



Knowsley Council

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Validation Proforma for Children's Homes

1. Home and Location Assessment (Planning Applications Only)

This document should be read in conjunction with the submitted management plan

Requirement	Response
a. Evidence of need for Children's Care Home in the Area this must include liaison with Knowsley Council Children's Services	Consultation has taken place with Rebecca Hastie, Knowsley commissioning manager who has advised that Knowsley Council have recently had a rapid expansion within the last 12 months. However, they still have very high numbers of children in unregulated homes. Additionally, placement northwest has recently published latest data, and this would suggest that there is a need for children's homes within the northwest. Roughly Knowsley borough has around 300-336 children been in care, with numbers noted to be rising: Context: The rate of 97 per 10,000 is higher than

	some other areas, and the borough has a high rate of children in need compared to national averages. The proposal directly aims to support Knowsley CSC in addressing the use of unregulated homes directly through the provision of regulated services. Knowsley sufficiency position statement 22/25 executive summary and Theme 3 shows clearly a demand and need for long-term behavioural placement in borough and clearly identifies that this is expected to be a sustained demand for the authority.
b. Evidence that the proposed Children's Care Home location and format aligns with the type of accommodation needed by Knowsley.	The home will be for 2 children who have emotional and behavioural difficulties, as highlighted above, there are 300-336 children who are looked after, in Knowsley. Referring to response A, there is a clear identified need for behavioural placements in borough, and we propose that our reputation of managing placements effectively can be evidenced and the standards of care being delivered are high in contrast to some recent inspections within the borough. Nationally, Ofsted has highlighted a material increase in illegal/unregistered children's homes, reinforcing the planning and commissioning case for additional regulated provision. The proposal supports delivery of a small-scale, regulated residential care use within an established residential area, meeting an identified need while providing clear management controls to minimise any adverse effects on residential amenity.
c. A justification and explanation as to the appropriateness of the premises. To	A comprehensive Health and Safety framework will be implemented, including a Safe Area Report (SAR) and detailed risk assessments.

include the identification of hazards and control to be put in place including the local and wider environment. This must include liaison with Merseyside Police regarding County Lines, missing persons, general hazards and exploitation.	The home will actively engage with key agencies including: • Merseyside Police • Local authority services • Education providers • Health professionals • Safeguarding partners and (where appropriate) family networks • Ofsted (as regulator) will also be engaged as required. Robust care planning, risk assessments, and behaviour support strategies will ensure risks are identified, monitored, and mitigated. Therapeutic input from Omega Clinical Services will support placement stability and positive outcomes. The support of Omega clinical in terms of therapeutic interventions will be integral to operations, additionally mitigation statements and plans can be submitted to all relevant bodies in terms of how Omega will respond to and manage behavioural concerns to maintain placement stability and reduce expenditure impact. Consultation with Merseyside Police's MFH co-ordinator and the local Police Community Support Officer (PCSO) has been completed. While concerns were raised regarding local crime statistics and service pressures in the Knowsley area, comparative data indicates that these pressures are consistent with many Northwest boroughs.
d. Identified hazards and controls to be put in place including but not limited to: i. Risks of injury within the home including access to roof	Identified hazards and controls

ii. Traffic, Railway, Waterways, Risks of Child Sexual Exploitation, Risk of Gangs, Crime, Anti-social Behaviour, Risks of Missing from Care, Risk of Substance Abuse, Drug Involvement. iii. Please include agencies who you have consulted as part of the risk assessment.	The Safe Area Report (SAR) and locality risk assessment will evidence that the scale and nature of the proposed use (2 children) can operate without unacceptable impact on the wider environment. It will be regularly updated following liaison with Merseyside Police, the Missing from Home (MFH) co-ordination function, and relevant partners to identify any location-based risks (e.g., county lines/exploitation, anti-social behaviour, missing-from-home triggers). It will also set out planning-relevant controls within the Management Plan, including supervised and risk-assessed community access; staff-led transport where appropriate; agreed safe routes; enhanced staffing during higher-risk periods; visitor management; and clear escalation protocols. Consultation Consultation with Merseyside police's MFH co-ordinator has been completed. Concerns were raised regarding anti-social behaviour and service pressures within the Kirkby area; comparative stats indicates that these pressures are consistent with much northwest / Knowsley boroughs. These measures are intended to mitigate potential community safety impacts and protect residential amenity. Some examples of risk identified are: Risk of injury within the home, including the roof: Children will be appropriately supervised at all times. Staff are trained to recognise early indicators that a child may become heightened or dysregulated and are skilled in intervening at an early stage to reduce the likelihood of
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incidents that could place the child or others at risk. Where necessary, and only as a last resort, staff may physically intervene if they believe there is an imminent risk of harm to the child or others.

