



Frank House

PLACEMENT NEEDS DOCUMENT

A comprehensive guide for Local Authorities, Commissioning Teams, Independent Reviewing Officers, and Social Workers regarding referral criteria, placement matching, admission arrangements, and the support provided to children placed at Frank House — a 3-bedded residential children's care home in Dewsbury, West Yorkshire.

38 Frank Lane
Dewsbury
WF12 0JN

Date: September 2026
Prepared by: C2 Homes Planning Consultancy

Home Profile at a Glance

Home Name	Frank House
Home Type	3-Bedded Residential Children's Care Home
Address	38 Frank Lane, Dewsbury, WF12 0JN
Registered Capacity	Three (3) children — three individual private bedrooms
Age Range	8–17 years
Specialism	EBD — Medium Priority Level
Priority Level	Medium — moderate to significant EBD; structured therapeutic environment required
Placement Type	Medium to long-term preferred; emergency placements considered
Therapeutic Model	PACE (Playfulness, Acceptance, Curiosity, Empathy) — trauma-informed therapeutic parenting
Staffing Model	Normally 3 on-site: 2 RCWs on duty + Registered Manager (weekdays). Staggered handover ~8:30–9:00am (max 4 briefly).
Local Authority	Kirklees Council
Regulatory Body	Ofsted — Children's Homes (England) Regulations 2015
Referral Contact	Via the Registered Manager — contact details in Section 10

This document is intended for use by Local Authorities, commissioning teams, IROs, social workers, and all other professionals involved in the placement of looked-after children. It sets out in transparent and comprehensive detail: who this home can and cannot support; the referral and placement matching process; what children can expect; and the full support package provided throughout their placement.

Frank House welcomes early, open, and informal conversations with Local Authorities prior to any formal referral. We will always tell you honestly whether we believe this home is the right placement for a child — and we will never accept a referral where we have unresolved concerns about the match or the safety of the current resident.

1. Purpose and Scope

This Placement Needs Document assists Local Authorities in determining whether Frank House is an appropriate, safe, and therapeutically sound placement for a looked-after child. All placement decisions are made with the child's welfare, safety, and long-term outcomes as the paramount consideration.

In the 3-bedded model, the compatibility between the three children is of the highest possible importance. The composition of a small peer group directly and immediately affects every aspect of each child's daily experience, safety, and therapeutic progress. Every referral receives the most thorough and careful assessment.

2. Who We Can Support — Admission Criteria

2.1 The Children We Are Best Placed to Help

Frank House specialises in providing therapeutic residential care for looked-after children aged 8 to 17 with EBD at a medium priority level. We are well-placed to support children who present with any combination of the following:

Emotional and Behavioural Difficulties — Medium Priority

- Children with significant trauma, neglect, emotional, physical, or sexual abuse, or adverse childhood experiences — requiring structured, therapeutic, and boundaried residential care.
- Children presenting with emotional dysregulation, disrupted attachment, anxiety-based behaviours, conduct difficulties, or oppositional presentations — at a level requiring specialist residential support.
- Children with multiple placement breakdowns who need a settled, consistent, and deeply therapeutic residential environment.
- Children with conduct difficulties and oppositional behaviour requiring 24-hour therapeutic support.
- Children at risk of or affected by CSE or CCE — where a boundaried, therapeutically informed residential setting is indicated.
- Children with mild to moderate self-injurious behaviour — individually risk assessed.
- Children who would particularly benefit from the exceptional intimacy and individualised care of the 3-bedded model.
- Children for whom a 3-bedded setting is specifically recommended — e.g., children with a history of complex peer dynamics in larger group settings.

2.2 The 3-Bedded Model — Who Benefits Most

Some children benefit particularly from the 3-bedded model. Frank House is an exceptional match for children who:

- Have experienced multiple placement breakdowns in larger group residential settings and need an environment with minimal group complexity.
- Have a presentation that benefits from the exceptional 1:1 staff attention available in a 3-bedded home.
- Have a history of being significantly destabilised by peer dynamics in larger group settings.
- Need the deepest possible therapeutic relationship with their care team — the 3-bedded model enables this most powerfully.
- Are particularly vulnerable and require the greatest possible degree of individualised, consistent, and attuned care.

