If the case is expected to be complex, a home assessment should be carried out, ideally by the local Social Service Occupational Therapist (SSOT) and community nursing team. The SSOT can assess whether the home environment can be made suitable with adaptations and adjustments, or used as an interim discharge destination.

Reviewing suitability

To make decisions around the suitability of housing, the OT (hospital, SSOT or both), nursing team and any other relevant professionals should come together to discuss the home visit and clinical reasoning around decision making regarding the suitability of the home. Following this, a lead professional should then discuss the outcome with the family.

Suitable

Planning for discharge

If the home is suitable and safe for the child to be discharged home from hospital to (or can be adapted to become suitable), discharge planning should proceed with the intention to discharge to the existing home.

This includes if the home is considered suitable short-term or for an interim period of time. Concurrent planning for long-term accommodation can start, but if there is an environment which the child can safely be discharged home to, the aim should be to discharge the child to this environment.

Unsuitable

Statutory Duty to Refer*

If the property is unsuitable for the child to be discharged from hospital to home (e.g., studio accommodation, house of multiple occupation, inaccessible) then the hospital have a Duty to Refer the family to a council to assist them under Homelessness legislation.

The local authority will assess the household and establish a plan for rehousing. This may include support into temporary accommodation or long-term accommodation. The accommodation may be in the private rental sector, or may be an offer of social housing.

*Statutory Duty to Refer: Hospitals have a Duty to Refer patients who may be homeless or at risk of homeless to a Local Authority, for instance, if they do not have suitable accommodation available for their discharge from hospital.