Frank House

COMPREHENSIVE MANAGEMENT PLAN

A 3-bedded residential children's care home providing therapeutic care for up to three looked-after children aged 8–17 years with Emotional & Behavioural Difficulties (EBD) at a medium priority level. Normally 3 staff on-site; maximum 4 briefly at handover. Operated in full compliance with the Children's Homes (England) Regulations 2015.

38 Frank Lane
Dewsbury
WF12 0JN

Date: September 2026
Prepared by: C2 Homes Planning Consultancy

Executive Summary

Frank House, 38 Frank Lane, Dewsbury, WF12 0JN, is a specialist 3-bedded residential children's care home providing high-quality therapeutic care for up to three looked-after children with EBD (medium priority) aged 8–17 years. Two Residential Care Workers are on duty during waking hours, with the Registered Manager on-site on weekdays; overnight, one worker remains awake and one sleeps in. Normally 3 staff are on-site, rising to a maximum of 4 for up to 30 minutes during the staggered morning handover. The home generates a maximum of 8 vehicle movements per weekday and 6 at weekends.

The 3-bedded model provides a small, highly individualised form of residential therapeutic care. With only three children and a small dedicated staff team, the therapeutic relationships developed at Frank House are deep and consistent. The home will be fully registered with Ofsted prior to receiving any child.

Dewsbury and the wider Kirklees district experience sustained and significant demand for children's social care services, driven by population growth, significant deprivation in parts of the district, and the complex social pressures affecting West Yorkshire families. Kirklees Council has an identified and documented need for in-area residential children's care placements, with significant numbers of looked-after children placed outside the district at considerable financial and human cost. Frank House provides a direct, high-quality, and immediately deliverable response to this identified need — keeping children from Kirklees and West Yorkshire within their own communities, close to their families, schools, and cultural connections.

1. Property Overview and Service Model

1.1 Property Details

Home Name	Frank House
Home Type	3-Bedded Residential Children's Care Home
Address	38 Frank Lane, Dewsbury, WF12 0JN
Registered Capacity	Up to Three (3) Children
Age Range	8–17 Years
Specialism	Emotional & Behavioural Difficulties (EBD)
Priority Level	Medium — moderate to significant EBD presentation
Placement Type	Medium to long-term; emergency placements considered
Staffing Model	Normally 3 on-site: 2 RCWs on duty + Registered Manager (weekdays). Staggered handover ~8:30–9:00am (max 4 briefly).
Overnight	1 waking night RCW + 1 sleep-in RCW in the ground floor Staff Room/Sleep-In
Regulatory Body	Ofsted — Children's Homes (England) Regulations 2015
Local Authority	Kirklees Council
Ward	Dewsbury South Ward, Kirklees Council
Hospital	Dewsbury and District Hospital (Mid Yorkshire Teaching NHS Trust)
Police	West Yorkshire Police
ICB	NHS West Yorkshire Integrated Care Board

1.2 Accommodation Layout

- Bedroom 1: Private bedroom with en-suite, exclusively for the first child — furnished to a high standard and fully personalised.
- Bedroom 2: Private bedroom exclusively for the second child — equally personalised and high quality.
- Bedroom 3: Private bedroom exclusively for the third child — equally personalised and high quality.
- Bathrooms: First floor family bathroom, an en-suite to Bedroom 1, and a ground floor WC.
- Office: Ground floor office (formerly the reception room), beside the play room, used by the Registered Manager for management and administration — staff-only and not used by the children as living space.
- Staff Room/Sleep-In: Ground floor room (formerly the living room) used as the staff room and overnight sleep-in room — staff-only and not used by the children as living space.

- Play Room/Study, Dining Room & Conservatory: Family living spaces for all three children — a spacious play room/study used as the children's lounge, the dining room for shared mealtimes, and a conservatory opening onto the garden.
- Kitchen & Dining: Family dining space for shared mealtimes and life skills.
- Garden: Safe, private, well-maintained outdoor recreational space.

1.3 The 3-Bedded Model — Therapeutic Advantages

The 3-bedded model provides exceptional therapeutic advantages that distinguish it from any larger residential setting. With only three children, staff can develop the deepest possible therapeutic knowledge of each individual — knowing each child's specific triggers, their communication style, their history, their strengths, their interests, and their therapeutic needs with a precision that simply cannot be replicated in larger settings. This extraordinary depth of therapeutic knowledge enables highly attuned, individually tailored care.

