



**\*Codes for column headings: Please insert the appropriate code number(s) in the box**

<p><b>A. Reason visit did not take place (select <u>one</u> only):</b></p> <ol style="list-style-type: none"> <li>1. Parent cancelled;</li> <li>2. Parent re-arranged</li> <li>3. Volunteer cancelled</li> <li>4. Volunteer re-arranged</li> <li>5. Parent not at home</li> <li>6. Other (specify)</li> </ol>	<p><b>D. Services (select all appropriate):</b></p> <ol style="list-style-type: none"> <li>1. Family GP</li> <li>2. Health Visitor</li> <li>3. Social worker</li> <li>4. Mother &amp; Baby clinic</li> <li>5. Children's centre/Flying Start</li> <li>6. Job centre plus</li> <li>7. CAB</li> <li>8. Debt counselling</li> <li>9. Turn2Us online and/or helpline services</li> <li>10. Housing advice/support</li> <li>11. Benefits Department</li> <li>12. Speech &amp; Language</li> <li>13. CPN/Mental Health</li> </ol>
<p><b>B. Who did you see at home (select all appropriate):</b></p> <p>M = Mum D = Dad C1 = eldest child C2 = second eldest child (and continue for as many children as you want) O = Other (specify e.g. neighbour, relative, unknown female)</p>	<p><b>D. Services cont:</b></p> <ol style="list-style-type: none"> <li>14. CAMHS</li> <li>15. Adult education</li> <li>16. Received books free from Book-Start</li> <li>17. Family joined local library</li> <li>18. Toddler group/Nursery/School</li> <li>19. Religious organisations</li> <li>20. Free eye sight test</li> <li>21. Attended appointments</li> <li>22. Dental check</li> <li>23. Up to date vaccination</li> <li>24. Other vol. service</li> <li>25. Other statutory service</li> <li>26. Internet access</li> <li>27. Parenting programme</li> </ol>
<p><b>C. Activities (select all appropriate):</b></p> <ol style="list-style-type: none"> <li>1. Practical support (for example: budgeting, telephone calls, cooking, shopping, improving hygiene, writing letters, respite, took family out)</li> <li>2. Activities with children (for example: playing with children, reading, listening to children, fun outdoor activity) help with routine/behaviour</li> <li>3. Emotional support (listening, empathising)</li> <li>4. Support to use other service (for example signposting accompanying, discussing prior to/after appointment)</li> <li>5. Other (specify)</li> </ol>	<p><b>E. Role related to service use see D (select all appropriate):</b></p> <ol style="list-style-type: none"> <li>1. Signposting the service, gave address, contact details etc</li> <li>2. Transport – provided transport to the appointment</li> <li>3. Accompanying – went to the appointment with the family</li> <li>4. Discussed information about the service prior to or following use</li> <li>5. Looked after children while parents used service</li> <li>6. Other (specify)</li> </ol>

Month/year\_\_\_\_\_

Volunteer travel time			
Date	Time taken for travel (from leaving home to arriving & journey back home again): Hrs... mins	Travel to (please use codes (1-6) for relevant dates)	Codes (travel to & from)
			<b>1. Family</b> <b>2. Training</b> <b>3. Community visit without family</b> <b>4. Supervision</b> <b>5. Volunteer support group</b> <b>6. Other (please specify)</b>

Organisations contacted in support of family	
Did you contact any of the following in support of your family, outside of your family visit?(e.g. via phone, internet or in person)	Time spent on each Hrs...mins
Please tick all that apply  a) Leisure related <input type="checkbox"/> b) Health related <input type="checkbox"/> c) Housing related <input type="checkbox"/> d) Finance related <input type="checkbox"/> e) Legal related <input type="checkbox"/> f) Employment related <input type="checkbox"/> g) Education related <input type="checkbox"/> h) Other (please specify) <input type="checkbox"/>  -----	

What training have you attended since your last supervision? Please tick all that apply												
	Maximising Income	Safeguarding /child protection	Inclusion /diversity	Nutrition	First Aid	Child development	Speech & language	Domestic abuse	Health & safety	Mental health	Substance misuse	Other (please specify)
<b>Organised by Home-Start</b>												
<b>External</b>												



## **Recent Life Events**

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

<b>No</b>	<b>Life Event</b>	<b>Date</b>	<b>Describe</b>
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	<b>Serious Illness</b>  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)		

**Has the family you support given you any gifts? To cover yourself, please specify what and when:**

**Volunteer signature:**

**Co-ordinator/Manager signature:**

**Additional Volunteer's comments (optional)**

<b>Comments</b>	<b>Date</b>
<b>Comments</b>	<b>Date</b>
<b>Comments</b>	<b>Date</b>
<b>Comments</b>	<b>Date</b>
<b>Comments</b>	<b>Date</b>