

Patient ID No:

Inclusion criteria

Q1 Inclusion criteria	(a) Is the patient a parent?	
	(b) How frequently Is patient in contact with child(ren) (when patient not in hospital)?	

Patient details

Q2 Patient demographic information	(a) Gender	
	(b) Age	
	(c) Marital status	
	(d) Ethnicity	
	(e) Current employment status	
	(f) Is patient in receipt of benefits?	

Q3 Patient's diagnosis	(a) Primary diagnosis	
	(b) Secondary diagnosis	

Child in Need and Risk

Q 4 Admission details	(a) Date of admission (triage)	
	(b) Length of admission	

Child(ren) details

Q5 Number of child(ren)	(a) How many dependent children does the patient have?			
Q6 Details of child(ren)	Child 1	Child 2	Child 3	Child 4
(a) Gender				
(b) Age				
(c) Usual living situation of child				

Q7 Child Need and Risk	(a) Is full Child Need and Risk Screen completed?	
	(b) Is Child Need and Risk section of Care Plan completed?	

	(c) When was screen completed?	
	(d) Is child considered to be at risk?	
	(e) How is the risk being addressed?	
	(f) Does the parent's MI impact capacity to parent?	
	(g) Are alternative parenting arrangements in place?	
	(h) Who is the alternative carer?	
	(i) Where does the alternative carer live?	

month period from admission, whichever is shorter)	(b) Is the visiting plan included on EPJs?	
	(c) If yes to (b), give brief details of content of visiting plan	
	(d) Does the patient have face to face contact with children whilst in hospital?	
	(e) Does the patient have telephone contact with children whilst in hospital?	
	(f) Frequency of contact with children whilst in hospital	

Patient's contact with children while in hospital

Q8 Patient's contact with children whilst in hospital (for duration of stay or 3	(a) Does Child Need and Risk screen refer to a visiting plan being in place?	
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Support offered to patient and/or patient’s children and family

		Service offering support					Mode of delivery		Target client group		
Category of support	Type of support offered	<i>Inpatient</i>	<i>Community Mental Health Team</i>	<i>Social Services</i>	<i>Voluntary Sector</i>	<i>Other</i>	<i>Individual</i>	<i>Group</i>	<i>Parent</i>	<i>Child</i>	<i>Family Unit</i>
Q 9 Advice and support focused on child’s mental illness	(a) Support and monitoring										
	(b) Education and training about child’s MI										
	(c) Social/peer support										
	(d) Information on/ referral to other services										

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skills and competencies	(b) Education and training on parenting										
	(c) Education and training on parenting designed for parents with MI										
	(d) Parenting support and training focused on children with MI										
	(e) Therapy										

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Q12 Other support to strengthen family relationships	(a) Support and monitoring										
	(b) Therapy										
Q13 Support with managing crises relating to Parenting and protecting the children and family	(a) Direct support when crisis occurs										
	(b) Support with developing crisis plan										

