Knowing Where the Need Is

Marcus Williamson, Elyndra

Dialogue SW – 15th Sept 2026

A bit about me

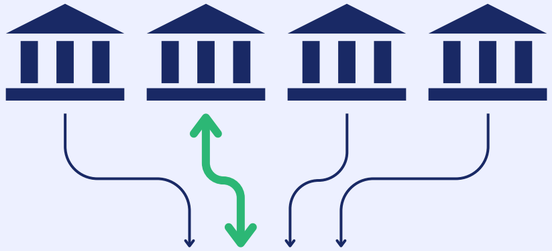
My **family runs children's homes.**

My background is in **maths and data.**

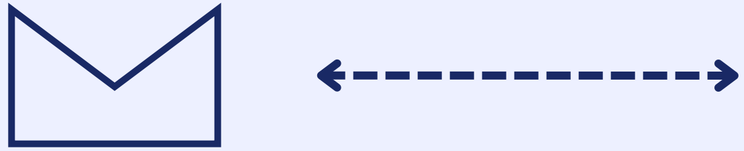
I founded Elyndra, which builds **referral and placement matching technology for providers and local authorities.**

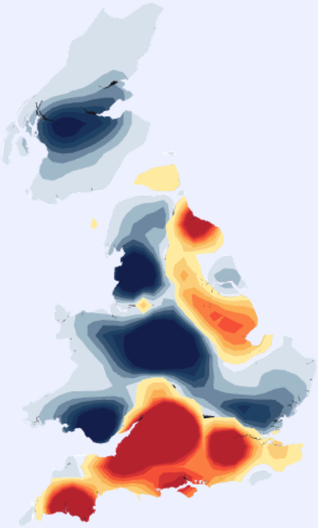
How we can see *what the nation is asking for*

LAs across the UK



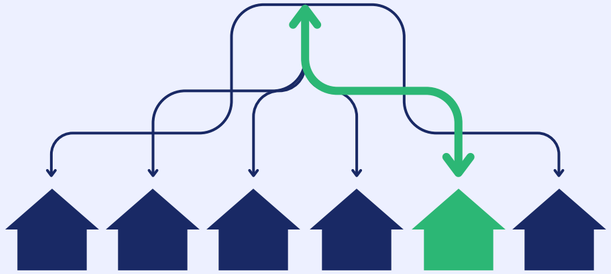
Referral inboxes & Portals, on Bridge





Totals across the UK from Bridge

Services across the UK



What our referral data covers

- >16k referrals processed since October 2025
- Referrals from 139 of England's 153 LAs
- All 14 SW LAs, every month since July
- A PII-redacted (fully anonymised) tag bank

*We have a way of talking about lots of different children's needs in a **consistent way** that enables us to plan as a sector, without compromising their privacy.*

What we can't see

Not in the referrals we see

- Direct approaches to providers (aka not widely circulated)
- Placements agreed by phone, tender or portal we don’t integrate with
- Anything before October 2025
- Details the referral leaves out!

Over time this picture is improving as we work with more of the sector.

What LAs see that we don't

- The child's full record, care plan and history
- Who else got the referral, and who replied
- What it costs and how it turns out

However, current plans to integrate with the data platform behind the new RCCs will give us the ‘placement’ data which captures this.

What we can see that a single LA cannot is what several neighbouring LAs were asking the same area for over the same period.

Part 1

What the published figures show

Priority registration now depends on the host LA confirming local need

Sources: Ofsted, Registering children's homes: prioritising applications (updated 2 July 2026) and Children's homes registration policy (updated 10 July 2026); Children's Wellbeing and Schools Act 2026 and SI 2026/803; Ofsted, Improving the way Ofsted inspects children's social care, consultation (July 2026); DfE implementation plan (May 2026, dates indicative); IPC South West webinar write-up (February 2026).

Ofsted (and two reviews) say official figures *don't show* what homes children need

"analysis is commonly based on the placements that are made, instead of the most suitable placement"

Mutual Ventures for DfE, 2024

DfE "lacks up-to-date information on the support children need, demand for places, and places available"

National Audit Office, 2025

"counting placements does not show whether they are right for each child"

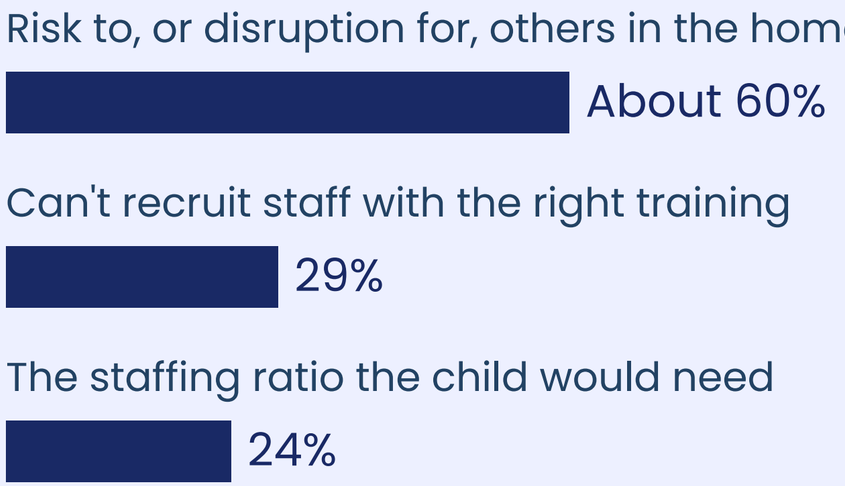
Ofsted, sufficiency report, 2026

A referral says what an LA is looking for before anyone is placed.

Sources: Ofsted, Understanding children's social care sufficiency in England (July 2026); Mutual Ventures for DfE, Forecasting, Commissioning and Market Shaping (December 2024), p.26; NAO, Managing children's residential care, HC 1290 (September 2025), para 3.6.

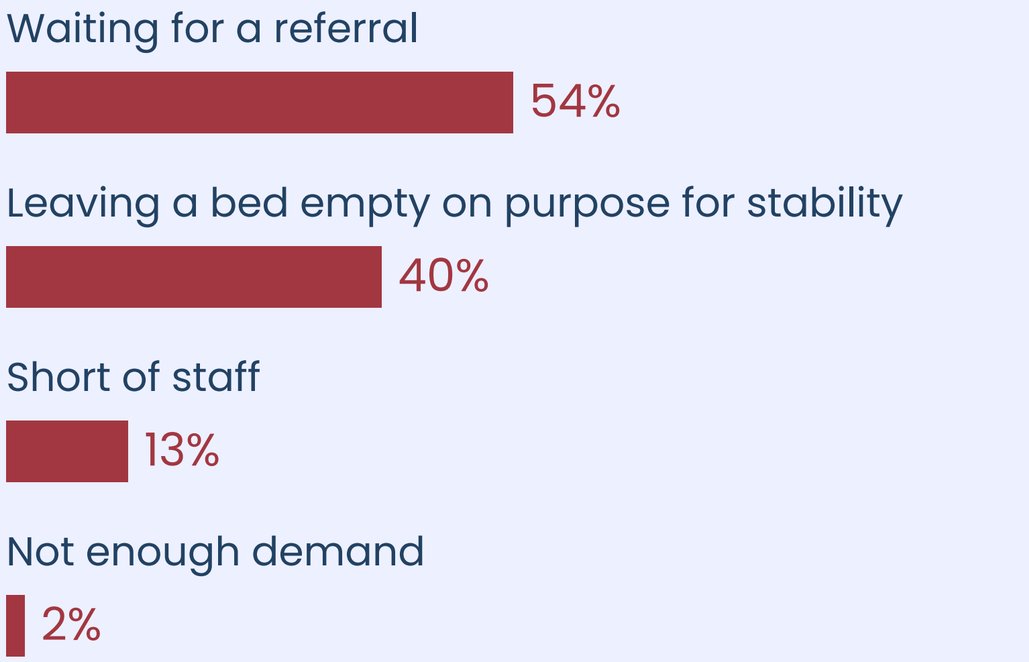
Registered places *overstate* what's available

