


**Appendix 1: Example data output extracted by NSPCC for NIM intervention resource use**

	Case Number	Recipient Type	Recipient Gender	Appointment Date	Appointment Duration	Attendance	Attendee Role	NSPCC Staff Role	Organisation Referring To
<i>example</i>	10001	child	male	25/01/2016	90	attended	child	NULL	NHS Greater Glasgow and Clyde
<i>example</i>	10001	child	male	25/01/2016	90	attended	NSPCC staff	Practitioner	NULL
<i>example</i>	10002	adult	female	26/01/2016	120	DNA (no show)	adult	NULL	NULL
<i>example</i>	10002	adult	female	26/01/2016	120	DNA (no show)	NSPCC staff	Service Manager	NULL

## Appendix 2: CM contact data collection form for resource use

		Effectiveness and cost-effectiveness of the New Orleans Intervention Model for infant Mental Health		<h3 style="text-align: center;">CONTACT DATA COLLECTION FORM</h3> <p style="text-align: center; color: red;">(please complete one row per contact using additional pages as necessary)</p>			
<b>CHILD INITIALS</b> (Forename / Surname): Click or tap here to enter text.				<b>BeST ID:</b> Click or tap here to enter text.			
<b>GENDER</b> (please tick): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				<b>DATE OPENED:</b> Click or tap to enter a date. <b>DATE CASE CLOSED:</b> Click or tap to enter a date.			
DATE	NATURE OF CONTACT	APPOINTMENT DURATION	IN ATTENDANCE: (Who else was in attendance? e.g. <u>1</u> Birth parent <u>1</u> Child <u>2</u> Social workers)			REFERRAL OUT Referral to outside services?	
<b>15/01/2015</b>  <b>EXAMPLE</b>	<input checked="" type="checkbox"/> <b>Observed Contact</b> <input type="checkbox"/> <b>Individual Interview</b> <input type="checkbox"/> <b>Other, please specify</b> Click or tap here to enter text.	<b>Appointment</b> <u>1</u> HRS <u>30</u> mins <input type="checkbox"/> <b>DNA</b>  <b>Administration</b> <u>4</u> HRS <u>0</u> mins	<u>1</u> Birth parent ___ Foster carer <u>1</u> Child ___ Significant family member <u>1</u> Teacher / school staff ___ Child Psychologist	<u>2</u> Social worker ___ Social worker manager ___ Social care worker ___ GP/medical professional ___ Health visitor ___ Housing officer	___ Psychiatrist <u>1</u> Interpreter ___ Addiction worker ___ Other, please specify Click or tap here to enter text.	<input checked="" type="checkbox"/> <b>Yes, please specify</b> Families for Children  <input type="checkbox"/> <b>No</b>	
Click or tap to enter a date.	<input type="checkbox"/> <b>Observed Contact</b> <input type="checkbox"/> <b>Individual Interview</b> <input type="checkbox"/> <b>Other, please specify</b> Click or tap here to enter text.	<b>Appointment</b> ___ HRS ___ mins <input type="checkbox"/> <b>DNA</b>  <b>Administration</b> ___ HRS ___ mins	___ Birth parent ___ Foster carer ___ Child ___ Significant family member ___ Teacher / school staff ___ Child Psychologist	___ Social worker ___ Social worker manager ___ Social care worker ___ GP/medical professional ___ Health visitor ___ Housing officer	___ Psychiatrist ___ Interpreter ___ Addiction worker ___ Other, please specify Click or tap here to enter text.	<input type="checkbox"/> <b>Yes, please specify</b> Click or tap here to enter text.  <input type="checkbox"/> <b>No</b>	
Click or tap to enter a date.  <input type="checkbox"/> <b>AS ABOVE</b>	<input type="checkbox"/> <b>Observed Contact</b> <input type="checkbox"/> <b>Individual Interview</b> <input type="checkbox"/> <b>Other, please specify</b> Click or tap here to enter text.	<b>Appointment</b> ___ HRS ___ mins <input type="checkbox"/> <b>DNA</b>  <b>Administration</b> ___ HRS ___ mins	___ Birth parent ___ Foster carer ___ Child ___ Significant family member ___ Teacher / school staff ___ Child Psychologist	___ Social worker ___ Social worker manager ___ Social care worker ___ GP/medical professional ___ Health visitor ___ Housing officer	___ Psychiatrist ___ Interpreter ___ Addiction worker ___ Other, please specify Click or tap here to enter text.	<input type="checkbox"/> <b>Yes, please specify</b> Click or tap here to enter text.  <input type="checkbox"/> <b>No</b>	
Click or tap to enter a date.  <input type="checkbox"/> <b>AS ABOVE</b>	<input type="checkbox"/> <b>Observed Contact</b> <input type="checkbox"/> <b>Individual Interview</b> <input type="checkbox"/> <b>Other, please specify</b> Click or tap here to enter text.	<b>Appointment</b> ___ HRS ___ mins <input type="checkbox"/> <b>DNA</b>  <b>Administration</b> ___ HRS ___ mins	___ Birth parent ___ Foster carer ___ Child ___ Significant family member ___ Teacher / school staff ___ Child Psychologist	___ Social worker ___ Social worker manager ___ Social care worker ___ GP/medical professional ___ Health visitor ___ Housing officer	___ Psychiatrist ___ Interpreter ___ Addiction worker ___ Other, please specify Click or tap here to enter text.	<input type="checkbox"/> <b>Yes, please specify</b> Click or tap here to enter text.  <input type="checkbox"/> <b>No</b>	

