

Appendix D – Parent/ Guardian Housing screening form

This document is designed to gather information about a family's existing property prior to a home visit taking place.

It can help identify potential problem areas within the home early on in, and highlight where referral might be needed to other services ie. Social Care, Occupational Therapist.

It can be used by the parents/carers of any CYP with complex medical needs as well as those requiring long-term ventilation.

This is a working document. Please make sure you are using the latest version by checking the version number and date updated below. The latest version of the document is available here <https://www.wellchild.org.uk/10-principles-for-complex-discharge/>

Version	3
Updated	May 2024

Review date: May 2027

Version 3, May 2024

Document developed by Pan London LTV Collaborative in partnership with WellChild.

1.


Parent/guardian housing screening form

To help us understand your current housing situation, it would be beneficial to gain some information about your current property.

Please tick the relevant boxes and make comments on the form where needed.

Photographs and videos of your property can be particularly helpful. It is especially useful to see the room where your child will sleep, the bathroom and any internal and external stairs.

Please return this form to your nurse or therapist on the ward once completed.



A camera symbol has been added to indicate where a photograph may be useful.

Name of CYP:					
Date of birth:		Address:			
Date of form completion:					
Person completing form:					
Property information					
Property type:	<input type="checkbox"/> house	<input type="checkbox"/> ____ floor flat <input type="checkbox"/> lift access x 1 <input type="checkbox"/> lift access x 2		<input type="checkbox"/> other (specify):	
	<input type="checkbox"/> bungalow	<input type="checkbox"/> ____ floor maisonette			
Tenure:	<input type="checkbox"/> owner occupied	<input type="checkbox"/> privately rented	Social housing rental: <input type="checkbox"/> local authority <input type="checkbox"/> housing association		<input type="checkbox"/> other (specify)*:
<i>For social housing tenants, please complete the Housing Officer contact details section below:</i>					
Housing Officer contact details: (name, email & contact number)					
Who else lives at this address? (name, relationship)					
Are there any pets at this address?	<input type="checkbox"/> dogs	<input type="checkbox"/> cats	<input type="checkbox"/> other (specify):		
Property access					
Parking – on street:	____m to property (approx.)	<input type="checkbox"/> permit	<input type="checkbox"/> allocated	<input type="checkbox"/> good availability of spaces	
Parking – off street:	____m to property	<input type="checkbox"/> permit	<input type="checkbox"/> allocated	<input type="checkbox"/> good availability of spaces	

Access to front door:	<input type="checkbox"/> level	<input type="checkbox"/> Sloped	<input type="checkbox"/> steps number _____	height of steps _____cm	min. width of steps _____cm	
Doors and gates	Width _____cm					
Stairs:	Are there stairs in the property?		<input type="checkbox"/> yes	Number of steps _____	<input type="checkbox"/> no	
	Rails:		<input type="checkbox"/> one side	<input type="checkbox"/> both sides	<input type="checkbox"/> n/a	
Heating:	<input type="checkbox"/> central heating	<input type="checkbox"/> storage heaters	<input type="checkbox"/> gas fires	<input type="checkbox"/> electric heaters	<input type="checkbox"/> log fire	
Physical environment – general layout of the property						
Comment on:						
<ul style="list-style-type: none"> • How many levels • Which rooms are on each level • Number and location of the bedrooms and bathrooms 						
Physical environment – Room where CYP will sleep						
Access (from entrance):	<input type="checkbox"/> level	<input type="checkbox"/> steps (number _____)	height of steps _____cm	Min. width of steps _____cm		
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats			
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete				
Lighting:	<input type="checkbox"/> ceiling	<input type="checkbox"/> lamp (for night care)				
Is there space for:	<input type="checkbox"/> trolley	<input type="checkbox"/> hoist	<input type="checkbox"/> cot/height adjustable bed			
	<input type="checkbox"/> wall plug sockets (number _____)		<input type="checkbox"/> space for all equipment & carers			
	<input type="checkbox"/> seating (for night carer)		<input type="checkbox"/> space to access bed/cot from both sides			
Occupancy	How many children will sleep in the room? _____					
Physical environment – Toilet/ bathroom						
Access (from entrance):	<input type="checkbox"/> level	<input type="checkbox"/> steps (number _____)	height of steps _____cm	Min. width of steps _____cm		
Toilet facilities:	Number of toilets: _____		Location: _____			
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats			
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete				
Equipment*/ Facilities:	<input type="checkbox"/> bath	<input type="checkbox"/> shower cubicle	<input type="checkbox"/> over-bath shower			
	<input type="checkbox"/> mobile bath	<input type="checkbox"/> bath seat or supportive shower chair		<input type="checkbox"/> wet room shower		
Physical environment – kitchen						
Facilities:	Is the kitchen open plan?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
	Cooker		<input type="checkbox"/> gas	<input type="checkbox"/> electric		
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats			
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete				
Physical environment – general safety						
Electricity payment:	<input type="checkbox"/> billed	<input type="checkbox"/> direct debit	<input type="checkbox"/> prepayment key/card			
Smoke alarms:	Number and location: _____					

INSERT TRUST LOGO HERE

Carbon monoxide alarms (should be fitted if there is gas in the property)	Number and location: _____
Condition of the property: (Is the house in a good state of repair? Are there any issues such as damp/mould?)	
Any other comments or concerns:	

Please return this form to your ward Nurse / Occupational Therapist who will provide further information on next steps