Why homes turn down referrals for children with complex needs



Ofsted survey of children's homes, published January 2024

Why homes with empty beds had them

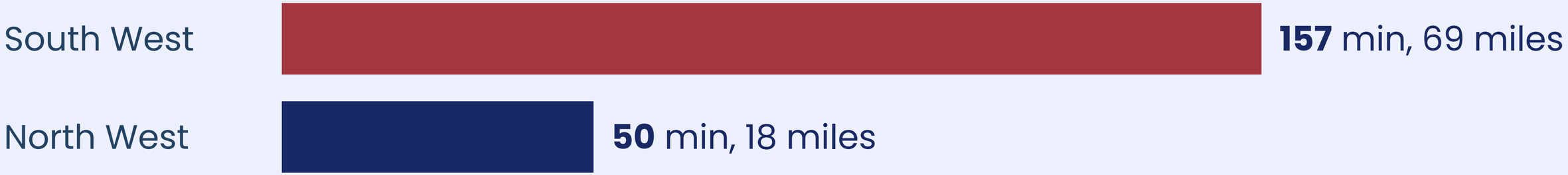


DfE children's homes workforce census, 2024: 327 homes with empty beds, more than one answer allowed

Four in ten South West children in children's homes lived in *another region*

Where the South West's **749** children in children's homes lived, March 2025

Average estimated journey from home to placement



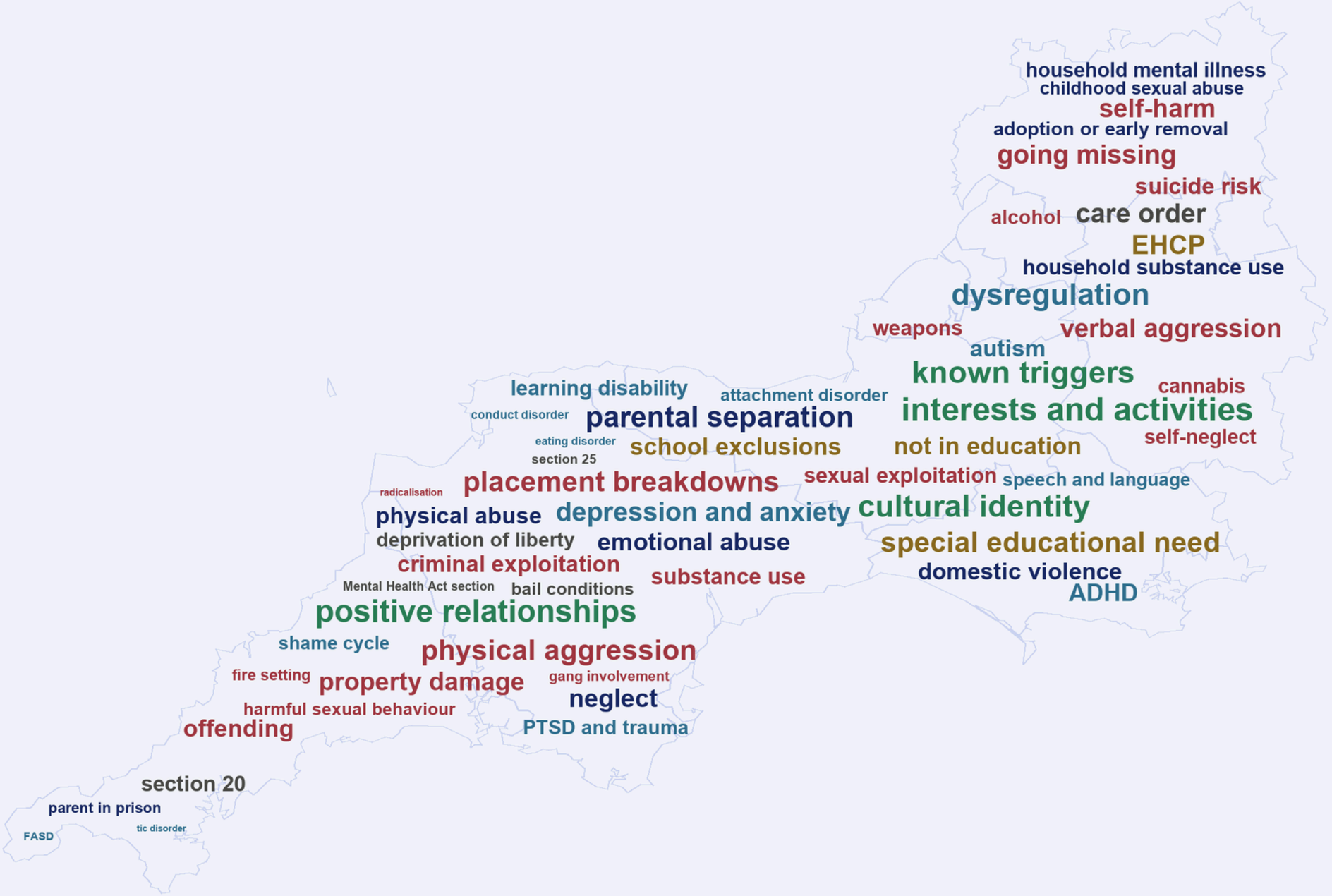
Source: Ofsted, Understanding children's social care sufficiency in England, July 2026, data at 31 March 2025. English LAs only. Some moves out of region are chosen for safety or for a specialist home.

Part 2

What the referrals describe

The words LAs use

Every word about a chid sized by how often it appears



Source: Data from December 2025 to September 2026, England-wide, sized straight from the query. Placement requests such as home type, area, staffing and transport are excluded because they describe the ask, not the child.

What a graded restriction tells you

Most referrals restrict where a child can live, so a restriction on its own says very little. What separates them is how hard the restriction is.

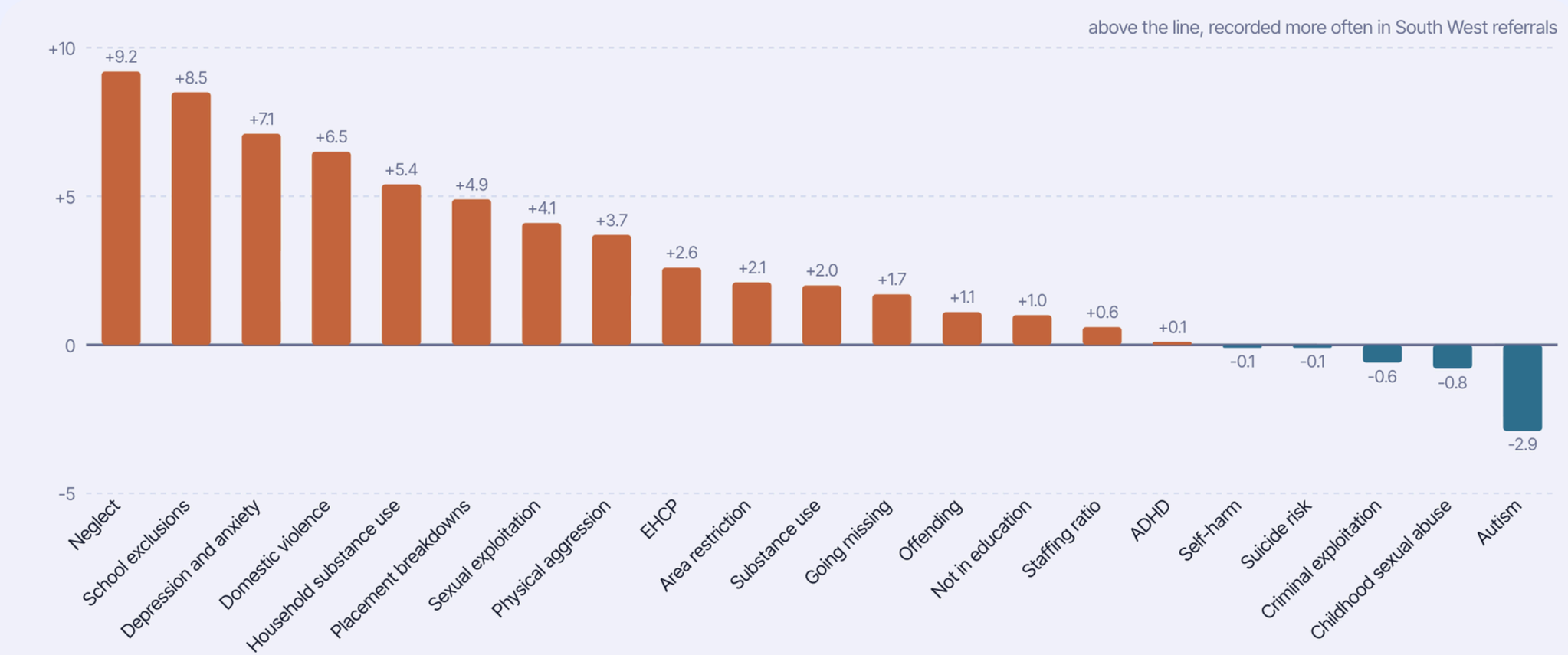
Where exploitation is named	90% have a restriction	**27% graded high**
Where bail conditions are named	91% have a restriction	**32% graded high**
Where neither is named	73% have a restriction	**6% graded high**

And most of the detail is written into the prose

Places to avoid appear in a structured field on 0.4% of referrals. Travel to school is written into the text of 39%.