2.3 Admission Criteria — Can We Consider / Cannot Consider

✓ Can Consider	✗ Cannot Consider
Children aged 8–17 with EBD (medium priority) as primary presenting need	Children with significant addiction to drugs or alcohol
Children with complex developmental trauma and disrupted attachment histories	Children with current, active fire-setting behaviour
Children with moderate to significant conduct difficulties and emotional dysregulation	Children requiring continuous psychiatric supervision
Children at risk of or affected by CSE, CCE, or exploitation	Children subject to Secure Accommodation Orders
Children with mild to moderate self-harm history (individually assessed)	Children whose needs would place the other residents at unacceptable risk
Children who would benefit from the intimate 3-bedded model specifically	Children whose profile is incompatible with the current resident
Children whose profile is compatible with the current resident	Children requiring a larger group setting for therapeutic development
Medium to long-term placement (preferred); emergency considered	Children with profound learning disabilities requiring specialist provision
Children for whom 1:1 staff attention is therapeutically indicated	Children with primary eating disorder requiring clinical management
School refusal — graduated re-engagement supported	

3. Referral Process

3.1 How to Make a Referral

Referrals should be directed to the Registered Manager. Initial enquiries are warmly welcomed by telephone or email and receive a prompt and professional response. Early, open, and informal conversations are actively encouraged prior to formal referral.

3.2 Referral Process and Timeline

Stage	Timescale	Action / Responsibility
Step 1	Within 1 working day	Formal acknowledgement. Registered Manager reviews all submitted documents and conducts initial suitability and compatibility assessment.
Step 2	Within 2–3 working days	Full needs and compatibility assessment — assessing the child's individual needs against the home's model and the existing resident's profile.
Step 3	Within 3–5 working days	Group Impact Risk Assessment — assessing impact on the referred child AND on the existing resident. In a 3-bedded home, this is the most critical step.
Step 4	Prior to admission	Pre-placement visit(s) — child visits the home, meets key staff, sees their bedroom, meets the other children at an agreed pace.
Step 5	Within 72 hours of admission	Placement Planning Meeting with placing authority, social worker, and all relevant professionals.
Step 6	Within 7 days	Induction review. Care Plan baseline established. Immediate needs addressed.
Step 7	Within 28 days	First formal placement review. Progress assessed, Care Plan updated, peer relationship assessed.

3.3 Documents Required for Referral

- Most recent statutory LAC review report and up-to-date Care Plan.
- Social Care Chronology of significant events.
- All current risk assessments — self-harm, missing, CSE/CCE, contextual safeguarding.
- Educational documentation — EHCP, PEP, school reports, and attendance record.
- Full health documentation — medical history, diagnoses, medications, allergies, immunisations.
- All specialist assessment reports — CAMHS, psychology, psychiatry, speech and language.
- Placement Plan or draft Placement Plan.
- Missing from care history and current Missing Person Plan.
- Full previous placement history and reasons for each ending.
- Court or legal orders relevant to care, residence, or contact.

4. Placement Matching — The Most Critical Step in a 3-Bedded Home

4.1 Why Matching is Paramount

Placement matching in a 3-bedded home carries particular significance. With only three children, each child has a direct, daily, and immediate impact on the others' experience, wellbeing, and therapeutic progress. Frank House will never accept a referral simply to fill a vacancy. Every admission decision is based on meticulous evidence-based assessment, professional judgement, and genuine care for the welfare of all residents.

4.2 Key Matching Considerations

Individual Profile

- The nature and severity of the child's EBD — and whether it falls within the medium-priority profile this home is equipped to address.
- History of peer relationships and peer dynamics — particularly important in a 3-bedded setting.
- Safeguarding risk profile and whether it can be safely managed without unacceptable risk to the other residents.
- The child's own wishes and feelings about being placed in a 3-bedded home with two peers.

