

VOLUNTEER – FAMILY MONTHLY STRUCTURED DIARY

Volunteer _____ Co-ordinator _____ Family _____ Month _____

CODES:

- A) Reason for no visit
 - B) Who was home during visit
 - C) Activities during visit
 - D) Services Used
 - E) Role in service
- PLEASE CHECK CODES BELOW TO FILL IN THIS FORM**

| VISIT DATE | VISIT | | Who Was Home? (B) | Time Arrive | Time Depart | Activities (C) | Service (D) | Role with service (E) |
|------------|-------|--------|-------------------|-------------|-------------|----------------|-------------|-----------------------|
| | YES | NO (A) | | | | | | |
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Additional Volunteer’s Comments (optional)

Comments

Codes for column headings

| | |
|---|--|
| <p>A. Reason visit did not take place (select one only):</p> <ol style="list-style-type: none"> 1. Parents cancelled 2. Parents re-arranged 3. Volunteer cancelled 4. Volunteer re-arranged 5. Parent not at home 6. Other (specify) | <p>B. Who was at home (select all appropriate):</p> <p>M = Mum D = Dad C1 = Oldest Child C2 = Second oldest child etc. O = Other (specify e.g. neighbour, relative, Unknown)</p> |
| <p>C. Activities (select all appropriate):</p> <ol style="list-style-type: none"> 1. practical support (for example: budgeting, phone calls, cooking, shopping, improving hygiene, accompany to appointment, help with routine/behaviour, letter writing, took family out) 2. Activities with children (eg playing, reading, Listening to children, fun outdoor activity) 3. Emotional support (listening, empathising) 4. Support to use other service (eg signposting) | <p>D. Services (select all appropriate)</p> <ol style="list-style-type: none"> 1. Family GP 2. Health Visitor 3. Social Worker 4. Mother & Baby Clinic 5. Children’s Centre 6. Job centre plus 7. CAB 8. Debt counselling |

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|--|--|
| accompanying, discussing prior to/after appointment 5. Other (specify) | 9. Turn2Us online &/or helpline services 10 Housing advice/support 11. Benefits Department 12. Speech & language 13. CPN/Mental Health 14. CAMHS 15. Adult education |
| E. Role (select all appropriate): 1. Signposting the service, address, contact details etc 2. Transporting – provided transport to the appointment 3. Accompanying – went to the appointment with the family 4. Discussed info about the service prior to or following use 5. Looked after children while parents used service 6. Other (specify) | 16. Received books free from Book-Start 17. Family joined local library 18. Toddler group/nursery/school 19. Religious organisations 20. Free eye sight test 21. Dental Check 22. Up to date vaccination |
| <i>Volunteer Signature</i> | 23. Other vol. service 24. Other statutory service 25. Internet access |

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)

| Life Event | Date | Describe |
|--|------|----------|
| Recent bereavement Immediate family Extended family Close friend | | |
| Recent unemployment | | |
| Reduction in employment | | |
| Threat of unemployment | | |
| Reduction in income (eg | | |

| | | |
|---|--|--|
| 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) | | |