Where the South West differs to the rest

Household (+4.7 pts higher): abuse, neglect and disruption in the family home.
Adolescent (+0.8 pts higher): exploitation, offending, going missing and the child's own substance use.

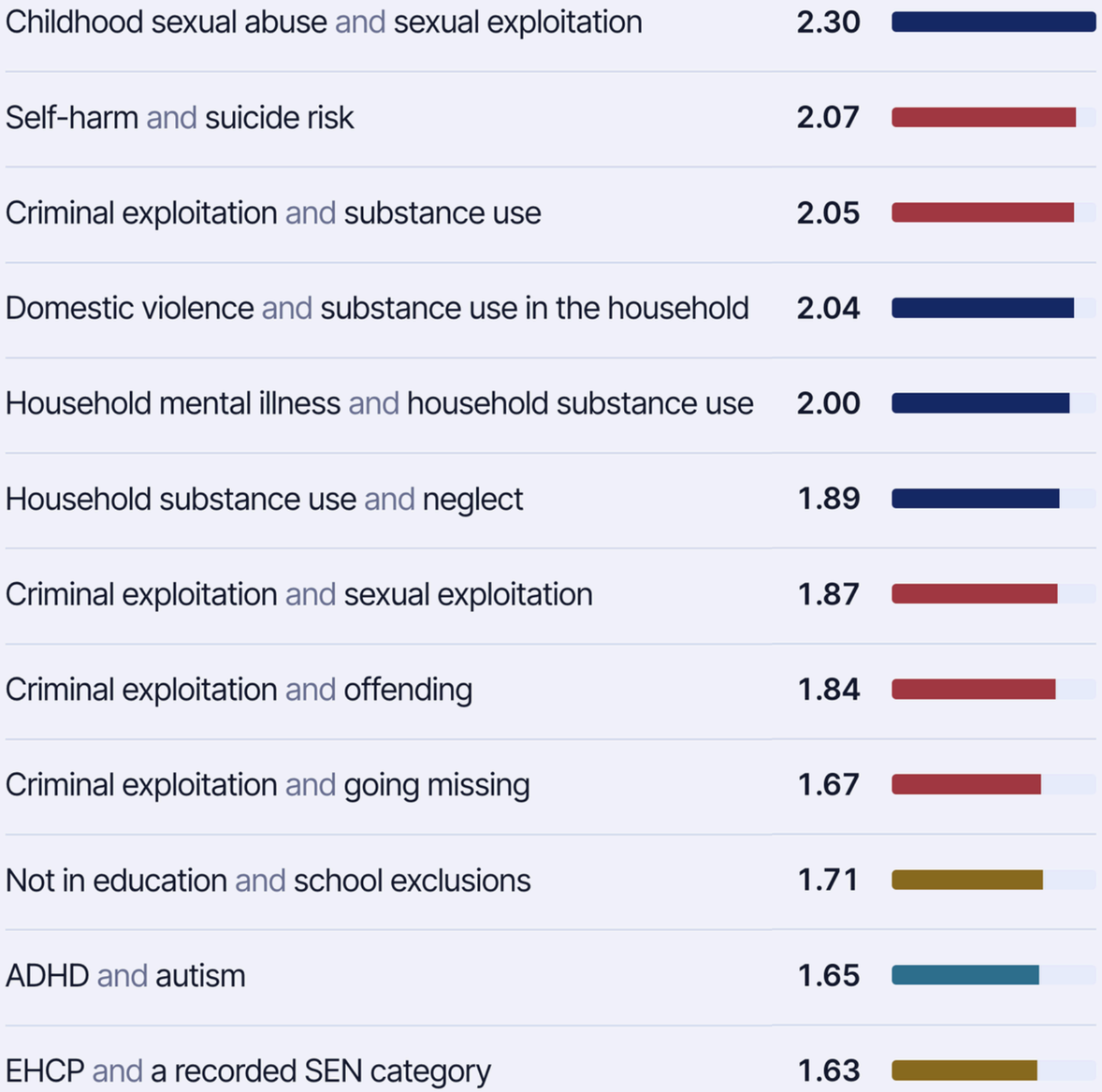


Difference in percentage points. 1,574 South West referrals against 10,667 from the rest of England.

What arrives together

When one of these tags turns up, others usually cooincide with it

The “household” ones pair with each other, and “exploitation” pairs with going missing and offending.



Above 1.00 means the pair turns up more often than if the two were unrelated.

And what rarely arrives together

Exploitation and LD rarely arrive in the same referral...

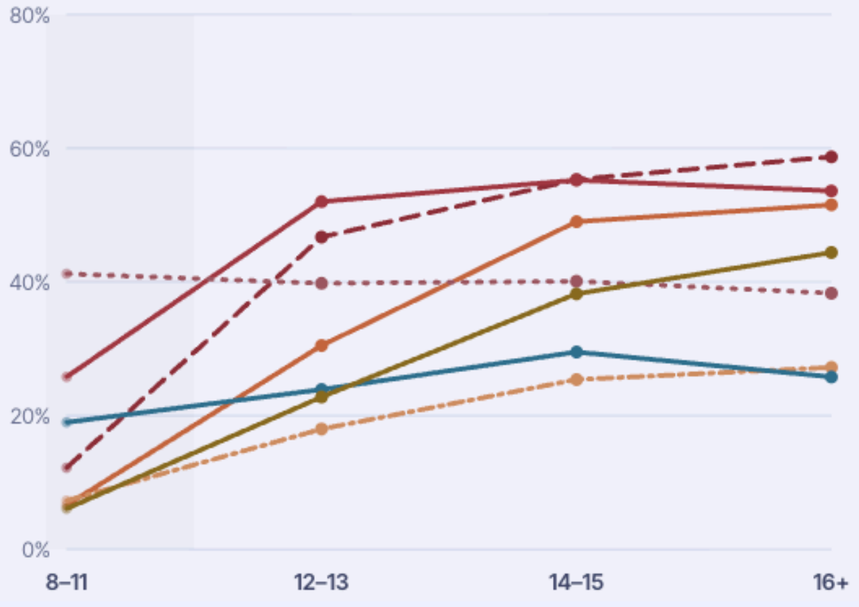
This is less helpful but can also be used to narrow focus, design complementary service offerings

Think about staff training / backgrounds

Below 1.00 means the pair turns up less often than if the two were unrelated.

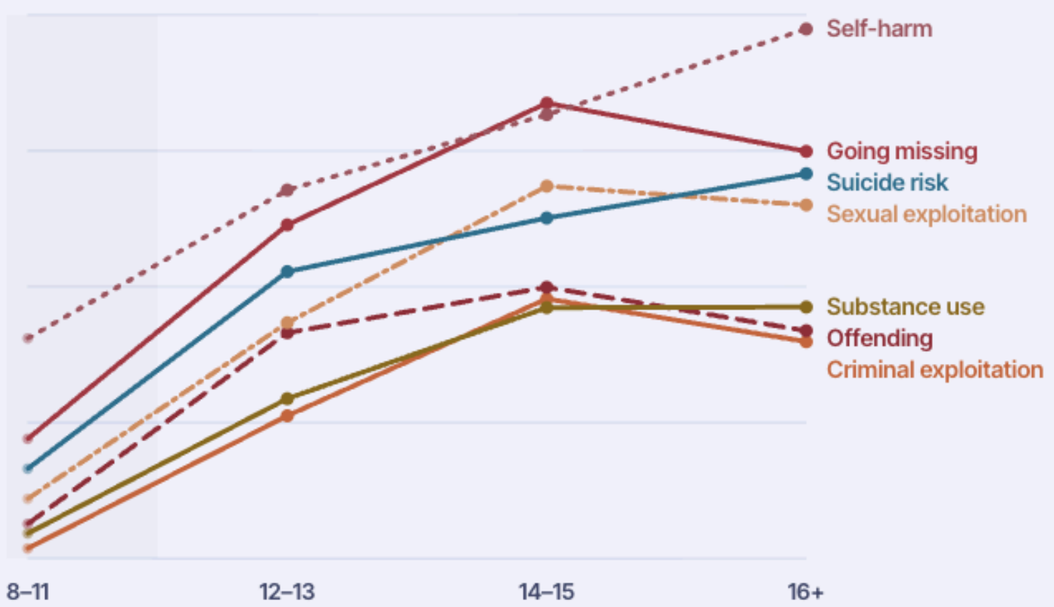
Boys and girls do not follow the same path

Boys



Self-harm stays between 38% and 41% at every age. What climbs instead is **exploitation** and **offending**.