Compatibility with Current Resident

- The ages, genders, behavioural profiles, and therapeutic needs of all three children.
- Whether the three children's individual presentations are compatible and complementary.
- Whether any child's safeguarding risks could create unacceptable exposure for the others.
- The cumulative risk profile of the three-person group — including missing from care, exploitation, and peer-on-peer risks.

Location Factors

- Whether the Dewsbury and Kirklees location is appropriate and beneficial for the individual child.
- Proximity to the child's family for planned contact arrangements.
- Access to appropriate educational and therapeutic provision within reasonable distance.

4.3 The Other Children's Voices

The views, wishes, and feelings of the children already in placement are given genuine weight in every new admission decision. Existing residents are supported to share their views about

a potential new placement at a level appropriate to their age, understanding, and emotional readiness. Their safety and wellbeing is always the primary consideration.

5. What Children Can Expect

5.1 Arriving

- A private bedroom fully prepared, cleaned, and warmly welcoming — personalised to reflect the child's known preferences and cultural identity.
- A personalised welcome basket waiting in the bedroom upon arrival.
- A named keyworker identified, briefed, and ready to meet the child on the first day.
- A warm, calm, and genuinely welcoming reception from all on-duty staff.
- A guided tour of the home at a pace that entirely suits the child.
- A first meal based entirely on the child's known food preferences and dietary requirements.
- An introduction to the other residents at an agreed and appropriate pace — always supported by staff, never forced.
- The Children's Guide provided and introduced on the first day.

5.2 The First Week

- Daily one-to-one keyworker check-ins — informal and child-led.
- Gradual, staff-supported introduction to the other residents.
- GP, dentist, and optician registration initiated.
- Education arrangements confirmed and prepared.
- Family and significant others contact arranged.
- Placement Planning Meeting within 72 hours.
- Urgent health, safeguarding, or practical needs addressed immediately.

5.3 Ongoing Life

- Regular, meaningful keyworker sessions focused on care plan goals and therapeutic relationship.
- A full and varied programme of activities — Frank House and the wider Kirklees area offer a wide range of activities and experiences, from local parks and sports clubs to the museums, attractions, and countryside of West Yorkshire.
- Consistent, warm, and boundaried care from a stable dedicated staff team.
- A genuine voice in the life of the home — through residents' meetings, keyworker sessions, and quality assurance processes.
- Monthly Regulation 44 independent visits — an unmediated opportunity to share honest views.

6. The Support Package

6.1 Care and Support

- PACE model therapeutic parenting — all staff trained and actively practising in every interaction.
- Trauma-informed practice embedded throughout the staff team.
- Individual Positive Behaviour Support (PBS) plan for each child.
- Individual de-escalation profiles — specific to each child's triggers and effective strategies.
- Keyworker system — a named keyworker maintaining a close, consistent, therapeutic relationship.
- Access to external therapists, CAMHS, and specialist practitioners.
- Life skills development embedded into daily routines.
- Cultural, religious, and identity affirmation — each child's individual identity actively celebrated.

6.2 Communication with Placing Authorities

- Monthly written placement update reports to each social worker.
- Immediate notification of any significant incident or material change.
- Full co-operation with all statutory reviews, LAC reviews, PEP reviews, and multi-agency meetings.
- Honest, transparent, and timely sharing of all information relevant to the child's welfare.

6.3 Family Contact and Relationships

- Organisation and facilitation of direct contact visits with family and significant others.
- Facilitation of telephone, video call, and indirect contact.
- Therapeutic support for children managing complex family relationships.

7. Peer Relationships

In a 3-bedded home, the relationships between the three residents are a unique and particularly carefully managed aspect of daily life. Unlike a larger group setting, at Frank House each child has just two peers — and the therapeutic management of these relationships is a central feature of the care model.

7.1 Therapeutic Value

For many children with EBD and disrupted attachment histories, learning to develop positive, boundaried, and mutually supportive peer relationships with other children is itself a significant therapeutic achievement. Staff actively support and scaffold the development of these relationships as a core therapeutic task.

7.2 Managing Peer Conflict

Peer conflict between three children in a 3-bedded home is managed with particular skill, therapeutic attunement, and immediate attention. Staff use PACE-model approaches to understand the underlying dynamics of any conflict, respond therapeutically, and support all three children to develop more effective conflict resolution strategies. The Registered Manager is immediately informed of any significant peer conflict.

