

# VIPP-FC STUDY

## CHILD AND ADOLESCENT SERVICE USE SCHEDULE (CA-SUS)

### Instructions

The schedule covers the child's use of all services, *excluding use of the VIPP-FC intervention, over the last four weeks at baseline*, or the period of time between the baseline and follow up interviews. The foster carer should be asked to respond first and the social worker consulted if felt necessary.

Use circles to select options from lists.

Numbers, zeros or missing data codes should be placed in every cell.

|                   |            |
|-------------------|------------|
| VIPP-FC ID Number |            |
| Interview date    | dd mm 20yy |

|                       |                          |   |
|-----------------------|--------------------------|---|
| CA-SUS period covered |                          |   |
| Baseline              | <input type="checkbox"/> | Period covered is the last 4 weeks                        |
| 4 months              | <input type="checkbox"/> | Period from baseline assessment to current interview date |

|   |                          |  |    |          |          |    |          |
|---|--------------------------|--|----|----------|----------|----|----------|
|   |                          | Period covered (if different from above) |    |          |          |    |          |
| CA-SUS completed by (tick all that apply) |                          | Start date                               |    |          | End date |    |          |
| Foster carer/parent                       | <input type="checkbox"/> | dd                                       | mm | 20<br>yy | dd       | mm | 20<br>yy |
| Social worker                             | <input type="checkbox"/> | dd                                       | mm | 20<br>yy | dd       | mm | 20<br>yy |

Code missing data as follows:

|     |                        |
|-----|------------------------|
| 555 | Not applicable         |
| 999 | Not completed /unknown |

## Section A: Accommodation

A1 – If baseline, please ignore this question and leave this blank. At follow-up, what type of accommodation has the child lived in since the baseline interview date approximately 4 months ago? Exclude hospital stays.

|     |  | Number of days |
|-----|--|----------------|
| 01  | Domestic accommodation - with parents/foster parents/adoptive parents (owned or rented)    |                |
| 02  | Formal foster care – Local Authority   |                |
| 03  | Formal foster care – Private Agency  |                |
| 04  | Formal kinship care (e.g. post SGO)  |                |
| 05  | Informal foster care including informal kinship care i.e. living with friends or relatives |                |
| 06  | Residential care – Local Authority   |                |
| 07  | Residential care – Private agency  |                |
| 08  | Residential mother/baby  |                |
| 09  | Bed & breakfast, boarding house or hotel   |                |
| 10  | Refuge   |                |
| 11  | Supported housing  |                |
| 12  | Short break/respite care   |                |
| 13  | Other – please specify   |                |
| 999 | <i>Not completed/unknown</i>   |                |

Section B: Education

B1 – What type of education (up to and including year 11) has the child been registered to attend (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |  | Hours per day | Days per week | Number of weeks |
|-----|--|---------------|---------------|-----------------|
| 01  | Mainstream school up to year 11 (i.e. aged 16 years) |               |               |                 |
| 02  | Preschool or nursery                                 |               |               |                 |
| 03  | Residential school                                   |               |               |                 |
| 04  | Home tuition   |               |               |                 |
| 05  | One-to-One Support                                   |               |               |                 |
| 06  | Other, please specify                                |               |               |                 |
| 555 | <i>Not applicable</i>                                |               |               |                 |
| 999 | <i>Not completed/unknown</i>                         |               |               |                 |

B2 – Does the child have a statement of special educational needs?

|     |                              |                                |
|-----|------------------------------|--------------------------------|
| 0   | No                           |                                |
| 1   | Yes                          | If yes, what level (if known)? |
| 555 | <i>Not applicable</i>        |                                |
| 999 | <i>Not completed/unknown</i> |                                |

B3a – If the child is in school (Year 1 or above), how many DAYS has the child been absent from school for any reason (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |                              |                |
|-----|------------------------------|----------------|
| 1   | Days                         | Number of days |
| 555 | <i>Not applicable</i>        |                |
| 999 | <i>Not completed/unknown</i> |                |

B3b – How many of the days noted in B3a were the result of a school exclusion?

|     |                              |                |
|-----|------------------------------|----------------|
| 1   | Days                         | Number of days |
| 555 | <i>Not applicable</i>        |                |
| 999 | <i>Not completed/unknown</i> |                |

## Section C: Hospital Services

C1 – Has the child had a hospital admission (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |                              |          |
|-----|------------------------------|----------|
| 1   | Yes                          | Go to C2 |
| 0   | No                           | Go to C3 |
| 555 | <i>Not applicable</i>        | Go to C3 |
| 999 | <i>Not completed/unknown</i> | Go to C3 |

C2 - If yes, record details below

| Speciality (use code) | Details if speciality code = 09 (other) | Number of nights |
|-----------------------|---|------------------|
|                       |   |                  |
|                       |   |                  |
|                       |   |                  |

C3 – Has the child been to hospital for an outpatient/day patient appointment (an appointment in hospital that did not involve an overnight stay) (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |                              |          |
|-----|------------------------------|----------|
| 1   | Yes                          | Go to C4 |
| 0   | No                           | Go to C5 |
| 555 | <i>Not applicable</i>        | Go to C5 |
| 999 | <i>Not completed/unknown</i> | Go to C5 |

C4 - If yes, record details below

| Speciality (use code) | Details if speciality code = 09 (other) | Number of appointments |
|-----------------------|---|------------------------|
|                       |   |                        |
|                       |   |                        |
|                       |   |                        |