All staff receive annual PRICE (Protecting Rights in a Caring Environment) training, which emphasises early intervention, behaviour management and de-escalation, with physical restraint used only where unavoidable. Omega Care is affiliated with the Restraint Reduction Network (RRN).

In the unlikely event that a child accessed the roof, staff would seek support from the emergency services (e.g., Fire and Rescue Service) as appropriate. A multi-agency risk management meeting would then be convened with the placing authority to review the incident and agree further controls. Where necessary, this may include consideration of a Deprivation of Liberty (DOL) application to the Court to prevent further significant risk, or/and a review of whether the placement remains suitable for the child.

Traffic and waterways

The nearest water body to the home is Mill Pond which is approximately a 21-minute walk from the home. Ongoing work with the children will take place to ensure they are safe as activities may include trips to local beaches and lakes.

Where children access areas near open water (including wetlands, ponds and ditches), this will be planned and risk-assessed, with staff supervision proportionate to age, ability and presenting risks. The SAR will identify relevant locations, agreed boundaries, safe routes, and escalation actions, and will be reviewed following any incident or changes in a child's risk profile.

Moving traffic can present a risk to children, particularly younger children. Staff will ensure appropriate supervision where there are concerns regarding road safety awareness and will take practical precautions, as a parent would in these circumstances (for example, holding a child's hand when crossing roads).

Kirkby is exceptionally well-connected, with the M57 motorway running directly to the west, the M58 to the north, and major dual carriageways forming its primary boundaries. North Road in Kirkby sits immediately adjacent to the M57 motorway and the A580 East Lancashire Road. The M57 is less than a 3 to 5-minute drive, and the dual carriageways are directly connected to the local road network.

It is approximately 1.1 miles to junction 6 of the M57 and this would take around 20-25 minutes to walk. The immediate roads surrounding the home within 1 mile radius are 30mp or less in residential streets with multiple safe crossing areas.

Missing from home and associated risk

All children have an individual missing from home protocol. Staff are skilled in recognising push/pull factors and responding to these. Children who can go out independently have regular welfare checks with staff, by phone and visual checks, they know what time they should return, and in most cases are collected by staff to ensure they are home safe.

Children have access to independent visitor and advocates, along with helplines that they can call in private if they are unhappy.