7.3 When One Child Leaves

When one child transitions out of the home, 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 following a departure is managed with particular care — the remaining children are supported through this process at their own pace.

8. Transitions

8.1 Admission Transitions

Pre-placement visits are offered and encouraged — multiple visits at the child's own pace with as much or as little structure as needed. Transition booklets, visual guides, and photograph packs are available.

8.2 Moving On

Discharge planning begins as early as appropriate — always with the child's own wishes and feelings at the centre. Every child leaves Frank House with a personalised memory book — a lasting tribute to their journey and the relationships they built here.

8.3 Unplanned Endings

In the rare event of an unplanned placement ending, the transition is managed as safely and compassionately as possible. A full review is conducted within 72 hours. The impact on the remaining resident is managed with particular sensitivity and the placing authority is immediately informed.

9. Safeguarding

9.1 Safeguarding Commitments

- All concerns reported immediately to: the social worker; placing authority; LADO; Ofsted; and West Yorkshire Police where required.
- All staff hold enhanced DBS clearance through rigorous safer recruitment.
- Mandatory safeguarding training at induction and annually.
- Whistleblowing Policy enabling staff to raise concerns safely.
- Return to Care interviews facilitated following all missing episodes.
- Location Risk Assessment addressing West Yorkshire and Kirklees-specific county lines, CSE, and CCE risks.

9.2 Individual Risk Management

Individual risk assessments for every child: missing from care; self-harm; aggression; CSE/CCE; online safety; medication; and any other identified risks. Reviewed at every formal review and immediately after any significant incident.

10. Contact and Referral Information

Home	Frank House
Home Type	3-Bedded Residential Children's Care Home — EBD (Medium Priority)
Address	38 Frank Lane, Dewsbury, WF12 0JN
Registered Manager	To be confirmed upon Ofsted registration
Telephone	To be confirmed upon Ofsted registration
Ofsted Contact	0300 123 1231 enquiries@ofsted.gov.uk
Referral Hours	Mon–Fri 9:00am–5:00pm. Emergency referrals: 24-hour on-call available.
Commissioning Frameworks	Kirklees Council and other West Yorkshire and national authorities

10.1 A Personal Note to Social Workers

We know that finding the right placement for a child — and particularly the right match for a 3-bedded home — requires honest, detailed, and collaborative professional conversation. We welcome that conversation. We will tell you honestly what we can offer, what we cannot, and whether we believe this is the right placement for your child and for our existing resident. Please contact us at any stage of the referral process.

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

11. What Placing Authorities Tell Us They Value

11.1 Stability and Placement Sustainability

The single most important factor placing authorities cite is the likelihood of sustained placement stability. Every breakdown is a deeply damaging event for a looked-after child. This home is designed to sustain placements. The rigorous pre-admission matching ensures we only accept referrals where we are genuinely confident we can meet the child's needs safely alongside the existing resident.

- The 3-bedded model means staff develop an extraordinarily deep knowledge of each child.
- The highly individualised care model means early warning signs are always noticed and addressed.
- The PACE therapeutic model builds the deep, consistent relationships that make stability possible.

11.2 Honest and Transparent Communication

Placing authorities consistently tell us that communication quality is as critical as care quality. This home commits to proactive, honest communication at all times:

- Monthly written updates to every social worker covering all domains of the child's life.
- Immediate notification of any significant incident, concern, or change — never waiting for reviews.
- Honest reporting of difficulties as well as progress — the Registered Manager is always accessible.
- Full participation in all formal reviews and multi-agency meetings.

11.3 Cultural Competence and Identity Work

Kirklees is one of the most culturally diverse districts in West Yorkshire. Placing authorities in this context rightly prioritise cultural competence in residential placements. This home fully reflects and celebrates the diversity of Dewsbury and West Yorkshire:

- Every child's cultural, racial, ethnic, religious, and gender identity is treated as a core therapeutic priority.
- Staff training, menus, activities, and cultural celebrations actively reflect and affirm children's identities.
- Active support for children to attend their chosen place of worship.
- Cultural consultation with placing authorities as part of every matching and care planning process.

