CLIENT SERVICE RECEIPT INVENTORY - EVALUATING HOME-START FOR FAMILIES –

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This instrument is to be completed by the main carer of the child/ren in the family.
The retrospective period over which data sought = 3 months, except for inpatient admissions
Space has been left on the questionnaire for notes which may aid later interpretation.

BACKGROUND INFORMATION

1. Family name and/or number _____ ☐☐☐

2. Name of town/village _____

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

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

HOUSEHOLD CIRCUMSTANCES

5. Could you tell me what sort of house you live in, for example, if you own it or rent it.

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

6. How many bedrooms are there? ☐

EMPLOYMENT AND INCOME

7a) What is the main source of your income for the family?
(tick only one)

Earned Income ☐
Social Security ☐
Maintenance ☐
Other…… ☐

7b) From these categories, could you indicate which one represents the amount the family receives each week from the main source of income.

1. ☐ Less than £100
2. ☐ Between £101 and £200
3. ☐ Between £201 and £300
4. ☐ Between £301 and £400
5. ☐ Between £401 and £500
6. ☐ Between £501 and £600
7. ☐ Between £601 and £700
8. ☐ More than £800

8a) Are you currently employed? YES ☐ NO ☐

b) ***If yes:*** i) Do you work full or part-time?
Employed full-time ☐
Employed part-time ☐

ii) What is your job title? _____

iii) How many hours do you usually work per week ? ☐☐

iv) How many days have you taken off work in the last 3 months? ☐☐

v) Which of these reasons best explain this absence
Maternity leave ☐
Physical illness ☐
Children's illness ☐
Tired ☐
Feeling down ☐
Other …….. ☐

c) ***If no:*** i) Are you…..

Looking for a job	1
Student	2
Primary homemaker	3
Retired	4
Other ……	5

9. Do you have a partner living with you and your family? YES ☐ NO ☐

If yes: a) What does he/she do?
(eg. work, study, unemployed)

Employed full-time	1
Employed part-time	2
Unemployed	3
Student	4
Primary home-maker	5
Retired	6
Other ……	7

b) ***If employed*:** How many hours does he/she

usually work per week (on average)? ☐☐

c) What is his/her job title? _____

d) How many days off work has he/she had in the last 3 months? ☐☐☐

e) Has your partner's ability to work or chances of a career been affected by any stressful family events? Yes ☐ No ☐

f) ***If yes***: How has their employment been affected?

- Loss of job ☐
- Choice of career ☐
- Absence from work ☐
- Change in work hours ☐
- Other ☐

Details: _____

_____

_____

_____

CHILD EDUCATION/ DAY CARE

10. Could you tell me which of these following services your children have used in the last 3 months? I need your answers as the number of half days per week that each child uses the service.

Service	Child 1 (eldest)	Child 2	Child 3	Child 4	Child 5
Mainstream primary school					
Mainstream middle school					
Mainstream secondary school					
Special school …….					
Other education (specify): …….					
Day nursery					
After school Club					
Pre-school					
Crèche					
Registered Childminder					
Playgroup					

Regular childminding by a family member					
Holiday Schemes					
Other day care (specify): ……. …….					

11. Have any of your children stayed overnight in someone else's care, for example in foster care, during the last 3 months? (Give answers as the number of nights in the last 3 months).

Service	Child 1 (eldest)	Child 2	Child 3	Child 4	Child 5
Residential home					
Foster Care					
Boarding School					
Link Family Home					
Other ……. …….					

HEALTH AND SOCIAL CARE SERVICE USE

12. Have you or your children stayed overnight in hospital during the last 12 months?

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

13. Have you or any of your children used any other hospital services over the last 3 months?

Services used	No. of attendances	Reason
Accident and Emergency (record if ambulance called)		
Day Hospital Treatment setting		
Other (specify)……... ……...		
Other (specify)……... ……...		
Other (specify)……... ……...		
Other (specify)……... ……...		

14. Have you or any of your children used any of these services in the last 3 months?

Service	Contacts at home		Contacts at office/ surgery		Telephone contacts		Details (including person who used the service)
	No.	Duration (mins)	No.	Duration (mins)	No.	Duration (mins)	
Health							
Health visitor/ District nurse							
Dentist							
GP							
Optician							
Child development centre							
Child guidance unit							
Family centre							
Family planning clinic							
Speech therapy							
Complementary treatments (specify)……..							
Other (specify) ……..…….							
Other (specify) ……..…….							
Other (specify)……							

14. continued

Service	Contacts at home		Contacts at office/ surgery		Telephone contacts		Details (including person who used the service)
	No.	Duration (mins)	No.	Duration (mins)	No.	Duration (mins)	
Counselling							
Family therapy							
Individual therapy							
Other (specify) ……... ……							
Support							
Home help/ Care worker							
Social Worker							
Parenting skills training							
Other (specify):……... ……							
Other (specify):……... ……							
Legal							
Guardian ad litem							
Solicitor							
Other (specify):……... ……							

15. Other than the formal support services you've just listed, how much have you relied on these other types of help over the last 3 months?

a) Sought advice from friends and relatives	Often	Sometimes	Never
b) Sought advice from community groups	Often	Sometimes	Never
c) Read books or magazines	Often	Sometimes	Never
d) Internet websites on parenting	Often	Sometimes	Never
e) Telephone helplines	Often	Sometimes	Never
f) Coped on your own	Often	Sometimes	Never

16. **If has partner:** What health or social services has your partner used over the last 3 months? (including hospital services)

Service	Number of contacts at home	Number of contacts at office/ surgery	Average duration (minutes)

Thank-you for your help