	All children have key-work sessions covering what to do if they go missing, how to access help, and staying safe (including stranger awareness). If a child is missing, staff will contact all known associates and actively search for them, while reporting the incident to the police in line with the child's individual risk assessment and missing-from-home protocol. Staff receive training in child exploitation and know how to recognise signs and know how to respond to any concerns around this to keep children safe. Staff would also refer to SHIELD and work closely with them to manage and reduce risk; regular safeguarding meetings would take place. The above measures are appropriate to behaviours such as substance use, self-harm, antisocial behaviours etc, the key is robust risk management led by a therapeutic approach that understands behaviours and knows how to respond to keep children safe and know the importance of multi-agency working. Additionally, Omega clinical would work closely with the team and the child to support them, and work through ACES (adverse childhood experiences) and trauma. Omega care has a private lodge in the lake district, and this is useful to take children to, to break cycles of concerning behaviours. Omega has 16 children's homes. 56.25% (9) are rated Outstanding/Excellent, with the remainder rated "Good". This evidences a robust approach to risk management. Local amenities and social infrastructure
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	The location benefits from access to day-to-day services and community infrastructure within the local area, supporting a sustainable placement and the normalised integration of the home. The Safe Area Report (SAR) will map and keep under review relevant social infrastructure, including education provision, primary healthcare (GP and dental), pharmacies, emergency services, leisure facilities, and youth/community services, together with key contact details and referral routes. Access to local amenities will be planned through individual risk assessments and placement plans, with staff support and supervision proportionate to age, independence and presenting risks (including exploitation/MFH risk). Where appropriate, staff-led transport will be used to manage safety, reduce exposure to higher-risk locations and maintain predictable routines. Community participation will be reviewed regularly, and any emerging risks will trigger updated controls within the SAR and multi-agency planning. Environmental hazards The home will follow all Omega Life and Local Authorities policies and procedures in place around COSHH. The home will have a comprehensive Health and Safety report/fire risk assessment which is reviewed annually as a minimum. The staff conduct regular health and safety checks. We will consult with the local authorities, environmental health, police and fire department to ensure that environmental risk assessments are completed to the highest standard. Anti-social behaviour
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	Although concerns relating to anti-social behaviour have been identified, the home will monitor these closely and undertake a thorough assessment of each child's needs prior to admission. Children will participate in key-work sessions focused on understanding and addressing such behaviours, with the aim of reducing the likelihood of future incidents and minimising the risk of any child becoming involved in anti-social behaviour. The home will work in partnership with the local policing team to further mitigate this risk, and the Safe Area Report (SAR) will remain an active working document, regularly reviewed and updated to identify and respond to any areas that may be vulnerable to anti-social behaviour. Close proximity to transport links in relation to CE and CSE While the proximity of transport links, including train stations, bus stops and motorway connections, may present an increased risk for children who are vulnerable to child exploitation (CE) and child sexual exploitation (CSE), these factors are carefully considered prior to any child moving into the home. Each child's individual needs and vulnerabilities are assessed before admission and reviewed throughout their placement to ensure that the home is able to provide appropriate support and maintain their safety. Staff working within the home receive comprehensive training in relation to CE and CSE, enabling them to identify potential indicators of risk at an early stage and respond appropriately to safeguard children effectively. Furthermore, the team will again work with outside agencies to address and manage any potential risk.
d. That the premises is located in a suitable and sustainable location; This must include an assessment of accessibility, local amenities and social infrastructure	9 North Park Road, Kirkby is a four-bed detached property with a driveway large enough for four vehicles to be parked with ample space to retain a partitioned garden area of approximately 60m2 to the front and further garden area to the rear of approximately 120m2 is available secured by a 6ft fence for privacy and

	security. The home is located near the town centre offering a wide range of amenities including shops such as Home and Bargain, B and M, Tesco and local markets. In planning terms, the site is within an established residential area with a range of day-to-day services and community infrastructure available locally, supporting a sustainable pattern of living for residents. The locality mapping within the SAR will confirm access to education provision, primary health care and pharmacies, leisure facilities, such as Knowsley leisure and Cultural centre which has a public swimming pool and gym, close by. It will give contact details of all agencies who may need to be involved with the children such as safeguarding partner agencies. There is practical connectivity by local bus routes and Kirkby Station (Glovers Brow train station) which assists in reducing reliance on private car journeys and supports the normalised integration of the home within the community, whilst enabling staff-led transport to be used where risk assessments require it.
e. That it provides suitable access and parking provision to accommodate activity associated with the premises.	The home has a driveway that can accommodate up to 4 cars on a private gated space. The houses on North Park Road are set back away from a main road and parking is allowed on the main road, but this is not something which will be required at this home. Omega will employ local people, some staff will use public transport to work, or walk/cycle, others will car share. Omega homes are always respectful of

	neighbours and the impact of traffic to the home and will park away and walk to work if there are visitors and the drive is occupied.
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2. Management Plan (Planning Applications and Lawful Development Certificates)