Girls



Self-harm is on 65% of referrals at 14 to 15 and 78% at 16 and over. **Sexual exploitation** climbs the same way.

A fifteen year old girl and a fifteen year old boy are being referred for different reasons.

Bands are 8 to 11, 12 to 13, 14 to 15, and 16 and over. The 8 to 11 band for girls rests on 135 referrals (small sample).

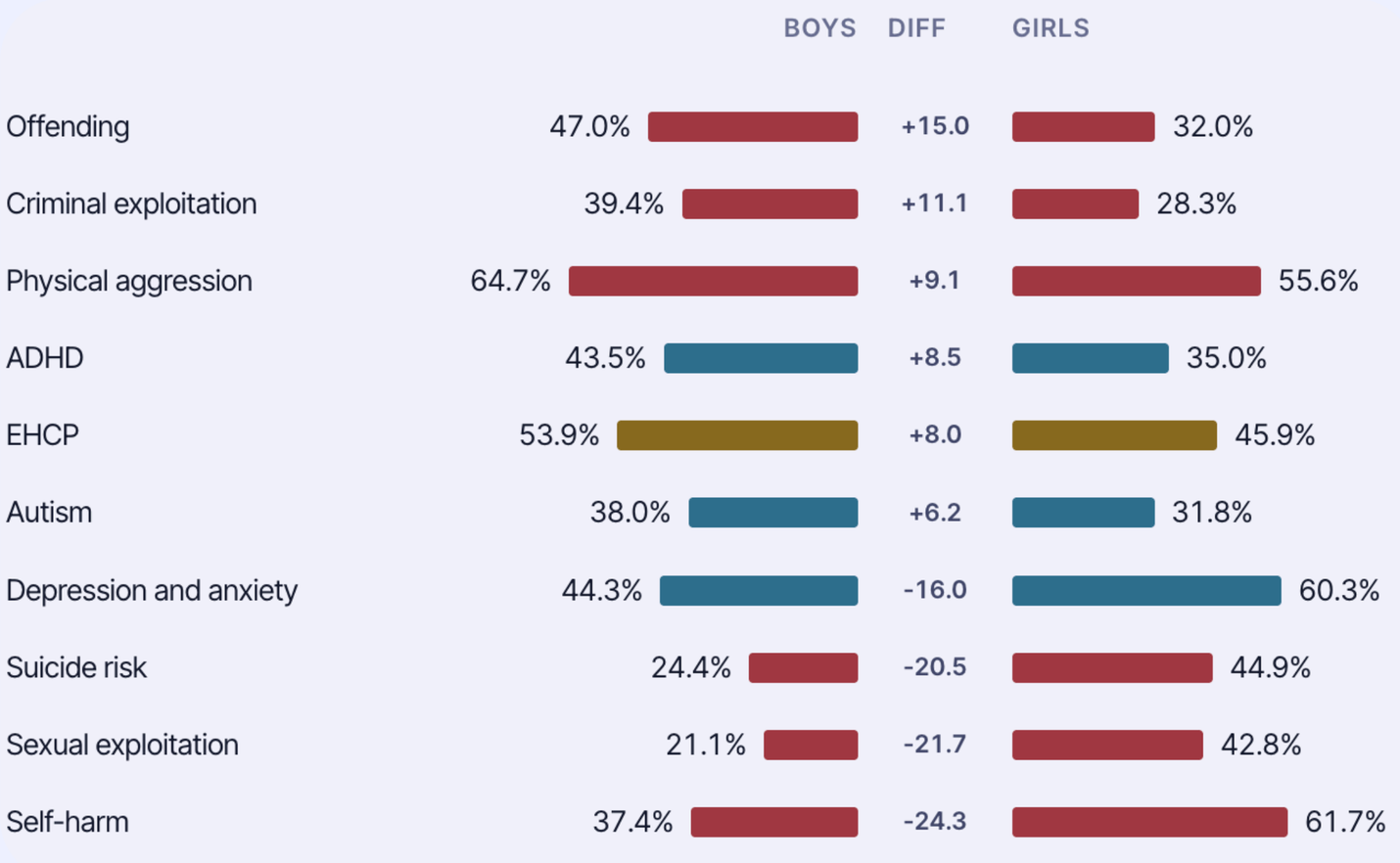
Boys and girls are described differently

Sorted from the most **male-dominant** at the top to the most **female-dominant** at the bottom

At the top: offending and criminal exploitation, recorded far more often for boys.

In the middle: ADHD and autism, with the smallest gaps of all.

At the bottom: self-harm, suicide risk and sexual exploitation, recorded far more often for girls.



Where sex is recorded, 7,702 boys and 5,607 girls, December 2025 to September 2026, England. Bars on both sides run on the same 0 to 100% scale.

So what do I do with this?

Everything so far describes demand. Turning it into a decision about what to open means setting it against supply, and that is a longer piece of work than I can unpack in a short presentation.

1. What needs do your homes support, and what do you say yes to in practice?

2. What needs are LAs nearest you actually asking for (not high level stats)?

3. What provision already exists around you, and is any of it expanding?

4. What are LAs trying to open in their own areas?

Example provider question to us: which LAs keep sending children who match our homes, but ask for them to stay local, and then send the same children round again. Those are the LAs where a new home would be worth opening.

What the new arrangements will ask of you

Many residential placements in the South West are still spot purchased. The 14 LAs have said they intend to change that.

Who buys through what

Peninsula FPS: Devon, Plymouth, Torbay, Somerset

South West DPS: South Glos, Gloucestershire, North Somerset, BANES

South Central: Bristol, BCP

Cornwall: its own DPS

Dates in the next 18 months

Dec 2026 to Jan 2027: next South West DPS window

Feb 2027: Devon's replacement Peninsula FPS

Nov 2027: Somerset's five-year residential contract

Apr 2028: the regional framework goes live

What they have said they will ask

Ofsted Requires Improvement or better

Open book accounting and a fair cost of care

A weekly running cost breakdown per home

Framework first, with preferred providers

Nothing about the regional framework is published yet, so what it asks of providers is still open to whoever turns up to the co-design.

Sources: Find a Tender and Contracts Finder notices, LA decision records and sufficiency strategies, and the IPC regional strategy, checked 11 September 2026. The December window and some entry criteria are inferred from earlier notices and are not published for 2026.

Part 3

What are you thinking about?

Questions for the room

1. The regional care cooperatives. What do you think they will actually change for you?
2. If buying moves away from spot to regional frameworks, what does that do to your business?
3. Would you take a block booking, and what would you want in return?
4. More LAs are opening their own homes. What does that mean for yours?
5. Ofsted's sufficiency work. Does any of it match what you see?
6. What are you most uncertain about going into next year?

Thank you

Email: marcus@elyndra.co.uk
Website: elyndra.co.uk

Book some time in my calendar

Connect & Follow on Linkedin

Bath and North East Somerset

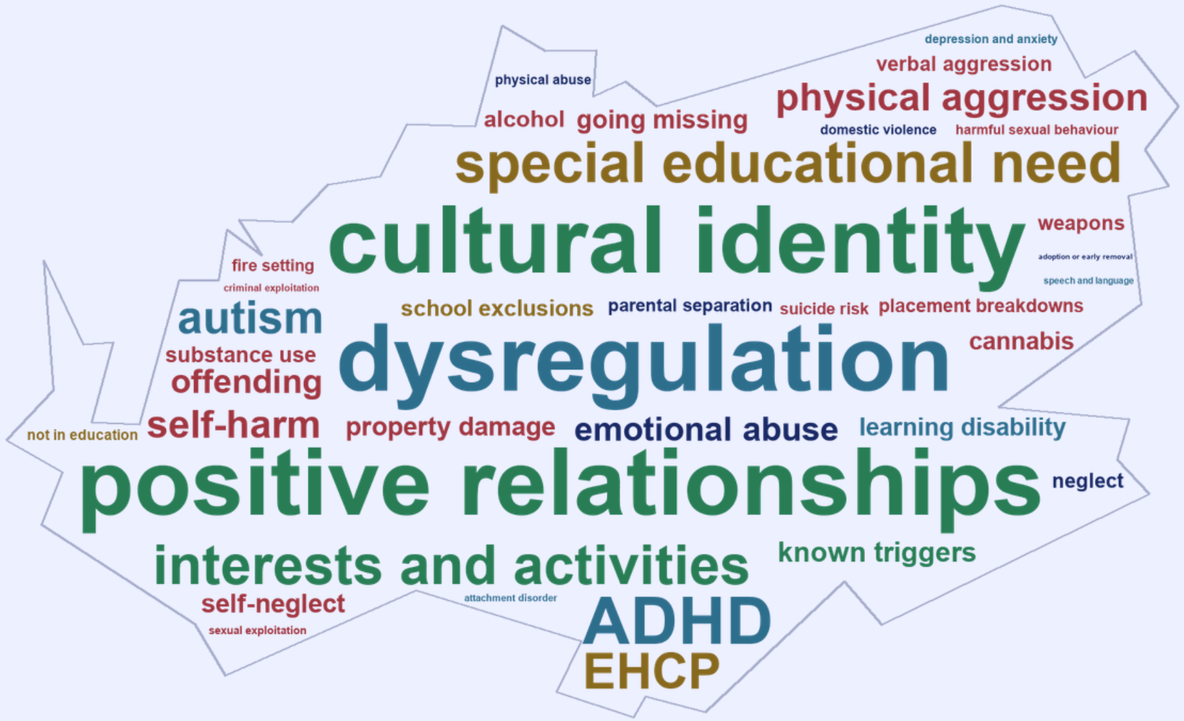
Under 100 referrals, so treat as indicative.

