**ADDRESS SENDING FROM**

**ADDRESS SENDING TO**

*Date*

To Whom It May Concern, [insert allocated caseworkers name]

**Subject:** Urgent: Unsuitable Temporary Accommodation for [Child/Young Person’s Name]

**RE:** [HOMELESS APPLICANT/PARENT’S NAME], [HOMELESS REFERENCE NUMBER IF APPLICABLE/KNOWN]

[I/We] work as part of a [multi-disciplinary discharge planning team/other team] supporting the discharge from hospital of [Child/Young Person’s Name], the [son/daughter] of [Parent’s Name]. The family is currently in temporary accommodation at [address], which is unsuitable for [Child/Young Person’s Name] to be discharged from hospital. This letter provides an overview of the family’s circumstances, including [Child/Young Person’s Name]’s health needs, and outlines the type of accommodation required to assist [Council Name] in identifying a suitable property for their discharge.

[Child/Young Person’s Name] is currently an inpatient at [Hospital Name, Location] and has been hospitalised since [Date]. [He/She] [has been medically fit for discharge since/is expected to be fit for discharge on] [Date] but cannot leave hospital until a suitable discharge address is available.

**Household Composition:**

* [List household members and their relationship to the patient]

**Medical Background:**

* [Provide a brief overview of the patient’s medical condition, emphasizing any mobility issues, disabilities, or health concerns that necessitate specific housing requirements]

**Concerns with Current Accommodation:**

* **Accessibility Issues:** [Detail any lack of necessary facilities, such as inadequate provisions for buggy/wheelchair access, ground-floor accommodation, or adaptations required for the patient’s condition.]
* **Inadequate Facilities:** [Mention any deficiencies, such as lack of exclusive use of bathroom or kitchen facilities, limited storage space for essential medical equipment, or curfews that impede the patient’s health needs.]
* **Health Risks:** [Highlight any environmental factors, like dampness, mould, or other hazards that could exacerbate the patient’s condition]

**Requested Accommodation Requirements:**  
To enable a safe and timely discharge, the following criteria must be met:

* **Essential:**
  + [Step-free access / minimal steps] to allow for safe entry with [his/her/their] [buggy/wheelchair].
  + An exclusive bedroom that accommodates overnight carers and essential medical equipment, ensuring it is a safe working environment. The bedroom must have sufficient space for [insert number] caregiver/s to work alongside [Child/Young Person’s Name]’s [cot/bed] to provide necessary care and interventions
  + Space for storage of medical equipment such as ventilators, suction units, and disposable supplies
  + Safe entry and movement through the property with [Child/Young Person’s Name]’s [buggy/wheelchair]
  + At least [insert number] double plug sockets in the bedroom for medical equipment

**Additional Information:**

[Child/Young Person’s Name] is unable to share a bedroom with [his/her/their] [parent/s and siblings] as [his/her/their] bedroom will need to be a working environment for [his/her/their] carers. An exclusive bedroom is also essential to ensure privacy and maintain [his/her/their] dignity during care. Additionally, it helps minimise disruption to the rest of the household caused by the noise from medical equipment and reduces the risk of infection.

**[Optional Section – Use Only If Applicable to the Family’s Circumstances]:**

[Child/Young Person’s Name] and [his/her/their] family will require housing within close proximity to [Hospital Name] due to the need for frequent visits to the hospital. This is critical for ensuring continuity of care, which may include emergency access to healthcare services. The financial burden of frequent travel from their current temporary accommodation to the hospital is unsustainable for the family and places additional strain on their well-being.

Any potential properties being considered for the family will need to be assessed for suitability by healthcare professionals involved in [Child/Young Person’s Name]’s care and risk-assessed by [his/her/their] homecare providers. This must occur before the family can accept any offer of accommodation.

It is requested that [Council Name] takes all the above recommendations into consideration when completing a suitability assessment and sourcing appropriate temporary accommodation for the family. The unsuitable accommodation is delaying [Child/Young Person’s Name]’s discharge from hospital, impacting their health, family well-being, and increasing the risk of infection associated with an extended hospital stay.

We appreciate your urgent attention to this matter to ensure the family’s housing needs are met promptly.

Yours Faithfully,

 [Signatory/Signatories]