Requirement	Response
a. The name of the company proposing to operate the facility and background.	Omega Care Ltd.
b. Whether the home will be registered with Ofsted and any evidence of communication with Ofsted relevant to this home?	The home will be regulated by OFSTED.
c. i. Type of provision (e.g. crisis, short or long term) and statement of purpose c. ii. Type of registration (emotional and behavioural difficulties, mental disorders, sensory, present alcohol problems, present drug problems, learning difficulty, physical disabilities)	The home will be registered for 2 children and is intended for long term placement, in line with the statement of purpose, it will be registered for emotional/behavioural difficulties.

d. How many children would be accommodated and the age range (lower and upper limit)?	Up to 2 children age 7-17
e. What will happen if any children reach 18? Will they remain?	It is rare for a young person to remain in placement beyond 18; however, this may occur under the “wholly or mainly” provision (Social Care Common Inspection Framework (SCCIF), 2026), for example where a move-on placement is not yet available or where the young person is in the middle of examinations. Most young people, however, move into semi-independence prior to their 18th birthday, often between 17 and 17.5. This provides time to develop semi-independent living skills and prepare for adult life. Omega Care remains in contact with young people after they move on and continues to offer and, where appropriate, provide support.
f. What is the ratio of staff to children that is required i.e. delivery model?	Staffing is needs-led and risk-assessed and is a key management control to ensure the use operates at an appropriate intensity and does not give rise to avoidable noise, disturbance, or community safety impacts. As a baseline, the home will operate with a minimum of 1:1 staff-to-child coverage during waking hours when both children are in the home/community, with management on-call. Where risk assessments identify higher need (e.g., transition periods, heightened behaviours, or exploitation/MFH risk), staffing may increase escalate to 2:1 for an individual child, for a limited period of time.

	Overnight cover (sleep-in or waking) will be provided in line with assessed need. Any higher-risk commissioned arrangements (including any court-authorised restrictions) would be explicitly agreed and reflected in the placement plan.
g. What is the likely level of need of the children accommodated i.e. is there a focus on complex needs? Will the home have a particular specialism?	The home will be registered for children with emotional and behavioural difficulties, there is no focus on complex needs, or particular specialism. However, it is important to note that not all children present with behaviours that are disruptive. Public perception can sometimes assume that all looked-after children will display anti-social behaviour and disturb local residents; this is not the case. As stated above, staff are highly skilled and trained in supporting children who have experienced trauma. A high number of children in children's homes are under 10 years old due to a shortage of foster carers. The placement will be supported by our internal clinical team, who provide ongoing assessment, guidance, and oversight. This ensures that care is delivered in line with best practice and that any identified risks or complex needs are appropriately managed. Our clinical input also supports staff through formulation, reviews, and recommendations as the placement progresses.
h. What is the likely shift pattern of staff i.e. how many staff (management and care staff) would likely be at the premises at any one time and when would shift changes occur? A staff Rota should be provided.	The home will operate with a core team of six staff: • 1 deputy manager • 2 senior support workers • 3 support workers

	Staff work a “2 on / 4 off” rota (two full day shifts with sleep-ins), with 2 staff on shift most of the time, dependant on needs of the children at the time, there may be times when 1 staff member is on shift. Shifts typically start at 10:00am, with sleep-in cover from approximately midnight to 7:00am. Management hours are 40 hours per week and are needs-led; however, they generally operate 9:00am–5:00pm unless there are circumstances where the manager is dual registered and their hours are split between their 2 homes. A sample staff rota is provided in the management plan as an appendix to evidence how staffing is organised and how shift handovers are managed to avoid excessive vehicle movements or congregation at the site. The live rota will be maintained in the home and will be available for inspection.
i. What support officers would be likely to visit the property?	Prior to registration, professionals such as local authority representatives, the local PCSO/police, Fire and Rescue officers, and Environmental Health may visit the home. Once the home is operational, we encourage the local PCSO to visit and to form relationships with the staff team and the children.
j. How would visits be scheduled and would staff/support-workers meetings take place at the property?	To limit activity at the property and safeguard neighbouring amenity, meetings with professionals will be held at the home only where necessary and appropriate.