Recorded more often than the rest of England

special educational need 100% (England 60%)
dysregulation 100% (England 71%)
cultural identity 100% (England 73%)
ADHD 94% (England 39%)
physical aggression 94% (England 59%)
self-harm 89% (England 46%)
property damage 78% (England 43%)
learning disability 61% (England 25%)

Recorded less often

parental separation 44% (England 63%)
urgency stated 56% (England 69%)
previous placement breakdown 50% (England 58%)



Bournemouth, Christchurch and Poole

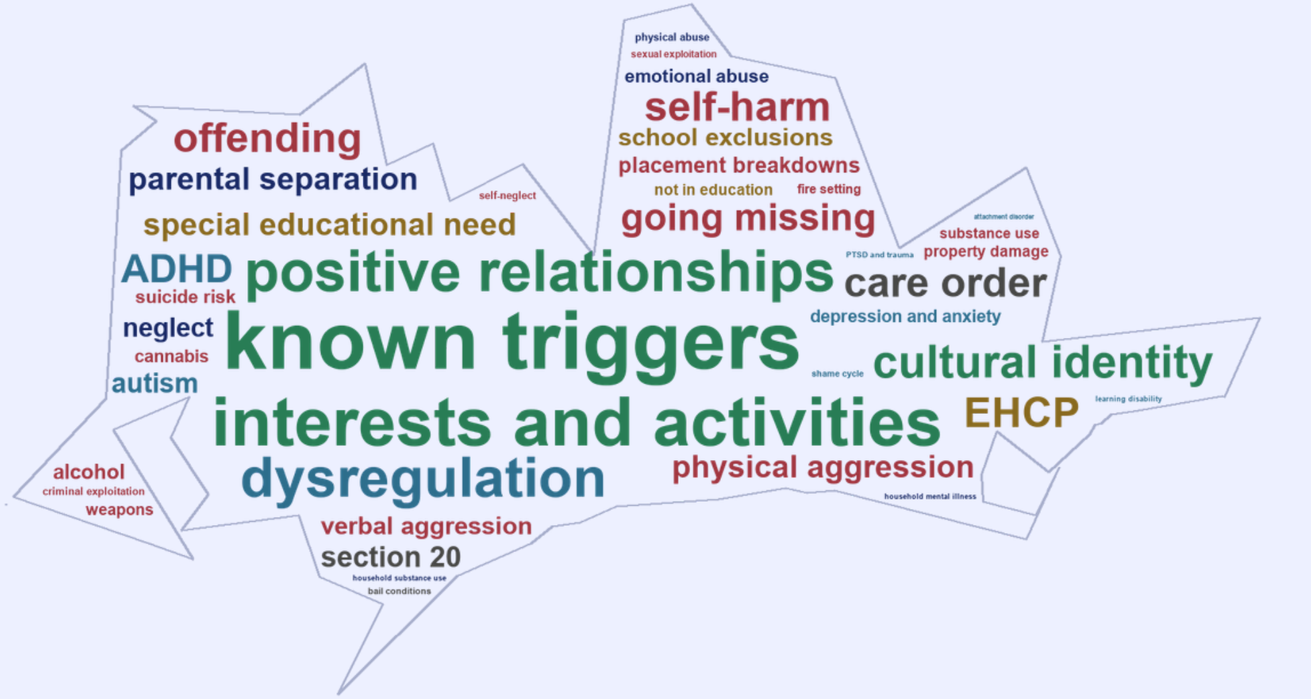
110 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

known triggers 96% (England 73%)
therapeutic provision 92% (England 73%)
urgency stated 92% (England 69%)
going missing 74% (England 49%)
school exclusions 61% (England 39%)
travel to school 59% (England 39%)
offending 59% (England 39%)
section 20 56% (England 28%)

Recorded less often

domestic violence 12% (England 35%)
physical abuse 22% (England 34%)
DoLS 10% (England 22%)
learning disability 14% (England 25%)



Bristol

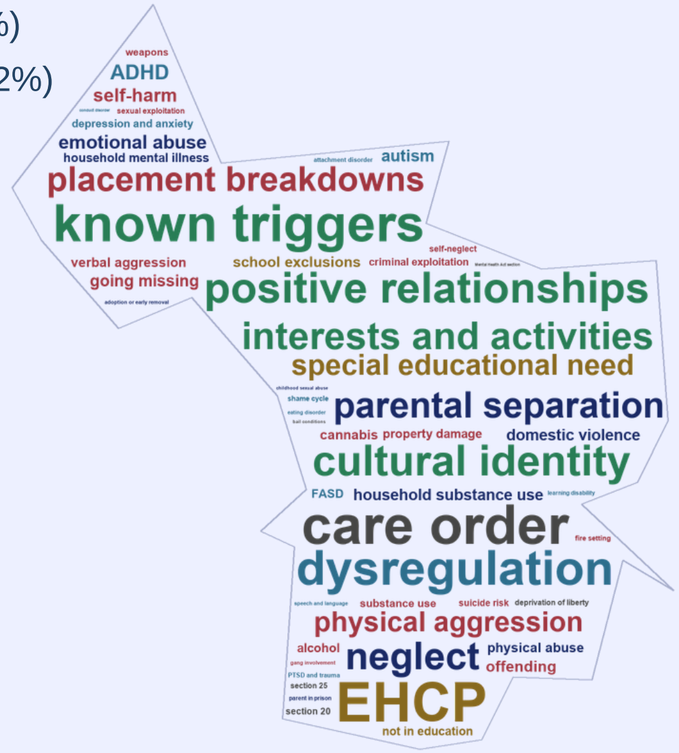
290 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

substance use in the household 50% (England 29%)
parental separation 78% (England 63%)
physical abuse 53% (England 34%)
domestic violence 53% (England 34%)
neglect 57% (England 43%)
emotional abuse 55% (England 42%)
mental illness in the household 39% (England 25%)
known triggers 85% (England 73%)

Recorded less often

travel for family contact 22% (England 35%)
peer matching 19% (England 26%)
weapons 20% (England 25%)
suicide risk 27% (England 32%)



Cornwall

Under 100, so treat as indicative.

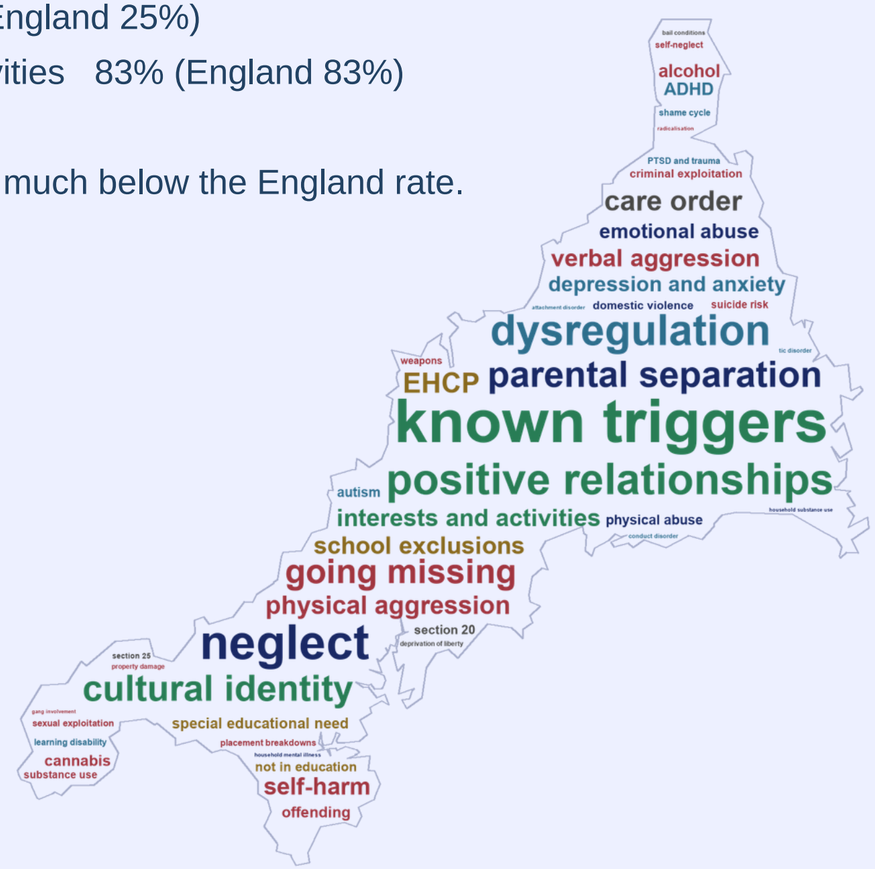
Recorded more often than the rest of England

