

Scheme code: BSL Home-Start Family No. BHS

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 if you are unable to return the form to the office, then you should give the information to your co-ordinator over the phone. 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.

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

**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
<b>Recent bereavement</b> 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		
<b>Serious Illness</b> Parent Child		
New birth		
A&E visit adult or children		
Becoming a carer		
Change in housing		
Immigration		
New job/employment		
Other (specify)		

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

Volunteer signature: \_\_\_\_\_