

Volunteer Monthly Structured Diary

Scheme code: SOT Volunteer/FSW Name:Vol No.: Co-ordinator Name:

Family No.: Family Name: Month/Year:

Planned visit date	Visit took place? Y/N	A. Reason visit did not take place* <i>(Code 1 to 6)</i>	B. Who was at home when you visited?*(Code M, D, C1,C2 etc...)	Visit start time	Visit end times	C. Activities* <i>(Code 1 to 5)</i>	D. Service* <i>(Code 1 to 27)</i>	E. Role with service* <i>(Code 1 to 6)</i>	Interpreter Used Yes/No
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Volunteers' Activities

Be Healthy

Stay Safe

Enjoy & Achieve

Positive Contribution

Economic Wellbeing

Scheme Code: SoT

Family No.

Recent Life Events

Has the family had a recent life event, during support or within one year before the start of support?

No	Life Event	Date	Describe
1	Recent bereavement		
2	Change in employment status		
3	Reduction in income (e.g. Benefits, tax credits, salary)		
4	Change in relationship Separation New partner/marriage		
5	Serious Illness		
a	Parent		
b	Child		
6	New birth		
7	A&E visit adult or children		
8	Becoming a carer		
9	Change in housing		
10	Change in immigration status		
11	Other (specify)		

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Family No.

Additional volunteer support:

Only complete if applicable: please record date/type of any one-off additional support outside planned home visits.

Codes for on-line data entry:

1-supportive telephone call or text; 2-emergency e.g. hospital; 3-outing; 4-celebration; 5-other.

Date	Type of support	Comments

Additional Volunteer's comments (optional)

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

Volunteer signature: _____

***Codes for column headings:**

Please insert the appropriate number(s) in the box

<p>A. Reason visit did not take place (select <u>one</u> only):</p> <ol style="list-style-type: none"> 1. Parent cancelled; 2. Parent re-arranged 3. Volunteer cancelled 4. Volunteer re-arranged 5. Parent not at home 6. Other (specify) 	<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/Flying Start 6. Job centre plus 7. CAB 8. Debt counselling 9. Turn2Us online and/or helpline services 10. Housing advice/support 11. Benefits Department 12. Speech & Language 13. CPN/Mental Health
<p>B. Who did you see at home (select all appropriate):</p> <p>M = Mum D = Dad C1 = youngest child C2 = second youngest child (and continue for as many children as you want) O = Other (specify e.g. neighbour, relative, unknown female)</p>	<p>D. Services cont:</p> <ol style="list-style-type: none"> 14. CAMHS 15. Adult education 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. Attended appointments 22. Dental check 23. Up to date vaccination 24. Other vol. service 25. Other statutory service 26. Internet access 27. Parenting programme
<p>C. Activities (select all appropriate):</p> <ol style="list-style-type: none"> 1. Practical support (for example: budgeting, telephone calls, cooking, shopping, improving hygiene, writing letters, respite, took family out) 2. Activities with children (for example: playing with children, reading, listening to children, fun outdoor activity) help with routine/behaviour 3. Emotional support (listening, empathising) 4. Support to use other service (for example signposting accompanying, discussing prior to/after appointment) 5. Other (specify) 	<p>E. Role related to service use see D (select all appropriate):</p> <ol style="list-style-type: none"> 1. Signposting the service, gave address, contact details etc 2. Transport – provided transport to the appointment 3. Accompanying – went to the appointment with the family 4. Discussed information about the service prior to or following use 5. Looked after children while parents used service 6. Other (specify)