depression or anxiety 86% (England 49%)
school exclusions 80% (England 39%)
community access limits 77% (England 41%)
neglect 77% (England 43%)
criminal exploitation 69% (England 34%)
domestic violence 69% (England 35%)
sexual exploitation 63% (England 29%)
PTSD or trauma 54% (England 21%)

Recorded less often

weapons 23% (England 25%)
interests and activities 83% (England 83%)

Nothing else runs much below the England rate.



Devon

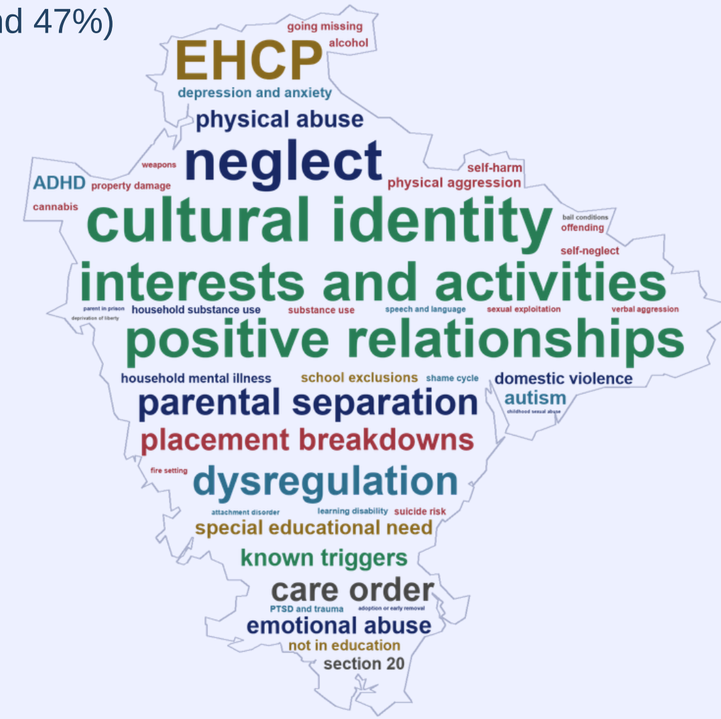
Under 100, so treat as indicative.

Recorded more often than the rest of England

positive relationships 100% (England 78%)
parental separation 86% (England 63%)
previous placement breakdown 81% (England 58%)
neglect 67% (England 43%)
emotional abuse 64% (England 42%)
physical abuse 60% (England 34%)
domestic violence 56% (England 35%)
mental illness in the household 46% (England 25%)

Recorded less often

self-harm 22% (England 46%)
offending 18% (England 40%)
criminal exploitation 16% (England 34%)
verbal aggression 32% (England 47%)



Dorset

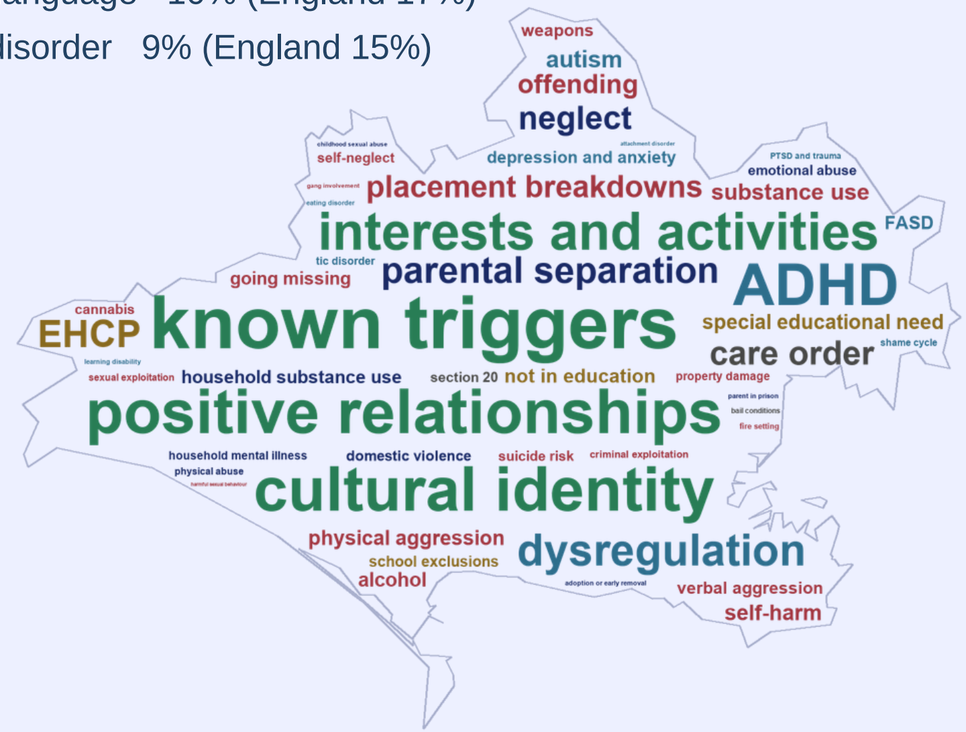
103 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

known triggers 93% (England 73%)
dysregulation 89% (England 70%)
previous placement breakdown 78% (England 58%)
therapeutic approach 73% (England 52%)
ADHD 70% (England 39%)
other substance use 59% (England 30%)
not in education or training 58% (England 39%)
substance use in the household 52% (England 29%)

Recorded less often

travel for family contact 18% (England 35%)
travel to school 28% (England 39%)
speech and language 10% (England 17%)
attachment disorder 9% (England 15%)



Gloucestershire

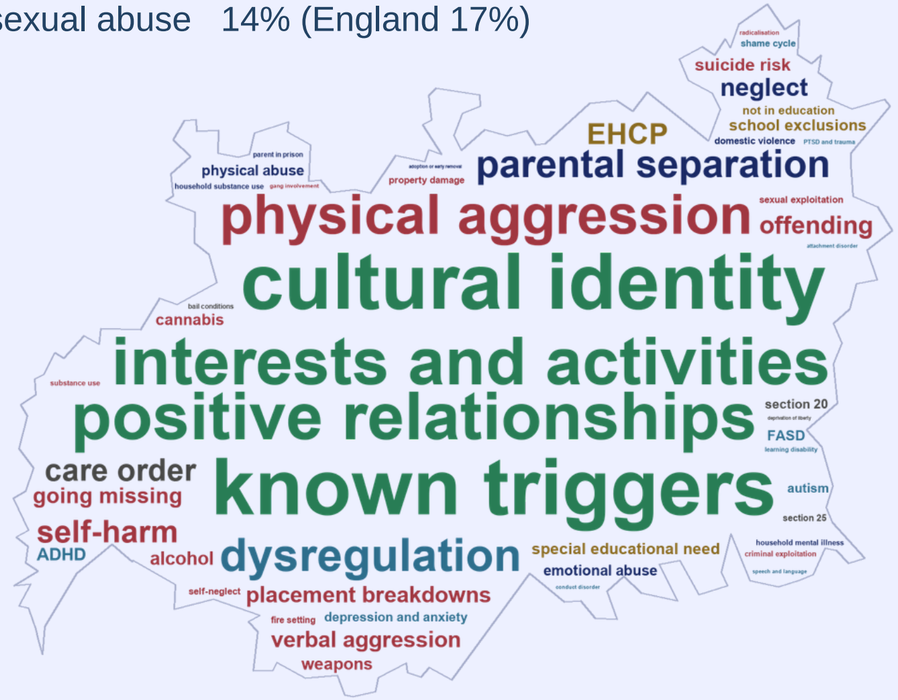
183 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

physical aggression 89% (England 59%)
verbal aggression 78% (England 47%)
going missing 76% (England 49%)
travel to school 72% (England 38%)
school exclusions 71% (England 38%)
physical abuse 60% (England 34%)
suicide risk 59% (England 32%)
weapons 53% (England 25%)

