

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

AS ADAPTED FOR USE IN THE JRF-FUNDED RESEARCH EVALUATING HOME-START FOR FAMILIES

BACKGROUND INFORMATION AND MANUAL, JANUARY 2001

Introduction

The *Client Service Receipt Inventory* (CSRI) was originally developed at the Personal Social Services Research Unit, University of Kent in 1986 for the first evaluation of the Care in the Community Initiative programme and the economic evaluation of psychiatric reprovision in North London¹. Its antecedents, however, go back even further to research at the PSSRU on the economics of child care, residential services for elderly people and the case management projects of the early 1980s.

Since 1986, the schedule has been used in over 100 evaluations of care for people with needs related to mental health, learning disability, physical disability and old age. For each evaluation, the overall structure and content of the schedule has remained the same although the service context of each research project has meant that a different emphases on particular questions is necessary to ensure it best suits the project's needs. In addition, refinements have been made to the way questions are asked and the way information is recorded.

This version of the CSRI was developed directly from work undertaken at the Centre for Economics of Mental Health at the Institute of Psychiatry to develop a schedule relevant for economic evaluations for mental health services for children and adolescents. Here the schedule is adapted for use with families of young children for whom volunteer home visitors are considered an appropriate way of providing extra support. This evaluation focuses on assessing both the effectiveness and cost-effectiveness of this means of delivering support by comparing the outcomes and costs for young families who receive a service from Home-Start with families selected from areas where no Home-Start service exists.

Introduction to the Client Service Receipt Inventory

The overall aim of the *Client Service Receipt Inventory* is to collect information that describes in detail the types and level of services that comprises the support package of each study member. In this study, the young families are the focus of the intervention, rather than any one particular child or person so our interest is in the resources available to and used by the whole family. These service-related data are important in their own right as they can inform decisions about planning, commissioning and providing services to meet the needs of particular populations. However, the schedule has been designed so that resource use data are recorded in a standardised way that best facilitates the estimation of component and total support costs for each family. Just as needs or outcome data are collected for individuals, in

¹ Beecham, J. and Knapp, M. (1992, 2000) Costing psychiatric services, in G. Thornicroft, C. Brewin, J. Wing (eds) *Measuring Mental Health*, Gaskell, London.

an economic evaluation it is important to measure at the same level the costs of the resources used to generate those outcomes.

The collection of service use data is the first of three stages in the 'costing' process. The second stage is to list all services used by all people in the study and estimate a unit cost for each service, or service type. For services which are likely to absorb a high proportion of the total costs (special accommodation arrangements or education services, say) detailed financial and activity data are required to estimate a service-specific unit cost. This approach is also taken for services that are innovative, specific to the local area or the focus of the evaluation, such as the Home-Start volunteers. For other services, perhaps social workers or general practitioners, the variation in costs between service contexts and between geographic areas is likely to be small and unit costs can be taken from an annual compilation of nationally applicable unit costs². In this study careful attention will be paid to any price differences between the study area in England and Northern Ireland.

The third and final step in the costing process is to combine information on the frequency and duration of service use with the unit costs of each service. For example, the cost of a child's receiving support from a speech therapist would be estimated as

(total no. contacts * average duration of contact) * unit cost of speech therapist.

This process is repeated for each service used by each family. The total cost ascribed to each family, therefore, will reflect the intensity with which they each support service. On completion of this stage, the cost data are ready to be analysed.

The following sections of this document clarify the meaning of some of the CSRI questions and define some of the concepts and terms used.

General information on completing the CSRI

It is important to note that the schedule is called an 'inventory' rather than an 'interview'. This CSRI has been designed for completion during interview with the main carer, but additional information on service use may have to come from other sources. For this study, one of the selection criteria is that the mother is the main carer of the children. It is likely that she will know how often, and for how long her family members have used which support services. However, for those services that are central to the evaluation, in the study particularly the Home-Start volunteers and health visitors, some details may have to be confirmed with the provider organisation. In addition, some data are collected on the semi-structured schedule that will aid a fuller understanding of the support context for each family. Examples here would be the extent to which they receive support from partners, other family members or friends.

In using the CSRI, past experience has suggested it is often useful to carry a spare copy and give it to the mother. She can then follow the questions and read the multiple-choice options answers on her own copy.