The peer relationships between the three residents are carefully managed as a therapeutic asset. For many children with EBD and disrupted attachment histories, learning to develop positive, boundaried, and mutually supportive relationships with other children is itself a significant and valuable therapeutic achievement.

2. Staffing Structure and Workforce

2.1 Staffing Model — Normally 3 On-Site (Maximum 4 at Handover)

- 2 Residential Care Workers on duty at all times during waking hours — sole focus on the three children.
- Overnight: 1 Residential Care Worker on waking night duty and 1 sleeping in, in the ground floor Staff Room/Sleep-In.
- 1 Home Manager on-site on weekdays from approximately 9:00am.
- Staggered handover between approximately 8:30am and 9:00am — one worker at a time, lasting 15–30 minutes — maximum 4 on-site briefly.
- 8 Residential Care Workers on a staggered rota providing continuous 24/7 cover.
- On-call senior management available at all times outside office hours.

2.2 Staff Qualifications

Responsible Individual	As required by Regulation 32
Registered Manager	Level 5 Diploma in Leadership & Management for Residential Childcare (or working towards)
Deputy Manager	Level 3 Diploma minimum; shift leadership capability
Residential Care Workers (×8)	Level 3 Diploma (or working towards). Mandatory: PACE, Team Teach, Safeguarding, Medication, Paediatric First Aid.

2.3 Supervision and Development

- Comprehensive induction programme before working independently.
- 6-month probationary period with formal supervision every 2 weeks.
- Post-probation: formal supervision minimum every 4 weeks.
- Annual appraisals linked to personal development plans.
- Mandatory annual training programme: safeguarding, PACE, Team Teach, medication, equality, health and safety.
- Reflective practice sessions enabling the team to process the emotional demands of therapeutic residential care.

3. Daily Operations and Care Management

3.1 Daily Routines

Structured but flexibly child-centred daily routines provide the predictability and consistency that medium-priority EBD children particularly need:

Morning

- Consistent, warm, individually paced support with waking and morning personal care routines.
- Breakfast prepared together — encouraging life skills development and positive social interaction.
- Medication administration where required, accurately recorded on individual MARs.
- Preparation for school or alternative provision with appropriate support.
- Staggered shift handover between approximately 8:30am and 9:00am — structured handover between outgoing and incoming RCWs.

Daytime

- School, college, or alternative educational provision — supported attendance.
- Health or therapeutic appointments as scheduled.
- Life skills sessions and structured activities.
- Home Manager on-site: management, supervision, and care planning.

Evening

- Warm return from school — genuine welcome, snacks, and individual emotional check-in.
- Evening meal — shared, family-style social dining.
- Homework support, leisure activities, keyworker sessions where scheduled.
- Calming, predictable bedtime routines — home settled and quiet after 9:00pm.

Weekends and School Holidays

- Frank House and the wider Kirklees area offer a wide range of activities and experiences. Locally: Crow Nest Park in Dewsbury, the playing fields and sports clubs of Thornhill, and Dewsbury Sports Centre; further afield, Yorkshire Sculpture Park, the National Coal Mining Museum for England, and the museums and attractions of Leeds.
- Family contact visits and phone or video calls in accordance with care plans.
- Life skills sessions — cooking, budgeting, travel, and independence skills.
- Rest, regulation, and shared positive experiences within the home.

3.2 Care Planning

- Pre-placement matching for each child — the compatibility and therapeutic safety of the three-person group is paramount.
- Placement Planning Meeting within 72 hours of each child's arrival.
- Individual Care Plans, risk assessments, and PBS plans reviewed at every formal review.
- Regular keyworker sessions forming the core of the care relationship.
- Multi-agency LAC reviews attended and actively contributed to by the Registered Manager.

4. Leaving the Property and Missing Children

4.1 Leaving the Property

All three children may leave the property in line with their individual care plans, education arrangements, and independence development plans.

- All outings recorded in the home's daily log including departure time, destination, and expected return.
- No child is ever left without appropriate supervision consistent with their individual risk assessment.
- Independence is developed progressively and safely.