	Where it is preferable (e.g., to avoid parking pressure, ensure confidentiality, or reduce the frequency/scale of visits), meetings will take place at local authority offices, education/health settings, Omega office or virtually. This will be agreed case-by-case with the placing authority and recorded within the placement plan.
k. Is the intention that the children cared for at the property will be home schooled or will they attend local schools? If children will be home schooled, will additional teachers/tutors attend the premises and how often.	On admission, the home will work with the placing authority's education lead/Virtual School to confirm the education plan and secure an appropriate setting (mainstream, specialist or alternative provision) based on assessed need and any EHCP requirements. Where a place cannot be confirmed immediately, a time-limited interim package will be implemented (e.g., tutor-led sessions and structured learning) and reviewed frequently with clear milestones. Education access and transport will be planned to support regular attendance and routine, with staff support where needed to reduce disruption and manage safety risks. Most of home education will take place out of the home in the form of educational activities, and any 1-1 lessons would be on a reduced time table for example; 2 hours per day 3 days per week, as this is only an interim measure and we recognise that children would find it difficult to stay on task on a 1-1 for long periods of time. We often use libraries for 1-1 tuition to support the child to engage, and we find this is a more productive way of working. Home education has only ever been a short-term interim measure in Omega care

	Omega Life has a school, Foundations for Life, for children who are finding it difficult to attend a suitable school that cannot meet their needs. This is another strategy which would require risk assessment, placement matching and formal discussions.
I. Would therapeutic care be offered on-site?	There is a robust package of support in place, from Omega clinical team which includes: A bespoke screening and assessment regarding current psychological well-being, Speech and Language screening, Occupational Therapy screening, developmental history, historical experiences, a working formulation and implementation of baseline psychometrics as necessary. This is a dynamic working document which is updated regularly as time progresses and is a key place for staff to understand their children and meet the clinical areas of support identified. Specialist assessments can be added to this as required (separately agreed). This is completed by the Clinical Team and should then feed into the Home's Care Plans as well as helping to meet the need of statutory documents such as EHCPs. The process culminates in a dynamic Clinical Profile which provides • Recommendations for ongoing support and intervention where necessary. • Monthly Reflective Practice for each home. • Access to clinicians to support external meetings.

	• Consultation/workshops during team meetings to share information, grow understanding of the young person's needs and identify areas of practice to develop. • Senior Leadership Team guidance via monthly meetings with the Director of Care and biweekly referrals meetings with the Director of Care and Responsible Individuals to triage requests for further support
m. Would case reviews taken place on or off-site?	Case reviews will ordinarily be held off-site or virtually at a venue agreed with the placing authority (e.g., local authority offices or the child's education setting). This approach helps limit the frequency of professional foot fall and associated vehicle movements at the property, thereby protecting neighbouring amenity. The Registered Manager (or delegated senior) will coordinate attendance and facilitate the child's participation where planned/appropriate.
n. Are children ever left alone unsupervised at the property?	Children are not left alone in the property
o. Under what circumstances are children allowed to leave the property?	Unless a child is subject to a Deprivation of Liberty (DoL) order, children in residence may leave the property in line with normal family life. Community access will reflect typical residential living but will be managed through individual risk assessments, the Safe Area Report (SAR) and the placement plan to ensure the use does not give rise to unacceptable behaviour, nuisance or safety concerns.

	Where independence is being developed, this will be progressed in a staged and supervised way (staff-accompanied activities, agreed routes/times, check-ins and return-home planning). Where risks increase, supervision will be intensified and staff-led transport used where appropriate. This provides a clear management framework to support safe participation in the community while protecting the amenity of nearby residents, and the child.
p. Would staff members be informed/aware if a child left the property?	Omega Life homes have door alarms for security reasons. The alarms will be set when the children have settled at night. Door-alert/bleeper systems may be used on children's bedroom doors where there is a safeguarding concern that a child may leave without informing staff. These systems support staff awareness when external doors are opened at key times (particularly overnight). This supports timely responses, helps prevent missing-from-home incidents, and reduces the likelihood of avoidable late-night activity that could disturb neighbouring residents. Use will be risk-assessed, proportionate, agreed with the social worker and reviewed against each child's plan.
q. Is there a curfew?	Children will know the time that they should return home and are generally collected by staff to ensure they return home safely. This does depend on the child and will be age appropriate. Curfews are only applied where there is a relevant legal order in place.
r. What would happen in the event of a breach of the curfew?	The home will have robust risk assessments and Behaviour support plans in place to support and safeguard the individual child.

