

# Transforming Children’s Community Services (TraCCS) Study

## Cost Questionnaire for Teams

Information for week beginning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Site Code:

\_\_\_\_\_

1. Please state the WTE for each band in your team in the table below:

Band	5	6	7	8	Other band(s)
WTE					

2. In the past week, how many **contacts** with families has the team had

\_\_\_\_\_

3. In the past week, please estimate how many hours have been spent on the activities listed, by staff band, in the table below:

Band	<i>Direct contact with family delivering care/intervention</i>	<i>Telephone support to family</i>	<i>Admin. tasks (e.g. referrals)</i>	<i>Travelling to and from family</i>	<i>Under supervision</i>	<i>Other (please specify)</i>
5						
6						
7						
8						

4. In the past week, approximately how many miles have the team accumulated in travelling to and from locations in which they deliver care?

\_\_\_\_\_

5. Please estimate how many hours in total have been spent on training activities listed in the table below (by staff whilst employed as a member of the team)?

	<i>Undertaking training</i>	<i>Undertaking examinations</i>	<i>Being assessed or evaluated other than through examinations</i>
<b>All bands</b>			