4.2 Missing Child Response

In the event of a missing episode, staff immediately follow the Missing Children's Policy: attempting to contact the child; notifying West Yorkshire Police; notifying the Registered Manager; and notifying the social worker — without delay. The remaining children receive immediate additional therapeutic support and emotional reassurance. Return to Care interviews are facilitated following all missing episodes.

5. Education

Frank House works in close partnership with Kirklees Council's Virtual School Head for looked-after children, and with the Virtual School of each child's placing authority, who hold statutory responsibility for promoting and monitoring the educational achievement of looked-after children. Kirklees has a comprehensive range of educational provision — including mainstream primary and secondary schools in and around Dewsbury, specialist SEMH provision, and access to alternative provision and EHCP-funded placements across West Yorkshire. Frank House advocates persistently for every child's educational rights — attending PEP reviews, pursuing EHCP provision, and working with designated teachers, Virtual School staff, and educational psychologists.

- Active liaison with Kirklees Council's Virtual School Head from the point of admission.
- Attendance and active contribution to all PEP reviews and EHCP annual reviews.
- Daily attendance support — accompaniment where needed and appropriate.
- Homework support and structured study time embedded into evening routines.
- Home-based or online learning co-ordinated where no school place is immediately available.
- Every educational achievement celebrated genuinely by the whole staff team.

6. Health, Wellbeing and Therapeutic Care

6.1 Physical Health

All three children are registered with the local GP, dentist, and optician upon or immediately after admission. Statutory health assessments are completed within required timescales. Frank House works closely with Dewsbury and District Hospital (Mid Yorkshire Teaching NHS Trust), the NHS West Yorkshire Integrated Care Board, GPs, CAMHS, and all relevant healthcare professionals.

Frank House works closely with Dewsbury and District Hospital (Mid Yorkshire Teaching NHS Trust), Halifax Road, Dewsbury — the nearest district general hospital, approximately 3 miles from the home — and with Pinderfields Hospital, Wakefield, for major emergency care. The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides CAMHS for children in the Kirklees area, commissioned through NHS West Yorkshire ICB. Specialist paediatric provision — including Leeds Children's Hospital and Sheffield Children's Hospital — is within reach for any specialist clinical needs.

6.2 Therapeutic Care — PACE Model

All staff are trained in and actively practise the PACE model: Playfulness; Acceptance; Curiosity; Empathy. In the 3-bedded setting, PACE is particularly powerful — the intimacy of the setting and the depth of staff knowledge of each child enable an exceptionally attuned therapeutic response.

6.3 Mental Health

CAMHS referrals are pursued with urgency where clinically indicated. Mental health first aid training is provided to all staff. Access to therapeutic sessions — in-home or off-site — is actively facilitated and commissioned.

7. Visitors, Meetings and Reviews

7.1 Professional Visits

- Social workers: approximately one to two visits per month across the three children, by appointment.
- Ofsted and Regulation 44 independent visitor: one Regulation 44 visit per month.
- All visitors verified, recorded, and briefed on safeguarding requirements on arrival.

7.2 Off-Site Meetings

All-staff team meetings, statutory case reviews, management meetings, and training events are held off-site or remotely — maintaining a genuinely domestic and settled home environment.

7.3 Family and Friends Visits

Family and friends visits are arranged in advance, managed in full accordance with each child's care plan and risk assessment, and supervised or supported as specified.

8. Commissioning and Local Authority Partnerships

Frank House operates on multiple local authority commissioning frameworks with a specific focus on Kirklees Council — directly supporting the council's Section 22G sufficiency duty. The home engages actively with Kirklees commissioning and placement teams.

- Registered on commissioning frameworks for Kirklees Council and other West Yorkshire and national local authorities.
- Particular focus on in-area placements from Kirklees to reduce out-of-borough placement pressure.
- Active participation in Kirklees placement events and commissioning briefings.
- Formal Placement Agreements with all placing local authorities.

9. Quality Assurance and Regulatory Compliance

Frank House operates in full compliance with: the Children's Homes (England) Regulations 2015; the Ofsted Quality Standards; Working Together to Safeguard Children (2023); UK GDPR; and the Equality Act 2010.