	If a child does not return at the expected time, staff will follow the agreed procedure. This will include attempting to contact the child, checking known locations, and following the child's Missing from Home (MFH) risk assessment, which may require the incident to be reported to the police as MFH. The home will also contact the relevant Emergency Duty Team (EDT) where the incident occurs out of hours. On the child's return, and depending on the circumstances of the MFH episode, an independent welfare check will be requested in line with local procedures. The home will complete work with the child and look at changing activity planners and incentives, look at what may be the push/pull factor and take appropriate actions around safeguarding, work with relevant bodies such as the Police and MFH co-ordinator and arrange meetings when needed.
s. What security provisions are proposed e.g. security and access controls on doors?	Security and access arrangements will retain the appearance and function of a family dwelling while meeting safeguarding requirements. Measures include secure doors/windows, controlled key management, a locked staff office for records/medicines, appropriate lighting, and visitor sign-in/identity checks. Any additional measures required for an individual placement would be agreed with the placing authority and documented within the child's plan, ensuring they remain necessary, proportionate and compatible with residential amenity.
t. Would CCTV be installed?	No

u. How would local residents know how to raise a concern in the event of an issue?	To support good neighbour relations, a single point of contact will be provided to local residents (Registered Manager) via a neighbour information letter, with an on-call escalation route (senior/Responsible Individual) outside normal hours, or Ofsted. Concerns can be raised by telephone or in writing and will be acknowledged and responded to in a timely manner. All issues and actions taken will be logged and reviewed, enabling any emerging patterns to be addressed proactively to protect residential amenity. When possible, an Omega representative will meet with neighbours prior to registration to discuss any concerns and inform them how to complain.
v. How long is each placement within the children's care home?	The model is primarily long-term and stability focused. In planning terms, stable placements and consistent staffing/routines help ensure the use operates predictably and at a low-intensity level typical of a family home, reducing the likelihood of repeated crisis moves and associated disruption. Placement duration will be determined by the placing authority's care plan and progress, including step-down planning to foster care/supported living or preparation for independence, as appropriate
w. Would any rooms be used as a dedicated meeting, training or therapy room?	Therapeutic/keywork activity will be delivered in a manner that maintains the domestic character of the dwelling and avoids generating additional comings-and-goings. 1:1 session can take place quietly within the home when

	appropriate; however, multi-agency meetings, training and larger sessions will ordinarily be held off-site or virtually. Where a confidential space is required on-site, this will be arranged by exception and managed to avoid disturbance. There will be a locked staff office. Omega clinical has therapy rooms in the main office on Kemble Street, Prescott where children will go for clinical sessions where required.
x. Would the parents or family of the children visit the home and, if so, how often is this likely to take place?	Family time will take place in line with the placing authority's plan and safeguarding assessment. Where visits to the property are agreed, these will be planned and managed (including arrival/departure arrangements and supervision where required) to maintain privacy and minimise any impact on neighbours. Where it is preferable, family time will be facilitated at agreed community venues or contact centres, with staff support for transport and risk management.
y. What dedicated parking provision (if any) exists for the dwelling and how is it intended to control vehicle movements and parking associated with the use arising from staff and other visitors?	Vehicle movements will be managed to remain consistent with a small residential use. The on-site driveway provides dedicated parking for up to 4 vehicles, which will be prioritised for staff.

	The operational model limits peak-time demand through rota planning, staggered handovers where required, and the use of car sharing and public transport where practicable. Professional visits will be appointment-based and, where possible, held off-site/virtually to reduce visitor parking. These measures provide a clear framework for controlling activity associated with the use and minimising any impact on highway safety and neighbouring amenity.
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