C5 – Has the child attended an accident and emergency (A&E) department (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |                              |          |
|-----|------------------------------|----------|
| 1   | Yes                          | Go to C6 |
| 0   | No                           | Go to D1 |
| 555 | <i>Not applicable</i>        | Go to D1 |
| 999 | <i>Not completed/unknown</i> | Go to D1 |

C6 - If yes, record details below

| Reason | Admitted | Ambulance | Number of contacts |
|--------|----------|-----------|--------------------|
|        | Yes/no   | Yes/no    |                    |
|        | Yes/no   | Yes/no    |                    |
|        | Yes/no   | Yes/no    |                    |
|        | Yes/no   | Yes/no    |                    |

## Section D: Community services

D1 - Which of the following community based professionals or services has the child or young person had contact with, or have you had contact with on the child's behalf, (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago? *Excluding contact with anyone from the VIPP-FC intervention.*

|    |   | Number of contacts | Average duration in minutes per contact |
|----|---|--------------------|---|
| 1  | General practitioner – home   |                    |   |
| 2  | General practitioner – surgery  |                    |   |
| 3  | General practitioner – telephone  |                    |   |
| 4  | Practice nurse (nurse in GP surgery)  |                    |   |
| 5  | School/college nurse, health visitor, midwife or district nurse                       |                    |   |
| 6  | Care co-ordinator, case manager, key worker   |                    |   |
| 7  | Psychiatrist  |                    |   |
| 8  | Clinical psychologist   |                    |   |
| 9  | CAMHS worker  |                    |   |
| 10 | Community psychiatric nurse   |                    |   |
| 11 | Counsellor (NHS, school/college or private)   |                    |   |
| 12 | Family therapist  |                    |   |
| 13 | Art/drama/music/occupational therapy  |                    |   |
| 14 | Social worker   |                    |   |
| 15 | Family support worker   |                    |   |
| 16 | Social services youth worker  |                    |   |
| 17 | Educational psychologist  |                    |   |
| 18 | Education welfare officer   |                    |   |
| 19 | Advice service e.g. CAB (Citizens Advice Bureau), housing association, careers advice |                    |   |
| 20 | Helpline e.g. Samaritans, MIND, Childline   |                    |   |
| 21 | Speech and language therapist   |                    |   |
| 22 | Other – give details  |                    |   |
| 23 | Other – give details  |                    |   |

## Section E: Medication

E1 – Has the child been prescribed any medication (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

|     |                              |                  |
|-----|------------------------------|------------------|
| 1   | Yes                          | Go to E2         |
| 0   | No                           | End of interview |
| 555 | <i>Not applicable</i>        | End of interview |
| 999 | <i>Not completed/unknown</i> | End of interview |

E2 – Please provide details of any medications the child has been prescribed (*if baseline*) in the last four weeks / (*if follow-up*) since the baseline interview approximately 4 months ago?

| Name of Medication      | Date Started      | Dose*     | Units (use code) | Frequency (use code) | Date Stopped    | Continuing at interview? |
|-------------------------|-------------------|-----------|------------------|----------------------|-----------------|--------------------------|
| <i>e.g. Propranolol</i> | <i>01/04/2007</i> | <i>80</i> | <i>1</i>         | <i>2</i>             | <i>555 - NA</i> | <i>Yes</i>               |
|                         |                   |           |                  |                      |                 | Yes/no                   |
|                         |                   |           |                  |                      |                 | Yes/no                   |
|                         |                   |           |                  |                      |                 | Yes/no                   |
|                         |                   |           |                  |                      |                 | Yes/no                   |

\* For current medication ask for current dose; for medication no longer taken ask for final dose.

End of interview.

CA-SUS designed by Sarah Byford at the Institute of Psychiatry, Psychology & Neuroscience

For further information please contact:

King's Health Economics

Box P024

Institute of Psychiatry, Psychology & Neuroscience

De Crespigny Park

London SE5 8AF

Email: [s.byford@kcl.ac.uk](mailto:s.byford@kcl.ac.uk)

## Speciality codes for section C

|    |                             |    |  |
|----|-----------------------------|----|--|
| 01 | Paediatrics                 | 06 | Dental Medicine                                      |
| 02 | Mental health               | 07 | Dermatology  |
| 03 | Asthma clinic               | 08 | General medicine                                     |
| 04 | Speech and language therapy | 09 | General surgery                                      |
| 05 | Ear Nose & Throat           | 10 | Other or unknown (please specify in 'notes' section) |

## Medication codes for section E

### Units

|   |                  |   |                      |
|---|------------------|---|----------------------|
| 1 | Milligrams (mg)  | 6 | Inhalers             |
| 2 | Microgram (mcg)  | 7 | Bottles              |
| 3 | Grams (g)        | 8 | Packs                |
| 4 | Millilitres (ml) | 9 | Other – give details |
| 5 | Tubs/tubes       |   |                      |

### Frequency

|   |                    |    |                                     |
|---|--------------------|----|-------------------------------------|
| 1 | Once daily         | 7  | As needed, about three times a week |
| 2 | Twice daily        | 8  | As needed, about twice a week       |
| 3 | Three times daily  | 9  | As needed, about once a week        |
| 4 | Four times daily   | 10 | As needed, about once a fortnight   |
| 5 | Once weekly        | 11 | As needed, about once a month       |
| 6 | Once per fortnight | 12 | Other – give details                |