- Monthly Regulation 44 independent visits with comprehensive written reports.
- Regulation 45 Quality of Care Review conducted at least every six months.
- Monthly internal audits of all records, care plans, medication, and health and safety compliance.
- Monthly review of all complaints, incidents, and Ofsted notifications.
- Annual staff appraisals linked to personal development plans.

10. Safeguarding and Risk Management

- All safeguarding concerns reported immediately to: the social worker; the placing authority; the LADO; Ofsted within 24 hours; and West Yorkshire Police where required.
- All staff hold enhanced DBS clearance through rigorous safer recruitment.
- Mandatory safeguarding training at induction and annually.
- Individual risk assessments for every child: missing from care; self-harm; aggression; CSE/CCE; online safety; medication.
- West Yorkshire and Kirklees-specific safeguarding risks — county lines, exploitation — incorporated into the Location Risk Assessment.

11. Performance Monitoring and Outcomes

Performance Indicator	Target / Measure
Placement stability	Sustained placements for all three children without unplanned breakdown
Educational attendance	Minimum 90% attendance for children in full-time education
Statutory health assessments	100% completed within required timescales from admission
Physical interventions	Minimum use; all recorded, reviewed, and reported within 24 hours
Complaints	100% acknowledged within 2 working days; resolved within timescales
Regulation 44 visits	Monthly — all recommendations actioned within agreed timescales
Staff training compliance	100% mandatory training for all staff on rota
Ofsted inspection outcome	Target 'Good' or 'Outstanding' at first and all subsequent inspections
Regulation 45 reviews	Completed at least every 6 months; improvement plan produced

Intended outcomes for every child at Frank House: feeling genuinely safe, valued, and cared for; measurable improvement in emotional regulation and prosocial behaviour; greater confidence and positive personal identity; better educational engagement; and greater readiness for future transition.

Prepared by C2 Homes Planning Consultancy on behalf of the Applicant · September 2026

12. Education Strategy

12.1 Educational Provision

Frank House operates a proactive and persistent educational strategy for every child in its care. For children with EBD at a medium priority level, educational disengagement, exclusion, and trauma-related barriers to learning are common presenting challenges. The home's approach treats education not as a separate system but as an integral part of each child's therapeutic journey.

- Active liaison with Kirklees Council's Virtual School Head from the point of admission.
- Participation in Personal Education Plan (PEP) reviews — attended and actively contributed to by the Registered Manager.
- EHCP annual reviews attended, advocated for, and supported.
- Educational psychology referrals facilitated where indicated.
- Home-based or online learning structured where no immediate school place is available.
- Every educational achievement — however incremental — celebrated within the home.

12.2 School-Home Partnership

The home works collaboratively with each child's school, specialist provision, or alternative provider — maintaining regular communication with SENCos, designated teachers, and education welfare officers. Where children face barriers to attendance, the home works persistently and creatively to address them. The range of specialist SEMH, alternative provision, and EHCP-funded educational settings across Kirklees and West Yorkshire provides a strong resource for the children of this home.

13. Community and Cultural Life

Frank House supports all three children to be positive, engaged, and confident members of the Dewsbury community. Activities are planned collaboratively with each child, reflecting their individual preferences, cultural backgrounds, and therapeutic needs.

- Crow Nest Park — Dewsbury's historic park with open green space, play areas, and walks — a short drive from the home.
- Leeds city centre — around 15 minutes by train from Dewsbury — with the Royal Armouries, museums, and leisure venues.
- Yorkshire Sculpture Park and the National Coal Mining Museum for England — both a short drive from the home.
- Local sports clubs, leisure centres, and recreational facilities within Kirklees.
- Cultural events and faith celebrations relevant to each child's background.
- Vocational visits and work experience for older children approaching independence.

14. Life Skills and Independence

From the first week of placement, life skills development is embedded into daily routines at this home. This is not a formal programme — it is an organic, naturally embedded part of how the home operates.

- Cooking and meal planning — children involved daily in preparing meals.
- Household management — cleaning, laundry, and maintaining the home as shared responsibilities.
- Budgeting and financial literacy — pocket money used as a practical teaching tool.
- Transport and community navigation — supported to use local bus and rail services across Kirklees and West Yorkshire.
- Digital literacy and online safety — age-appropriate digital skills embedded in practice.

