### **Children & Families**



### Welcome

Thank you for joining our research project! Your contributions are really valuable and we appreciate you taking the time to fill this out.

This book is part of a research project called SysteMatic which is about improving health and social care for people with multiple long-term conditions. This book is created to find out about:

- Daily life with multiple long-term health conditions
- Experiences of health and care services
- How we could make these services better

Feel free to complete the activities in your own time and in the way that suits you best. You might do a bit at a time or complete the whole book at once. You may want to complete this on your own or with a family member or friend.

If you have any questions or concerns about this activity book please contact Isobel:

Email: isobel.leason@liverpool.ac.uk

Call/text/WhatsApp: 07385112735

In this book you there are 8 activities. You can respond to them in the ways that suit you best.

### That could include:

- Filling out this book
- Making notes or drawing on a separate piece of paper
- Typing up answers on your computer e.g. in a Word document
- Taking photos or videos
- Sending us voice notes or text messages

### Once you've finished:

Return this book (and any extra pieces of paper) to us using the prepaid postage.

Make sure you have sent any digital documents, photos, videos etc to Isobel:

@ Email: <a href="mailto:isobel.leason@liverpool.ac.uk">isobel.leason@liverpool.ac.uk</a>

© WhatsApp: 07385112735

### 1. About Me

Tell us about you, and the important things in your life. **Family** ME Where I'm from: Age: **Gender: Marital status: Occupation Hobbies &** interests **Other important** things in my life

**Friends** 

Communities I'm part of



Photo opportunity: Show us the important things in your life

# 2. Our journey

Create a timeline to tell us about your families journey and your child's health.

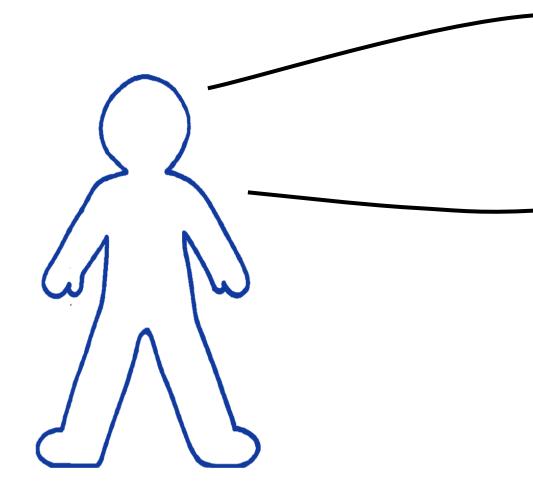
You could include:

- Key events in your lives e.g. marriage, birth, moved house
- Health symptoms, conditions or diagnoses

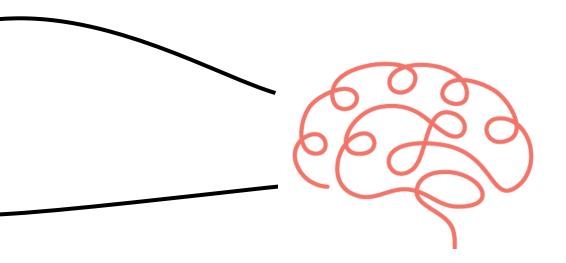
# 3. My child's health

Write or draw on the body and mind to tell us about anything that affects your child's health.

### How their body is affected



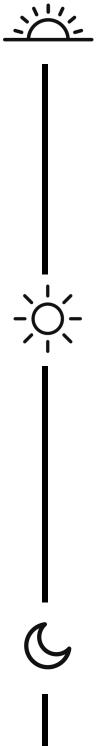
### How their mind is affected



## 4. Daily life

Thinking about your child's health, tell us about what day to day life is like.

A DIFFICULT day wit A TYPICAL day with my child's health



### rith my child's health

### A GREAT day with my child's health



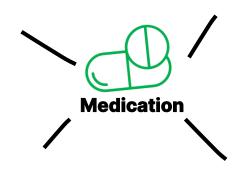


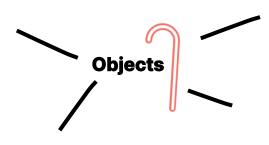
Photo opportunity: Show us what daily life is like for you

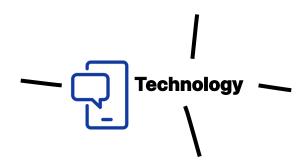
# 5. Managing my child's health

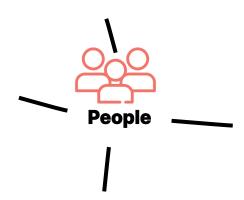
Add anything that helps manage your child's health.

