |
| Bangladeshi | 7 |
| Chinese | 8 |
| Other | 9 |

## HOUSEHOLD CIRCUMSTANCES

10. Please tell me about your housing type

| | |
|---|---|
| Owner occupier | 1 |
| Council rented | 2 |
| Housing Association | 3 |
| Private rented | 4 |
| Other ..... | 5 |

11. Who does your child live with at the moment?

| | |
|---|---|
| Both natural parents | 1 |
| Natural mother & mother's partner | 2 |
| Natural father & father's partner | 3 |
| Living with a relative/family friend | 4 |
| Formal foster care | 5 |
| Adoptive parents | 6 |
| Residential home | 7 |
| Other ..... | 8 |

**EMPLOYMENT AND INCOME**

12. What is your employment status?

| | |
|---|---|
| Employed | 1 |
| Sheltered employment | 2 |
| Unemployed | 3 |
| Student | 4 |
| Housewife/husband | 5 |
| Retired | 6 |
| Other …… | 7 |

13. ***If unemployed*:** a) Month / year last in paid employment ☐☐ / ☐☐ (*m m y y*)

b) Job title of your last paid job _____

14. ***If employed***: a) What is your job title? _____

b) Hours worked per week (on average) ☐☐

c) What wage do you earn per month? £ ☐,☐☐

d) Is this before or after tax? Net ☐ Gross ☐
*(Gross wage = before tax and other deductions)*

e) How many days have you been absent from work in the last 6 months? ☐☐☐

f) Of these, how many are due to your child's behaviour? ☐☐☐

g) Has your child's behaviour affected your working ability? Yes ☐ No ☐

h) ***If yes***: How many hours less have you worked per week? ☐☐

i) ***If yes***: Please tick all problems related to your child's behaviour which effect your working ability

1 Tired ☐
2 Worried/anxious ☐
3 Feeling down ☐
4 Inability to concentrate ☐
5 Phone calls about the child ☐
6 Leaving work to collect child ☐
7 Other ……

j) Out of these problems at work which is the most important? ☐

k) How often does this problem effect your working day? ☐

1 Less than once a month
2 Once or twice a month
3 Once or twice a week
4 Once or twice a day

15. ***If has partner***: a) What is his/her employment status? ☐

1 Employed
2 Sheltered employment
3 Unemployed
4 Student
5 Housewife/husband
6 Retired
7 Other ……

b) ***If employed*****:** Hours worked per week (on average) ☐☐

c) What wage does s/he earn per month? **£** ☐,☐☐☐

d) Is this before or after tax? Net ☐ Gross ☐
*(Gross wage = before tax and other deductions)*

e) How many days have you been absent from work in the last 6 months? ☐☐☐

f) Has your child's behaviour affected your partner's employment or chances of a career? Yes ☐ No ☐

g) ***If yes***: How has your partners employment been principally affected? ☐

1 Loss of job
2 Choice of career
3 Absence from work
4 Change in work hours
5 Other

16. What is the main source of your income for the family Earned Income ☐ Benefits ☐

## SCHOOL SUPPORT OR SPECIAL SCHOOL

17. Has your child attended a special school or unit in the last 12 months? Yes ☐ No ☐

18. ***If yes*:** What type of educational facility does s/he attend?

| | |
|---|---|
| LEA day school | 1 |
| LEA boarding school | 2 |
| Private day school | 3 |
| Private boarding special school | 4 |
| Special unit in mainstream school | 5 |

19. How many half days a week does s/he attend the special school per term time week?

*(Note: full time is 10 sessions, half time is 5 sessions)* No. of sessions per week ☐☐

20. Does your child receive any of the following for their learning difficulties/behaviour problems?

| | |
|---|---|
| Individual tuition at home (LEA) | 1 |
| Individual tuition in a special unit | 2 |
| Help in a small group for classes (eg English/maths) | 3 |

21. Has s/he seen any of the following people in school in the last 12 months due to their behaviour or learning difficulties?

| Professional | Number of contacts | Average contact duration (minutes) | Months of contact |
|---|---|---|---|
| Educational Psychologist | | | NA |
| Welfare Officer | | | |
| Classroom assistant | | | |
| Special education needs coordinator | | | |

22. Has s/he either been excluded or suspended?

| | |
|---|---|
| Neither | 0 |
| Excluded permanently | 1 |
| Suspended | 2 |
| Suspended & excluded permanently | 3 |

23. ***If excluded / suspended*:** a) how many times has s/he been excluded?

☐☐

b) how many times has s/he been suspended? ☐☐

24. Has s/he been given a statement of special needs by the school and Education department?

*(NB: If in special school children are nearly always statemented)* Yes ☐ No ☐

## HEALTH SERVICE USE

25. Please record any use of hospital in-patient services by your child in the last 12 months.

| Admission | Reason for stay | Ward speciality (eg Paediatrics) | No of inpatient days in last 12 months |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

26. Please record any use of other hospital services by your child over the last 6 months.

| Services used | Number of attendances due to behaviour problems | Number of other attendances |
|---|---|---|
| A & E | | |
| Other out patient (paediatrics department, childrens department) | | |
| Day Hospital Treatment setting | | |

27. Has your child used any of the following services in the last 6 months?

| Service | Number of contacts | Average duration (minutes) | Home visit? (tick for yes) |
|---|---|---|---|
| **Health** | | | |
| School nurse | | | |
| Health visitor | | | |
| Dentist | | | |
| GP | | | |
| Paediatrician | | | |
| Optician | | | |
| Child development center | | | |
| Child guidance unit | | | |
| Speech therapy out of school | | | |
| Hearing specialist | | | |
| Other …… | | | |
| **Counselling** | | | |
| Family therapist | | | |
| Individual therapy | | | |
| Other……. | | | |

27 (cont). Has your child used any of the following services in the last 6 months?

| Service | Number of contacts | Average duration (minutes) | Home visit? (tick for yes) |
|---|---|---|---|
| **Support** | | | |
| Home help/ care worker | | | |
| Day care centre | | | |
| Social worker | | | |
| Social services nursery school place | | | |
| After school club | | | |
| Other …….. | | | |

28. Has your child stayed away overnight in any of the following places in the last 6 months?

In a children's home 2 How many days in total? ☐☐☐

With another foster carer 3 How many days in total? ☐☐☐

Any other residential placement 4 How many days in total? ☐☐☐

29. Has your family used any of the following services over the last 12 months as a result of you child's behaviour/disability? *(For example additional visits to the GP, family planning, social services, psychiatric services, marriage guidance, counselling, self help groups, alternative medicine, advice lines)*

| Service | Number of contacts | Average duration (minutes) | Home visit? (tick for yes) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Thank-you for your help**