**Appendix 6. Unannounced Visit Template**

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| **Date of Visit** |  |
| **Which carer/adult was present during the visit?** | *Free text box* |
| **Who was caring for the child or young person?** | ***If the carer is not at home, what arrangements have been made for the care of the child or young person? The unannounced visit cannot go ahead if the carer is not present.******DBS in place?****Yes/No**If no; why not and when (if necessary) will this be rectified?****Risk assessment in place?****Yes/No**If no; why not and when (if necessary) will this be rectified?* |

**Name of child/young person placed in the foster home;** *The supervising social worker must see the child(ren)/young person(s) alone, if available. In addition their bedroom must been seen If not, please give the reason why.*

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|  | **DOB** | **Child seen alone?** | **Bedroom seen?** |
| **Name of Child(ren)**  |  | *Yes/No**If not why?* | *Yes/No**If not why?* |

**Feedback in respect of the child(ren)/young person;** *The supervising social worker to comment upon their physical and emotional presentation and capture the views and any wishes or feelings made by the child/young person.*

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| **Are there any concerns with regards to their feedback?***Yes/No**If yes; please state and any actions that need addressing with timescales of review* |

**Home Environment;** *The**supervising social worker to comment upon any communal spaces available to the child/young person. For example, their bedroom, pets, bathroom, kitchen, living rooms and outside play area.*

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| **Are there any concerns with regards to Health and Safety?***Yes/No**If yes; please state and any actions that need addressing with timescales of review* |

**Maintaining Confidentiality;** *The**supervising social worker to check the contents of the lock box. Are confidentiality records being stored correctly? For example, fostering log books, Looked After Review Minutes, Personal Education Plan, Placement Agreement.*

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| **Are there any concerns with regards to confidentiality?***Yes/No**If yes; please state and any actions that need addressing with timescales of review* |

**Analysis;** *The supervising social worker to provide an overview of their findings.*

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**Signatures**

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| --- | --- |
| **Date form completed** |  |
| **Name of supervising social worker** |  |
| **Fostering Team Leader’s Comments** |  |
| **Date authorised** |  |
| **Carer’s Signatures** |  |
| **Carer’s comments (if any)** |  |