You could draw lines between anything that links.









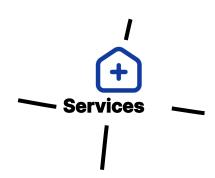


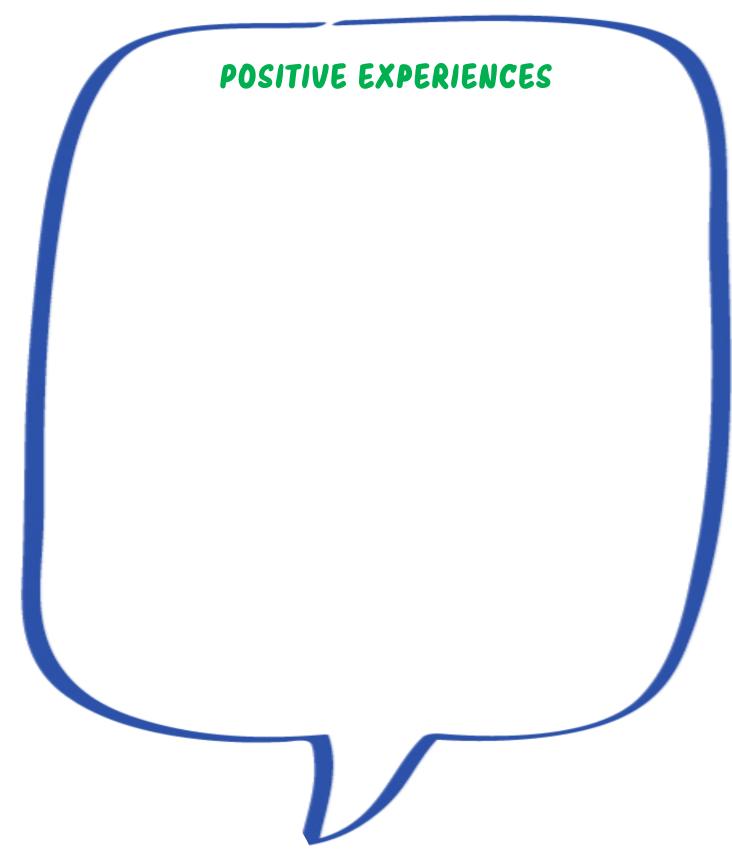




Photo opportunity: Show us the things that help you manage your health

### 6. Health & care experiences

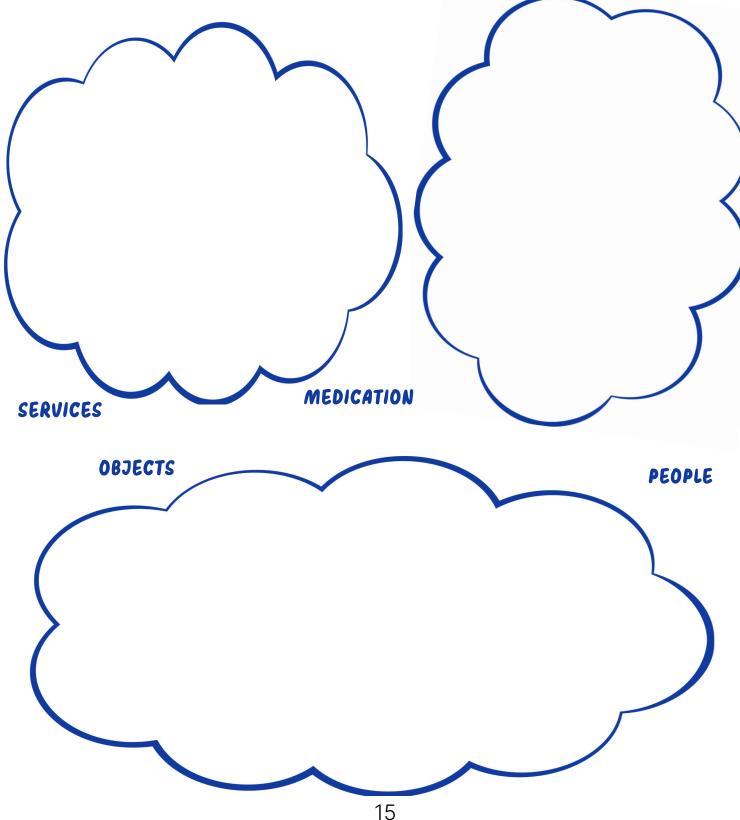
We want to hear about your experiences of health and care services so they can be improved for everyone. Tells us about any positive or negative experiences you have had with your child that come to mind.