14.1 Preparation for Adulthood

For children aged 15 and above, preparation for the transition to adulthood is actively and specifically addressed through: individual Pathway Plans; access to Kirklees Council's Leaving Care services; vocational interests and career exploration; and practical independent living skills development.

15. Peer Relationship Management

In a 3-bedded home, the relationships between the three residents are a unique and particularly carefully managed aspect of the care model. With only three children in placement, these relationships form the entire peer group — and its therapeutic management is a central feature of the home's practice.

15.1 Therapeutic Value of the Peer Relationship

For many children with EBD and disrupted attachment histories, learning to develop positive, boundaried, and mutually supportive relationships with other children is itself a significant therapeutic achievement. Staff actively support and scaffold these relationships as a core therapeutic task — using PACE-model approaches to understand the dynamics, respond therapeutically, and support all three children to develop more effective prosocial strategies.

15.2 When One Child Leaves

When one child transitions out of the home — planned or unplanned — the remaining children receive enhanced therapeutic support, additional keyworker sessions, and close collaborative working with their social worker to manage the impact of this transition. The admission of a new child is managed with particular care, at the remaining children's own pace.

15.3 Placement Matching and Group Composition

The group composition in a 3-bedded home is the most critical matching decision in residential childcare. The Registered Manager conducts an exceptionally thorough matching assessment for every referral — examining compatibility of behavioural profiles, safeguarding risk profiles, age, gender, cultural background, and therapeutic needs — before any admission is agreed.

12. Key Policies and Procedures

This Management Plan should be read alongside the following key policies and procedures, all maintained at the home and reviewed annually:

- Statement of Purpose (reviewed annually)
- Safeguarding and Child Protection Policy
- Positive Behaviour Support Policy and individual PBS plans
- Missing Children's Policy
- Physical Restraint Policy (Team Teach only)
- Medication Management Policy and Controlled Drug procedures
- Health and Safety Policy
- Fire Safety Policy and Procedures
- Data Protection and Information Governance Policy
- Equality, Diversity, and Inclusion Policy
- Whistleblowing Policy
- Recruitment and Selection Policy
- Supervision and Appraisal Policy
- Communication and Record-Keeping Policy
- Good Neighbour Procedure and Complaint Procedure

All policies are reviewed annually and updated promptly in response to legislative changes, Ofsted guidance, or significant incidents.

13. Annual Regulatory Calendar

The following overview of the home's annual regulatory and quality assurance calendar:

Monthly	Regulation 44 independent visit; medication audit; health and safety inspection; complaints and incident review; community relations log review.
Quarterly	Fire safety review; risk assessment review; boundary and drainage check.
Every 6 months	Regulation 45 Quality of Care Review; priority policy reviews.
Annually	Statement of Purpose review; full policy review; fire risk assessment; gas safety certificate; electrical installation report; PAT testing; legionella risk assessment; staff appraisals; annual complaints report.
As required	Ofsted notifications within 24 hours; safeguarding referrals; placement and care plan updates.

14. Kirklees Council Partnership

Frank House's most important local authority partnership is with Kirklees Council — simultaneously the home's primary commissioning authority and the council bearing the Section 22G statutory sufficiency duty that this home directly addresses.

14.1 Sufficiency Contribution

Every placement from Kirklees at Frank House directly reduces the Council's out-of-borough placement rate, reduces the financial premium of out-of-area placements, and improves outcomes by keeping children close to their families, communities, and schools.

14.2 Partnership Working Commitments

- Active engagement with Kirklees commissioning and placement teams.
- Participation in Kirklees provider forums and commissioning briefings.
- Transparent and proactive communication about the home's performance and quality.
- Support for Kirklees-commissioned therapeutic and educational provision for placed children.

14.3 Life Skills and Independence Development

From the first week of placement, life skills development is embedded into daily routines. In the 3-bedded model, this is completely individualised — tailored entirely to each child's current level, preferences, and goals. West Yorkshire's bus and rail network is itself a life-skills resource: supporting children to travel confidently and safely around Dewsbury, Huddersfield, Leeds, and beyond is a core part of the preparation-for-adulthood programme.