Where the mother cannot answer a question please the interviewer should be clear how the response is recorded. You should record one of the following:

² Netten, A. and Curtis, L. (2000) *Unit Costs of Health and Social Care, 2000*, Personal Social Services Research Unit, University of Kent at Canterbury.

- N/AP = information not applicable such as the job details where a mother is not employed;
- N/AV = information not available, for example, where a mother does not want to answer a question;
- D/K = don't know, for example where a mother doesn't know how her partner's career has been affected by family events; or
- NONE = not received, for example where a certain service has not been used.

In many research projects, the data requested for the CSRI are to be collected by researchers unfamiliar with the many and varied service contexts which surround study members. It is also often the case that the people collecting the data are unfamiliar with the activities involved with an economic evaluation. For these reasons ***we are more than happy if researchers write clarification notes on the schedule.*** Often, PSSRU/CEMH researchers are responsible for cost estimation but have not undertaken the CSRI interviews. Such interviewer notes can be very useful in explaining the service or costs context more clearly and solving perceived inconsistencies in the data.

Client Service Receipt Inventory: Evaluating Home-Start for Families

Background information

Q.1-4 As the schedule is one of a series of questionnaires for the mother to complete these questions do not have to be asked again. However, it is important that the data are accurately transcribed from other schedules as this will help ensure that the data from the CSRI and other schedules are correctly linked at the data-entry and analysis stages of the research. **DO NOT** omit the interview date (including the year) as this will help ensure the baseline and follow-up data can be correctly identified

Household circumstances

Q.5-6 Findings from many previous research studies have shown strong links between the type of accommodation in which families live and levels of deprivation. We have selected two indicators for this schedule, tenure of the household and size of house as measured by the number of bedrooms. These indicators not only provide information about the circumstances that people live (how many people share bedrooms, for example) but also aid cost estimation.

Employment and income

Q.7 The source of financial resources available to a household is also important indicator of deprivation. Again, drawing on past research we know that families whose main source of income is 'earned income' tend to have a higher level of available resources than those who rely mainly on maintenance payments or social security benefits. More detail is requested in the next question where parents are asked for a broad estimate of the *household* income. The format for the question has been found to work well as respondents only have to indicate which number the interviewer should tick rather than mention particular amounts of money. This is an example of a situation where it

is useful for the interviewee to have a copy of the questionnaire in front of them - selecting an income band is far easier than stating an amount for income.

- Q.8 These questions concern the employment circumstances of the mother (main carer). If the answer to Q.8a) is NO then obviously none of the remaining questions about her employment should be asked. The interviewer should move straight to Q.8c) to ascertain the mother's current status.

These questions on employment have a two-fold purpose. First a person's job title can be used to place the family within the *Registrar General's Standard Occupational Classification*. This gives a broad indicator of the family's social class that can be useful in some circumstances as a summary predictor variable. More importantly, the data in Q8b) allows us to explore the impact on work and employment of having children in circumstances where extra support is required. For example, lost employment/production costs can be estimated from national sources if we know the job title and number of hours worked.

- Q.9 In this question a series of details are requested from the mother about her partner's employment. If at Q9a) the partner is found NOT to be employed full- or part-time, please go straight to the Q9e).

Q.9b)-9d) follow a similar pattern to questions about the mother's employment situation however, Q.9e) and Q.9f) are phrased differently. This is because we are asking the mother for her understanding of her partner's employment situation. Examples of information to note in the *Details* section might concern the number of hours absent from work or reduced/increased each month, and over what period. Or it might be used to record to a decision taken some time ago about changing an expected career path to fit in with family needs. Little is known about the short- or longer-term impact of stressful events in the family on partners' employment and completing both the 'tick boxes' and the *Details* section will provide important information. It is unlikely that we will be able to estimate accurately the impact on the production/employment costs but the descriptive data will be informative.

Service receipt information

Q.10 to Q.16 form the remainder of the CSRI.

These questions are concerned with recording data on the families' use of support services with most questions focussing on the mother and child/ren. The approach is comprehensive, asking for information about use of *all* services and supports. We require information on how often the service is used (frequency) and the average length of each contact (duration). Both these data are required to compile estimates on the total costs of support packages. It is only by asking about all services and supports that we can assess the extent to which services substitute and complement both *within* and *between* the two comparison groups.