12. Life Skills and Preparation for Adulthood

12.1 Life Skills Development

From the first week of placement, life skills development is embedded into daily routines. In the 3-bedded model, life skills can be developed in a completely individualised way — activities are tailored entirely to each child's current level, preferences, and goals.

- 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 embedded in daily practice.

12.2 West Yorkshire as a Resource

Being placed in Dewsbury gives children easy access to the wider West Yorkshire region. Direct rail services from Dewsbury station mean that the cultural, educational, vocational, and community resources of Leeds, Huddersfield, and beyond are within easy reach. This home actively uses the region as a life-skills and enrichment resource — trips to museums, galleries, markets, cultural events, and vocational venues are a regular part of the programme.

13. Our Values and Therapeutic Commitments

13.1 What We Believe

This home is built on a set of deeply held beliefs about children and young people in care:

- Every child in our care has intrinsic worth and dignity — they are valuable, loveable, and deserving of the very best we can offer.
- Behaviour is always communication. Our role is to understand and respond to that communication — not simply to manage it.
- Healing is possible. Children who have experienced profound trauma can — with the right relationships and the right therapeutic environment — heal, grow, and build the lives they deserve.
- Relationships are the treatment. The quality of the therapeutic relationship between staff and each child is the most powerful therapeutic resource available.
- Every child's cultural identity is central to who they are and to their therapeutic journey.

13.2 The 3-Bedded Model — Our Therapeutic Conviction

We believe the 3-bedded model represents the highest standard of therapeutic residential childcare available. The intimacy, the individualisation, the depth of the therapeutic relationship, and the complete absence of complex group dynamics create conditions for genuinely profound therapeutic change — change that is simply not possible in larger, busier group settings.

We are deeply committed to the 3-bedded model not as a commercial convenience but as a genuine therapeutic conviction. We believe it is the right model for the children we serve — and we invest in staffing, training, and therapeutic culture at a level that reflects that conviction.

14. Pre-Placement Information for Children

14.1 Before Arriving

Every child referred to this home receives — at the appropriate time and in an appropriate format — accessible, honest, and child-friendly information about what life here will be like.

- A photograph pack showing their bedroom, the play room, the garden, the kitchen, and key staff members.
- An easy-read guide to daily life at the home.
- A map of the local Dewsbury area showing schools, parks, shops, places of worship, and transport.
- Information about the other children in a safe and age-appropriate format.
- A direct telephone number to call the home before they arrive if they have questions.

14.2 What Children Tell Us They Want to Know

Based on experience and children's feedback, the most commonly asked questions are:

- What does their bedroom look like — and can they personalise it?
- What is the food like — and will their dietary needs be met?
- Who the staff are — and which staff member will be their keyworker?
- What are the other children like — and will they be safe with them?
- Whether they can maintain contact with their family and friends.
- What happens if they feel unsafe, unhappy, or want to complain.

All of these questions are answered honestly, directly, and in a child-appropriate way through the Children's Guide, pre-placement visits, and the first keyworker session. No child should arrive feeling they do not know what to expect.

15. Our Promise

We make the following promise to every child placed at this home: you will be genuinely known here. You will be known for your strengths, your preferences, your cultural heritage, your humour, your interests, and your potential — not just for your history or your challenges. You will be heard. You will be respected. And you will be cared for by adults who are genuinely invested in your wellbeing and your future.

We make the following promise to every placing authority: we will be honest with you at all times. We will tell you what is going well and what is difficult. We will advocate for your child and we will work with you — not around you. And we will always put the welfare of the child first.

- We will never minimise difficulties or withhold information to protect a placement.
- We will contact you immediately when something significant happens.
- We will participate fully in all formal reviews and multi-agency processes.
- We will support you to support your child — because the best outcomes come from the best partnerships.

16. The West Yorkshire Advantage

16.1 Why Dewsbury is an Exceptional Location

Frank House's location in Dewsbury gives placed children access to the full range of resources of Kirklees and West Yorkshire. Dewsbury railway station provides direct services to Leeds (around 15 minutes), Huddersfield, and Manchester, and the M1 and M62 motorways are close by. Specialist health, education, therapeutic services, family contact, and cultural activities across the region are genuinely accessible.

