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23 September 2026

James Stannard
JS Planning Services
9 Ash Grove
Chinley
Derbyshire SK23 6BQ

Dear James,

2 Starthe View, Hands Road, Heanor — proposed increase in registered capacity from three to four children (ref OH-24)

I am writing to set out why One Home Care is seeking to increase the registered capacity of 2 Starthe View from three children to four, and the benefits this delivers for the children we care for. This letter is intended to support the full planning application.

1. The home

2 Starthe View is an operational children's home registered with Ofsted and run by One Home Care. It provides full-time residential care for children who are looked after by local authorities. The home is staffed at all times and is part of a wider portfolio of homes we operate across the region. The change we are seeking does not alter the nature of the use, the way the home is run, or the type of child we care for. It adds one bedroom of capacity to a service that is already established and operating.

2. Why the proposal is required

There is a well documented national shortage of registered residential placements for children in care. Local authorities routinely approach us for placements we are unable to offer because our homes are full. When a registered placement cannot be found, children are placed far from home, moved repeatedly between temporary arrangements, or in the worst cases placed in unregistered provision. Ofsted has been explicit this year about the harm caused by unregistered placements and about the sufficiency pressures driving them.

Adding one bed to an existing, established, well staffed home is one of the most efficient responses available to that shortage. It creates a registered placement without building a new home, without introducing a new use to a new location, and without the lead-in time that a new registration requires.

3. Benefits for children's welfare

Placement stability and continuity. Children who have previously lived at the home sometimes need to return to it, whether because a subsequent placement has broken down or because their circumstances have changed. Where we have capacity, a child can go back to a house they know, to staff who already know them, and to routines they are familiar with. Where we do not, that child is placed somewhere new at the point they are least able to cope with change. The additional bedroom materially increases the number of occasions on which we can offer that continuity.

Keeping children together. Capacity for four rather than three allows us to accept referrals we would otherwise have to decline, including circumstances where children need to be placed together rather than separated across different homes or different parts of the country.

Local placements. A placement at Heanor allows a child to stay within reach of their family, their school and the professional network around them. Family time, education and social work contact are all easier to sustain when a child is not placed at distance. Every additional local bed reduces the likelihood of an out-of-area placement.

Established quality of care. The benefit here attaches to an existing home with an established staff team, established management oversight and an established relationship with the local authorities that place with us. The additional child joins a functioning service rather than an untested one.

4. Overnight staff accommodation

The proposed plans include appropriate provision for overnight staff. Dedicated overnight accommodation supports consistency of care: staff who sleep in are present at the start and the end of the day, which reduces the number of changes of face a child experiences and supports the settled routine that children in residential care rely on. It also supports the immediate availability of a familiar adult overnight, which matters a great deal for children who are anxious or distressed at night.

5. Summary

The proposal adds one registered bed to an operational children's home in a sustainable location, in direct response to a shortage of residential placements that is causing demonstrable harm to children. The benefits are continuity of care for children who already know the home, the ability to keep children together, more local placements, and improved overnight support. We consider these to be substantial public benefits and we would be grateful if they were given appropriate weight in the determination of the application.

Please let me know if you need any of the above expanded, or if it would help to have supporting information on referral demand or occupancy.

Kind regards

Matthew Perrett
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