

Scheme code: HSBCN

Home-Start Family Name. :

Volunteer name:

Month/Year:

Volunteer Monthly Structured Diary

Update this form after each visit or contact with the family. It should be returned to the Home-Start office at the end of each month together with your expense form. It is important that the scheme has a record of contact with the family, so you must return the form each month. Please use the coding system below to complete each column with an *. Note there may be more than one activity or service for each visit. You may also play more than one role in supporting families with each service, please ensure the roles you play are noted alongside each service. For example, you may accompany your family on an appointment (3) then you may discuss the information from the appointment with them afterwards (4). Or you may signpost them to a service (1) and discuss how they could best use the service prior to an appointment (4). Please also use a code to give the reason the visit did not take place and to identify who was in when you visited.

Planned visit date	Visit took place? Y/N	A. Reason visit did not take place* <i>(Code 1 to 6)</i>	B. Who did you <u>see</u> at home when you visited? <i>(Code M, D, C1,C2 etc... C1 being the <u>eldest</u> child)</i>	Visit start time	Visit end times	C. Activities* <i>(Code 1 to 5)</i>	D. Service* <i>(Code 1 to 26)</i>	E. Role with service* <i>(Code 1 to 6)</i>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Recent Life Events

Has the family had a recent life event, during support or within one year before the start of support?
Yes/No (please circle).

If yes, please state when and describe briefly:

Life Event	Date	Describe
Recent bereavement immediate family extended family close friend		
Recent unemployment		
Reduction in employment		
Threat of unemployment		
Reduction in income (e.g. Benefits, tax credits, salary)		
Separation		
New partner/marriage		
Serious Illness Parent Child		
New birth		
A&E visit adult or children		
Becoming a carer		
Change in housing		
Immigration		
New job/employment		
Other (specify)		

LISTENING TO CHILDREN:

In the space below please record what you can about interaction with the babies and children you visit. This can include any comments they make, if they are pleased to see you, if they have a special name for you, what you enjoyed doing this month, how they react if you read a story to them etc. This helps us to determine what impact we are having on the lives of children and if they benefit from Home-Start's involvement.

Additional volunteer support:

Only complete if applicable: please record date/type of any one-off additional support outside planned home visits – for example a hospital or school visit; telephone call for emotional support.

Date	Type of support	Comments

Additional Volunteer's comments

Comments	Date:.....
Comments	Date:.....
Comments	Date:.....
Comments	Date:.....

(please continue overleaf if you need to)

Volunteer signature: _____