Recorded less often

autism 25% (England 35%)
ADHD 33% (England 39%)
DoLS 18% (England 22%)
childhood sexual abuse 14% (England 17%)



North Somerset

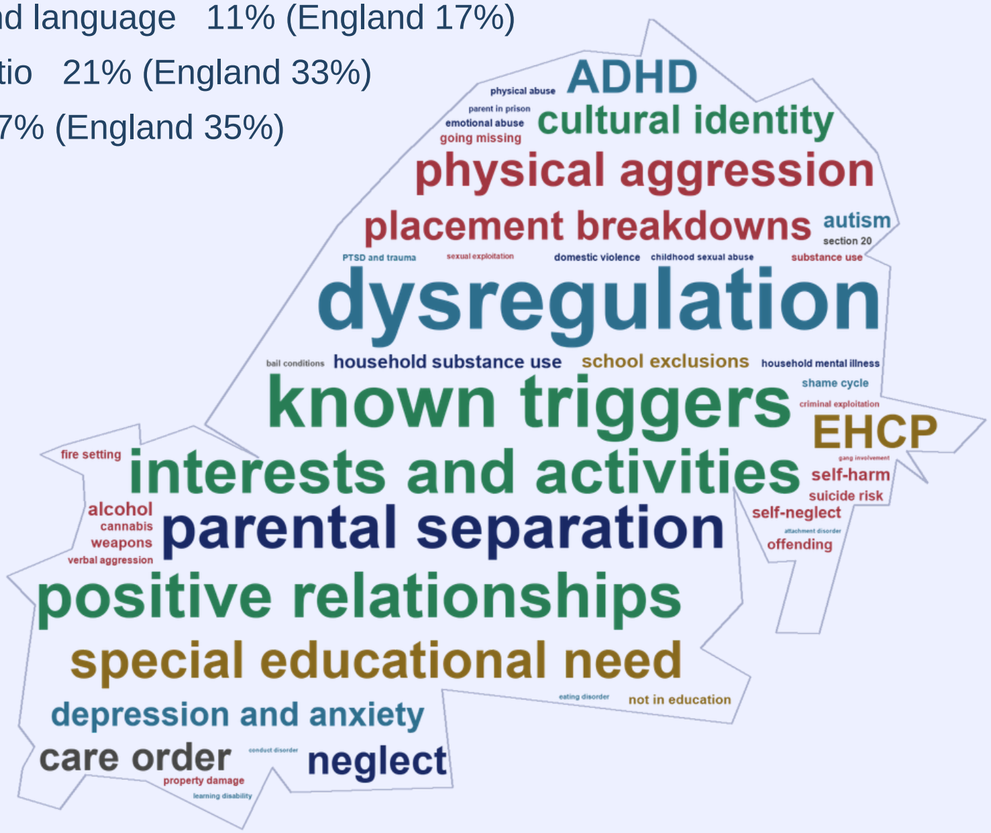
Under 100, so treat as indicative.

Recorded more often than the rest of England

dysregulation 96% (England 70%)
special educational need 92% (England 60%)
parental separation 92% (England 63%)
therapeutic approach 77% (England 52%)
ADHD 65% (England 39%)
self-neglect 64% (England 25%)
substance use in the household 58% (England 29%)
mental illness in the household 51% (England 25%)

Recorded less often

section 20 10% (England 28%)
speech and language 11% (England 17%)
staffing ratio 21% (England 33%)
autism 27% (England 35%)



Plymouth

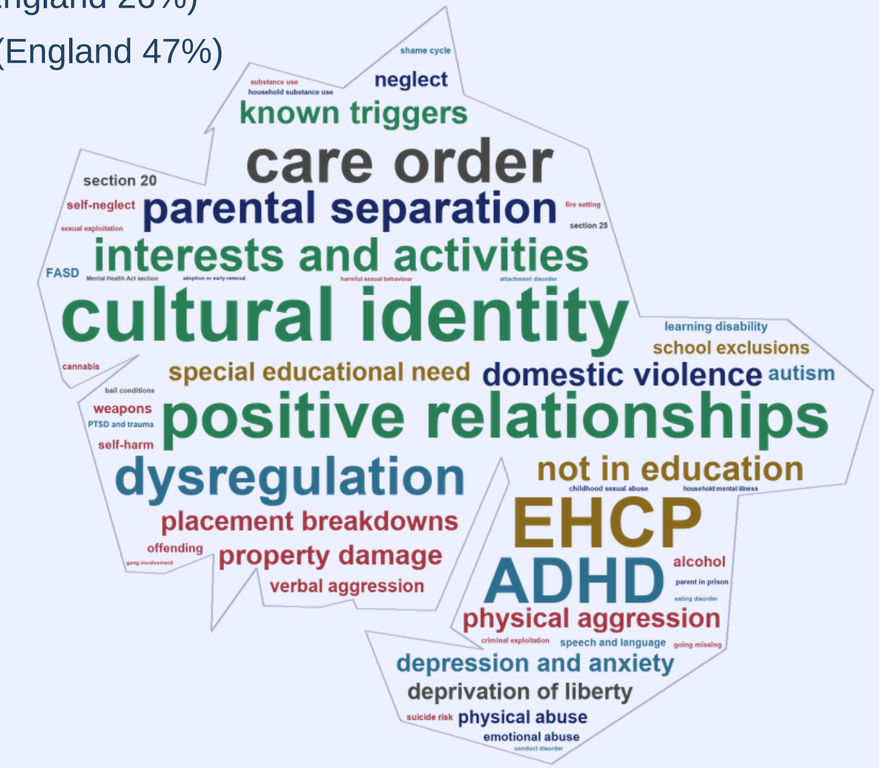
687 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

travel for family contact 89% (England 32%)
travel to school 81% (England 37%)
care order 88% (England 49%)
urgency stated 99% (England 68%)
not in education or training 68% (England 38%)
staffing ratio 64% (England 31%)
DoLS 49% (England 20%)
parental separation 90% (England 62%)

Recorded less often

going missing 12% (England 51%)
known triggers 50% (England 75%)
cannabis 3% (England 26%)
self-harm 25% (England 47%)



Somerset

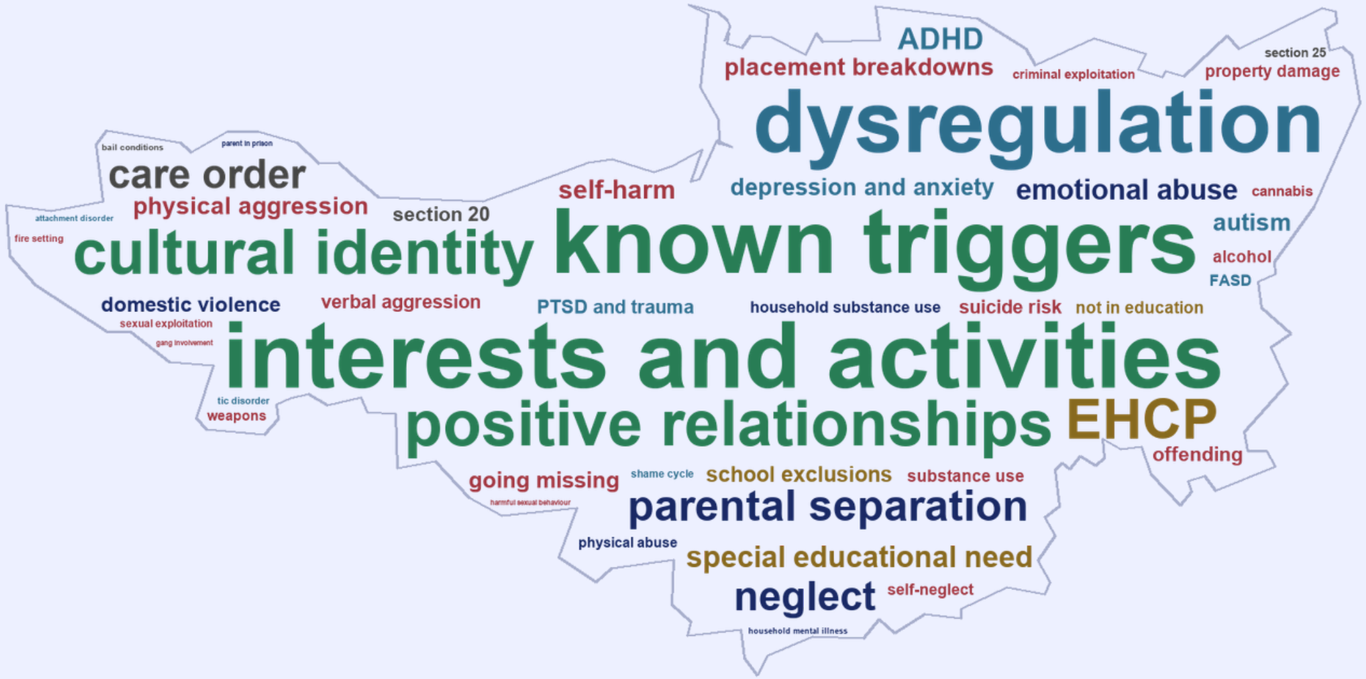
416 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