- Cooking and meal planning — children actively involved in preparing meals daily.
- Household management — cleaning, laundry, and maintaining the home as shared responsibilities.
- Budgeting and financial literacy — pocket money as a practical teaching tool.
- Transport and community navigation — supported to use West Yorkshire's bus and rail network.
- Digital literacy and online safety — age-appropriate skills embedded in daily practice.

15. Peer Relationship Management

In a 3-bedded home, the relationships between the three residents are a unique and particularly carefully managed aspect of the care model. With only three children in placement, these relationships form the entire peer group — and its therapeutic management is central to the home's practice.

15.1 Therapeutic Value

For many children with EBD and disrupted attachment histories, learning to develop positive, boundaried, and mutually supportive relationships with other children is itself a significant therapeutic achievement. Staff actively support and scaffold these relationships using PACE-model approaches.

15.2 When One Child Leaves

When one child transitions out, the remaining children receive enhanced therapeutic support, additional keyworker sessions, and close collaborative working with their social worker. The admission of a new child is managed with particular care and at the remaining children's own pace.

15.3 Placement Matching and Group Composition

The group composition in a 3-bedded home is the most critical matching decision in residential childcare. The Registered Manager conducts an exceptionally thorough matching assessment for every referral — examining compatibility of behavioural profiles, safeguarding risk profiles, age, gender, cultural background, and therapeutic needs — before any admission is agreed.

16. Regulatory Compliance Summary

Frank House operates in full and comprehensive compliance with all applicable legislation and regulations. The Registered Manager maintains a rolling self-assessment of all nine Ofsted Quality Standards, reviewed monthly and shared with the Responsible Individual.

16.1 Quality Standards Compliance

- Quality Standard 1 (Care): PACE model; individualised care plans; child-centred practice.
- Quality Standard 2 (Views): daily keyworker sessions; Reg. 44 visits; suggestion boxes.
- Quality Standard 3 (Safeguarding): enhanced DBS; LSCB partnership; Location Risk Assessment.
- Quality Standard 4 (Health): GP/dentist/optician; CAMHS; statutory health assessments.
- Quality Standard 5 (Education): Virtual School Head partnership; PEP reviews; EHCP advocacy.
- Quality Standard 6 (Enjoyment): personalised activities; cultural celebrations.
- Quality Standard 7 (Relationships): family contact; peer relationship management.

- Quality Standard 8 (Protection): individual risk assessments; county lines/CSE/CCE awareness.
- Quality Standard 9 (Leadership): Reg. 44 monthly; Reg. 45 six-monthly; internal audits.

16.2 Governance Calendar

Monthly: Regulation 44 visit; medication audit; health and safety inspection; complaints review. Every 6 months: Regulation 45 Quality of Care Review. Annually: full policy review; fire risk assessment; gas safety; electrical report; PAT testing; staff appraisals.

16. Quality Standards Self-Assessment Summary

Frank House maintains a rolling self-assessment of all nine Ofsted Quality Standards, reviewed monthly by the Registered Manager and reported to the Responsible Individual.

16.1 Standards Summary

- Quality Standard 1 (Care): PACE model; individualised care plans; child-centred practice throughout.
- Quality Standard 2 (Views): daily keyworker sessions; Regulation 44 visits; suggestion boxes; residents' meetings.
- Quality Standard 3 (Safeguarding): enhanced DBS; LSCB partnership; Location Risk Assessment; all staff trained.
- Quality Standard 4 (Health): GP/dentist/optician registration; CAMHS; statutory health assessments within timescales.
- Quality Standard 5 (Education): Virtual School Head partnership; PEP reviews; EHCP advocacy; homework support.
- Quality Standard 6 (Enjoyment): personalised activities programme; cultural celebrations; West Yorkshire-wide offer.
- Quality Standard 7 (Relationships): family contact facilitation; peer relationship therapeutic management.
- Quality Standard 8 (Protection): individual risk assessments; county lines/CSE/CCE protocols; location risk.
- Quality Standard 9 (Leadership): Regulation 44 monthly; Regulation 45 six-monthly; monthly internal audits.

This self-assessment is submitted to the Responsible Individual monthly and forms a key component of the Regulation 45 Quality of Care Review conducted at least every six months.