### Appendix 3: Additional Service Use Questionnaire

In this form we are collecting the number of visits and time spent in services in the past **six months** (if you have fostered the child for less than six months, refer to the duration of time you have fostered the child). We need to know this for both you **and** the BeST study child (referred to as 'The Child'). We do not need to know the reason for the visit. All information will be kept strictly confidential. For each item indicated please write a **number** in the box. Please give your "**best guess**" where the exact number is uncertain. Please indicate **0** where there was no appointment or visit.

Child's BeST ID: \_\_\_\_\_ What is your relationship to the child?: ☐ Birth family ☐ Foster Carer

How long has the child been with you?:	Years <input type="checkbox"/> Months <input type="checkbox"/>
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**Example: Number of Visits ~ In the past six months how many times have you or the child attended the following services?:**

	Yourself	The Child
Example: GP	0	2

**In the past six months how many times have you or the child visited or used the following services?:** (if you have fostered the child for less than six months, consider the duration of time you have fostered the child)

	Yourself	The Child
GP		
NHS 24 (Number of calls)		
Paediatrician (children's doctor)		
Dentist		
Hospital outpatient visit or day case		
Hospital A&E visit		
Speech and language therapist		
Drugs, alcohol worker/addiction services		
Domestic violence services		
Women's protection services		
Adult mental health services		
Child & adolescent mental health services (CAMHS)		
Educational Psychologist		

**In the past six months how many times have you or the child had the following?:**

	Yourself	The Child
Police Call Out due to incident or arrest		
Visit from Police Liaison Office		