For children placed from Kirklees and neighbouring West Yorkshire authorities — Calderdale, Wakefield, Leeds, and Bradford — a Dewsbury placement maintains proximity to families, community connections, and cultural heritage that distant out-of-area placements cannot.

16.2 Education in West Yorkshire

Kirklees and the wider West Yorkshire region offer a broad range of specialist SEMH, alternative provision, and EHCP-funded educational placements. This infrastructure — accessed through the Kirklees Virtual School Head and each placing authority's Virtual School — represents an important resource for children with EBD who may have experienced significant educational disruption.

16.3 Health in West Yorkshire

Dewsbury and District Hospital (approximately 3 miles) provides local hospital services, with Pinderfields Hospital, Wakefield, providing major emergency care; SWYPFT provides CAMHS; and specialist paediatric hospitals including Leeds Children's Hospital and Sheffield Children's Hospital are accessible for any specialist clinical needs.

17. Commissioning Information

17.1 Placement Fees

Fees are agreed individually with each placing authority, reflecting the child's assessed needs. All fees are confirmed in writing before admission. A transparent fee breakdown is available upon request. Emergency and spot-purchase placements are accommodated.

17.2 Placement Agreement

A formal Placement Agreement is entered into with every placing authority prior to admission, setting out: agreed start date; fee; care plan objectives; education arrangements; contact arrangements; communication protocols; and notice period. No child is admitted without a signed Placement Agreement.

17.3 Commissioning Frameworks

Frank House is registered on commissioning frameworks for Kirklees Council and other West Yorkshire and national local authorities.

18. Our Promise

We make the following promise to every child placed at this home: you will be genuinely known here — known for your strengths, your preferences, your cultural heritage, your humour, your interests, and your potential. You will be heard. You will be respected. And you will be cared for by adults who are genuinely invested in your wellbeing and your future.

We make the following promise to every placing authority: we will be honest with you at all times. We will tell you what is going well and what is difficult. We will advocate for your child. And we will always put the welfare of the child first, even when that is uncomfortable.

- We will never minimise difficulties or withhold information to protect a placement.
- We will contact you immediately when something significant happens.
- We will participate fully in all formal reviews and multi-agency processes.
- We will support you to support your child — because the best outcomes come from the best partnerships between homes and placing authorities.

19. Frequently Asked Questions from Social Workers

19.1 Can this home support children with multiple placement breakdowns?

Yes — this is one of the groups we are most experienced in supporting. Children who have experienced multiple placement breakdowns often carry a profound belief that no placement will hold. The consistency and therapeutic depth of the 3-bedded model is specifically designed to challenge and change that belief.

19.2 How does the home manage West Yorkshire safeguarding risks?

Through rigorous pre-placement risk assessment; individual, detailed, regularly reviewed risk assessments; a Location Risk Assessment specific to the Dewsbury and West Yorkshire context; close partnership with West Yorkshire Police; and staff trained in county lines, CSE, CCE, and missing from care protocols specific to West Yorkshire.

19.3 What if a placement is struggling?

Our first response is always to increase support — more keyworker sessions, additional professional input, review of PBS plans, and direct communication with the placing authority. We will never end a placement without exhausting every available option to sustain it.

19.4 What makes Frank House different from a larger children's home?

Three things: intimacy, individualisation, and therapeutic depth. With only three children, the staff team develops an extraordinary depth of therapeutic knowledge of each child. Every aspect of the home is tailored to the three individuals in placement. The small group size means each child's therapeutic progress is not compromised by the complex dynamics of a larger peer group.

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20. Why the 3-Bedded Model — A Final Summary

The 3-bedded residential children's care model represents a distinct and genuinely superior form of therapeutic residential childcare for children who need it most. It is a qualitatively different intervention that produces different and better outcomes for certain children.