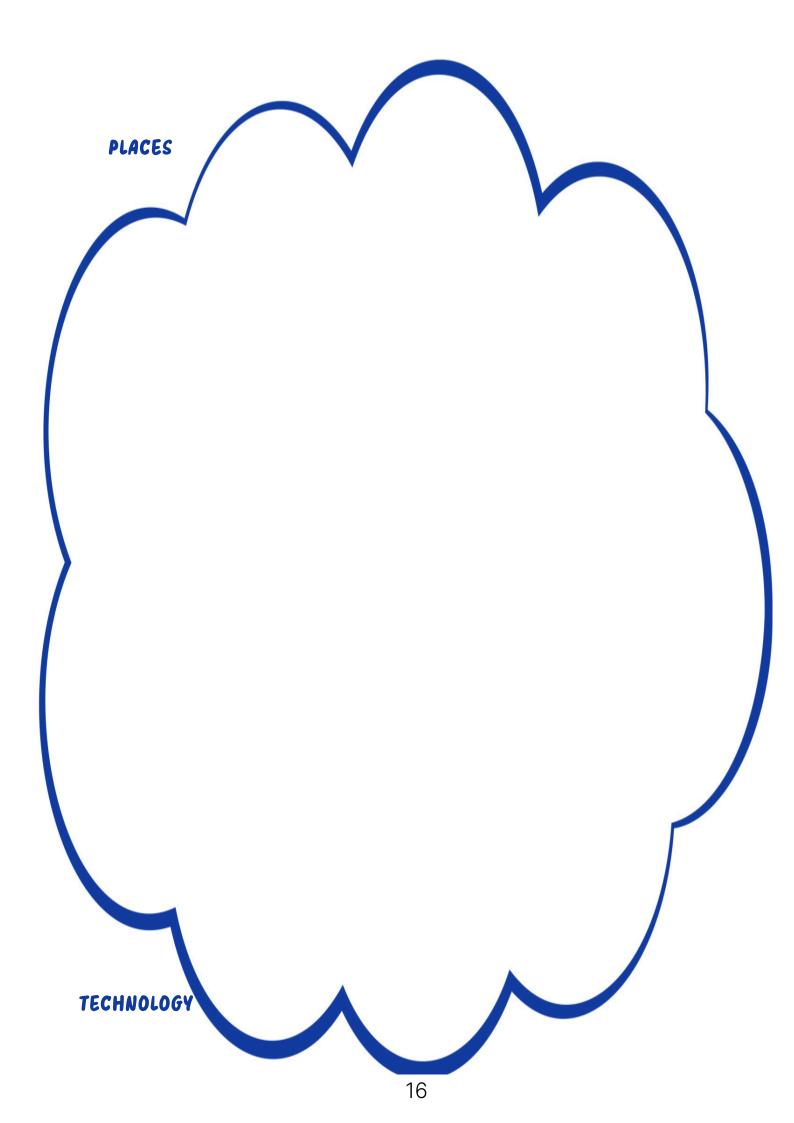


# NEGATIVE EXPERIENCES

# 7. Dreams for living better with multiple health conditions

It doesn't matter if it sounds impossible right now. We want to hear about what an ideal future for your child and their health would look like. Also tell us any ideas for improving the lives of people with multiple health conditions and those who care for them.





# 8. Anything else

If there anything else that you would like to tell us you can write it here.

_	Did anyone else help you fill out this book?
resear	answers in this book are private. When sharing the results of our och we might talk about some of the things you said. We will use a name for this. What would you like the fake name for you to be?
Cho	ose a fake name for your child, and anyone else you mentioned:
_	

# Thank you!

Thank you for taking the time to tell us your story. We really appreciate it.