travel to school 72% (England 38%)
neglect 62% (England 42%)
known triggers 88% (England 73%)
emotional abuse 56% (England 41%)
engagement conditions 89% (England 75%)
interests and activities 93% (England 83%)
special educational need 69% (England 60%)
dysregulation 80% (England 70%)

Recorded less often

bail conditions 5% (England 14%)
urgency stated 61% (England 70%)
staffing ratio 24% (England 33%)
criminal exploitation 26% (England 34%)



South Gloucestershire

145 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

going missing 51% (England 49%)
staffing ratio 38% (England 32%)
autism 35% (England 35%)
transition requirements 17% (England 12%)
Mental Health Act section 8% (England 4%)

Nothing here is far from the England rate.

Swindon

925 referrals, December 2025 to September 2026.

Recorded more often than the rest of England

peer matching 27% (England 26%)
transition requirements 18% (England 12%)
waking night staff 17% (England 12%)
respite 2% (England 0%)

Nothing here is far from the England rate.

Torbay

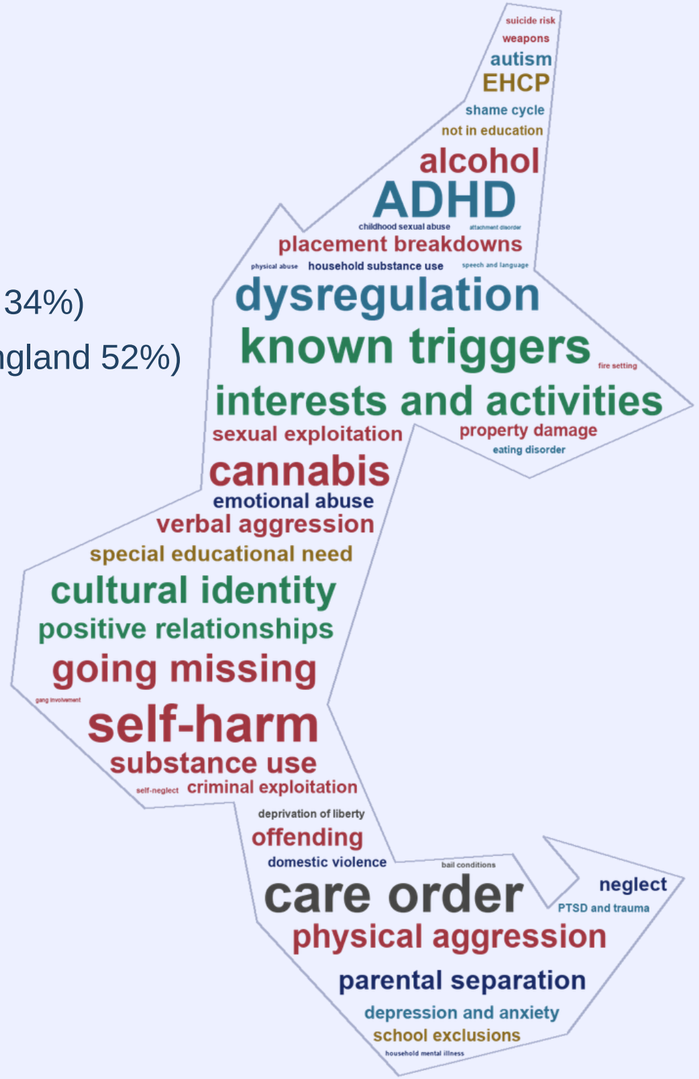
Under 100, so treat as indicative.

Recorded more often than the rest of England

going missing 76% (England 49%)
travel for family contact 67% (England 34%)
other substance use 64% (England 30%)
cannabis 62% (England 25%)
criminal exploitation 62% (England 34%)
sexual exploitation 57% (England 29%)
alcohol 55% (England 22%)
eating disorder 38% (England 3%)

Recorded less often

EHCP 29% (England 49%)
autism 24% (England 35%)
physical abuse 21% (England 34%)
therapeutic approach 43% (England 52%)



Wiltshire

Under 100, so treat as indicative.

Recorded more often than the rest of England

location restriction 85% (England 81%)

phone or internet restriction 28% (England 17%)

peer matching 28% (England 26%)

alcohol 26% (England 22%)

harmful sexual behaviour 21% (England 15%)

FASD 16% (England 3%)

bail conditions 16% (England 14%)

gang involvement 12% (England 7%)

Care should be judged by children’s progress over time, with ownership, profit and inspection grades examined against
that.

- Ofsted can contribute to harm through registration barriers, inconsistent decisions and incentives to avoid admissions.

- Councils help shape the shortages and emergency placements they then blame providers for.

- Council-run homes need the same scrutiny of costs, quality and admissions pressure as independent provision.

- More beds mean little without the right staff, capability, location and fit.

- Delayed support and repeated placement breakdowns can increase both children’s needs and eventual costs.

- Accountability and transparency must cover commissioners, regulators and policymakers as well as providers.

- Reform needs credible replacement provision, shared information and evidence of what works for children.

- Judge care by what happens to the child over time. A home's grade, compliance record or ownership cannot tell you whether that child's life improved.

- Look at what the system rewards. Funding, inspection and procurement can make decisions defensible for each organisation while collectively failing the child.

- Follow the journey back before blaming the final placement. Missed support, repeated breakdowns and delayed decisions can compound the needs that the next provider is asked to meet.

- Accountability has to include everyone making the decisions. Providers deserve scrutiny, alongside commissioners, regulators and policymakers. Outsourcing delivery does not remove public responsibility.

- Ownership and profit are insufficient shortcuts for judging care. Your questions concern how money is made, what is reinvested, how care operates and what children experience.

- Planning requires a shared understanding of need and capability. Counting beds and collecting documents tells us too little about which service can support which child, or what provision needs developing.

- Reform must account for the children who need care during the transition. Restrictions, closures and savings promises need credible provision, funding and staffing behind them.

- Keep the child visible and let evidence challenge the argument. Labels can conceal unmet support needs; familiar stories about villains can conceal decisions that deserve investigation.

- Council-run provision isn’t automatically cheaper. You challenge savings claims where private fees are compared with incomplete in-house costs, leaving out capital, central overheads, occupancy risk or subsidy.

- Ofsted can contribute to the harm it exists to prevent. Registration delays, inconsistent decisions and fear of inspection consequences can restrict provision or discourage admissions, leaving children with fewer suitable options. Your claim concerns those mechanisms, not that higher needs necessarily produce lower grades.

- Councils help create the emergency placements they then condemn. Delayed decisions, cheapest-first searches, missing support and poor sufficiency planning deserve investigation before the story starts with an expensive Friday placement.

- The accountability for unregistered care is uneven. The provider faces enforcement while the authority that requested, commissioned and funded the arrangement often receives a different kind of scrutiny.

- More registered beds can coexist with children having nowhere suitable to go. Capacity only helps when the location, staff, capability and existing group of children fit the child needing care.

- Repeated placement failure can increase the support a child needs. The eventual specialist fee may include the consequences of earlier decisions presented as economical.

- Public savings targets can put pressure on admissions. A council home promised as a budget solution may face pressure to fill before its team is ready or with children it cannot safely support.

- Profit restrictions can miss the mechanisms of extraction. You want scrutiny of debt, rent, related-party charges and reinvestment, alongside the reported profit figure.

- Transparency should work both ways. Providers are asked to disclose price and capability; they also need accurate referrals, timely decisions and feedback about what happened.

- Inspection can stop following responsibility before the child stops needing care. Your care-leaver writing asks what happens beyond the registered setting and who remains accountable for the subsequent trajectory.