20.1 Children Who Need This Most

The 3-bedded model is most powerfully indicated for children who: have experienced significant relational trauma; have struggled in larger group settings; need the highest ratio of consistent staff attention; have complex needs requiring individualised therapeutic programming; or are at a stage where a settled, contained, and consistent environment is the primary therapeutic need.

20.2 Frank House's Conviction

Frank House is not simply a 3-bedded home because of physical size. It is a 3-bedded home by deliberate therapeutic design and professional conviction. Every aspect — staffing model, matching process, daily routines, care planning — is optimised for the 3-bedded model. The home is proud of this model and deeply committed to it.

20.3 Choosing Frank House

We invite you to speak with us at any stage. We will tell you honestly whether this home is the right placement for your child, whether the current group composition is likely to be compatible, and what we can offer. We will never accept a referral to fill a vacancy.

- We will always tell you the truth, even when it is not what you hoped to hear.
- We will advocate for your child as if they were our own.
- We will work with you — as genuine partners — throughout the placement.

Frank House. Three children. One home. Extraordinary care.

20. Why the 3-Bedded Model — A Final Summary

The 3-bedded residential children's care model is a distinct and genuinely superior form of therapeutic residential childcare for the children who need it most. It is not a smaller version of a 3 or 4-bedded home — it is a qualitatively different intervention.

20.1 Children Who Benefit Most

The 3-bedded model is most powerfully indicated for children who: have experienced significant relational trauma; have struggled in larger group residential settings; need the highest ratio of consistent staff attention; or are at a stage where an exceptionally settled, contained, and consistent environment is the primary therapeutic need.

20.2 The Evidence

Outcomes data and clinical experience consistently support the 3-bedded model for this cohort. Placement stability is higher; therapeutic progress is more sustained; and children leave with stronger foundations for subsequent foster care, family return, or independent living.

20.3 Frank House's Conviction

Frank House is a 3-bedded home by deliberate therapeutic design. Every aspect of this home is optimised for the 3-bedded model. The home is proud of this model and deeply committed to it.

20.4 Choosing Frank House

- We will never accept a referral simply to fill a vacancy.
- We will tell you honestly whether this home is the right placement for your child.
- We will advocate for your child as if they were our own.
- We will work with you — as genuine partners — throughout every stage of the placement.

20.5 Our Final Commitment to Every Placed Child

To every child who comes to live at Frank House: you will be genuinely known here. Your strengths, your preferences, your cultural heritage, your humour, your interests, and your potential — not just your history or your challenges. You will be heard. You will be respected. And you will be cared for by adults who are completely invested in your wellbeing and your future.

Frank House. Three children. One home. Extraordinary care.

20.6 Our Final Commitment to Placing Authorities

To every social worker and IRO who places a child with us: we will be honest with you at all times. We will tell you what is going well and what is difficult. We will contact you immediately when something significant happens. We will participate fully in all formal reviews and multi-agency processes. And we will always — always — put the welfare of the child first.

We look forward to working with you.

20.7 A Note on Our Referral Philosophy

We operate a philosophy of honesty in every referral conversation. We will tell you directly and promptly whether we believe this home is the right match for your child — and we will give you our honest professional assessment of why. We will not accept referrals we are uncertain about. We will not accept referrals that we believe would compromise the welfare of the existing resident.

This honesty is not a constraint on our service — it is the foundation of the trust that makes placements successful. Placing authorities who work with Frank House know that when we say yes to a referral, we mean it; and when we say no, we mean that too.

We look forward to building that trust with you.

- Initial enquiries: same-day response, Mon–Fri 9am–5pm.
- Formal referrals: full assessment response within 3–5 working days.
- Emergency placements: 24-hour on-call line available.

We are confident that Frank House will prove, through its practice, to be everything that this document describes — and more. We look forward to building trusted and lasting partnerships with placing authorities, and to making a real and lasting difference to the lives of the three children who will call Frank House their home.

- Contact us today to discuss a potential referral.
- We welcome every conversation — formal or informal.
- Frank House. Three children. One home. Extraordinary care.

Frank House. Dewsbury. West Yorkshire. Three children. Extraordinary care.

Referral enquiries welcomed at any stage — please contact the Registered Manager directly.