Please take care to complete the tables with reference to the phrasing of the question. Most questions ask for data to be recorded on services used *over the last three months*. Previous research has shown that over this length of time the interviewee's recall of events is reasonably accurate. However, for overnight stays in hospital, and only this question, the retrospective period has been extended to 12 months. This is because inpatient care is an

expensive and usually infrequently used service but one that might have a major impact on both the person admitted and their family.

In each table, space has been allowed for one or more 'other' services. This is so that unusual or rarely used services can be included. Where these 'other' rows are used, please ensure you specify as much information as possible as this will aid the cost estimation. This might include the address of the facility or the contact's name and professional affiliation. This information should be recorded for each service that cannot be included with services identified in the table.

To help you and the interviewee complete the service receipt sections it is useful to compile *aide memoire* sheets which can also list a number of different services that may come under a the same category. The most useful way to use these sheets is to develop a list of named services that are relevant to the area in which you are interviewing. For example, a day nursery might be known as 'Apple Street Day Nursery'. 'The Evans Child Clinic' might be the local child guidance clinic or perhaps the local social services family centre is known as 'The Deakin Centre'. Often these names/titles will be more meaningful to the mother than the description of the service listed in the schedule. Handing the list of services to a mother and/or reading them out may also jog her memory as to which services family members have used.

Child education/day care

Q.10 Information is requested in this section on the way all children in the family use education and day care services. You will already have found out about family composition in schedules used earlier in the interview. You may find it useful to keep this piece of paper handy as you complete these questions or write the relevant child's name at the top of the table over the appropriate column. Please note that receipt of education/day care services should be entered as ***number of half-days per week that child has usually attended over the last three months***. The data will be adjusted to reflect use over the full three-month period at the data-entry stage.

Overnight stays

Q.11 This question asked about the number of nights any of the children have spent away from home. These services are not likely to be used often but can be expensive. There are a number of quite everyday reasons why children might spend nights away from home such as respite care for children with disabilities, mother's admission to hospital, or a sibling's admission to hospital. These examples might be a useful way of explaining the service.

Use of hospital services

Q.12 Space has been allowed for each admission ***over the last 12 months*** to hospital to be recorded, the reason why the child was in hospital and the type of ward they stayed in. This column will help us estimate a cost for the service more accurately. Please ensure the **total** number of days spent in each ward/specialty is entered in the final column.

Q.13 Again, focussing on hospital services, you should record here use of Accident & Emergency Departments. Note that information is requested with reference to the ***last 3 months***. If an ambulance was called please record this alongside the reason for

admittance or if there is not enough room, below the table. Please also record whether an admission to hospital followed the A&E visit and record the details at Q.13.

Please do not forget to ask about outpatient appointments also listing the specialty (e.g. ENT, Paediatrics) alongside the reason for attending.

Use of health and social care services

Q.14 In this large and rather complex two-page table we have listed a number of services and professionals which may provide vital support for young families. Passing to the mother the list of local services may help to complete this table. Many people often do not know whether, for example, they saw a psychiatrist or a psychologist, a social worker or a counsellor. However, they often know the name of the clinic, building or street they visited.

Generally, people will have an appointment at a surgery or office but occasionally the professional will make a home visit or contact will be made by telephone. Please record the total number of contacts that occurred in the home, **and** the total number of contacts made at an office or clinic, **and** the total number of telephone contacts.

In the column headed **Details** please record information about who used the service (mother? child/ren?) and why it was used. Please record carefully what special childcare or transport arrangements were made as these often carry financial implications.

Two questions complete this schedule.

Q.15 This question asks about other types of support that the mother may have accessed without recourse to formal services.

Q.16 The final question asks about the supports and services that the mother knows her partner has used over the previous three months. As with the earlier service receipt questions, the table should be completed with as much detail as possible about the service, ensuring the correct cell for home and/or office contacts is completed and the average duration of each contact recorded.

If you have any queries about the Client Service Receipt Inventory, please contact Michelle Sleed or Dr Jennifer Beecham

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