**In the past six months how many overnight stays have you or the child had in hospital?:**

	Yourself	The Child
Total nights spent in hospital		

**In the past six months how many days have you or the child spent in residential or respite care?:**

	Yourself	The Child
Total number of days spent in residential or respite care		

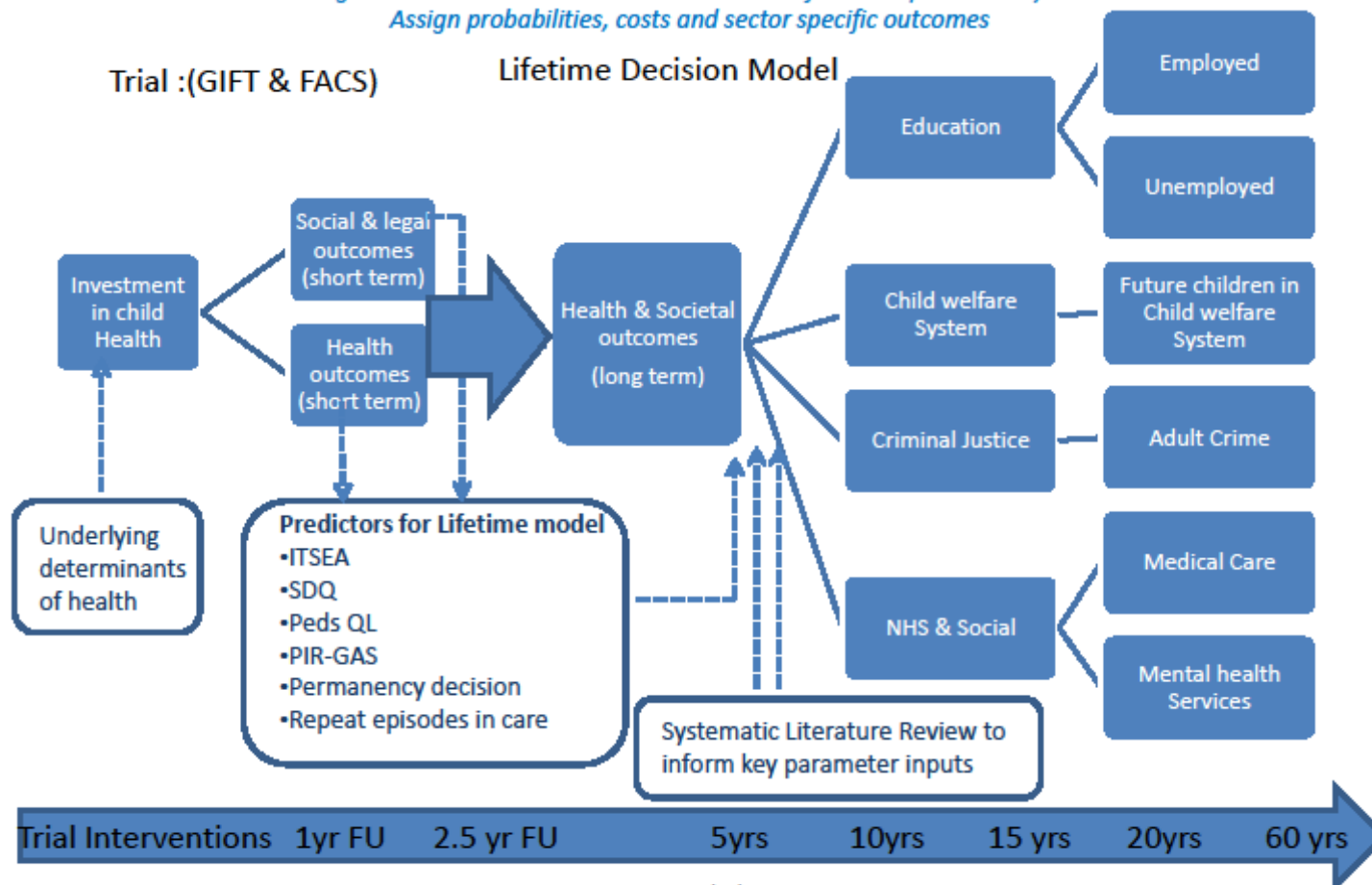
**In the past six months how much time did you spend on child care services for the child?:**

	Number of Half Days per Week	Number of Full Days Per Week	How many weeks in the last six months did the child attend this service?
State (free/reduced cost) nursery / child care			
Private (paid) nursery / child care			
Pre-school			

Appendix 4: Figure: Health Economics Logic Model

# Economic Logic model

*Investing in Children: use trial outcomes to model lifetime impacts on key sectors*  
*Assign probabilities, costs and sector specific outcomes*



Adapted from Belli, et al. 2005 Investing in Childrens Health , BWHO, 2005:83(10)