

**Dawn Bowden AS/MS**  
Y Gweinidog Gofal Cymdeithasol  
Minister for Social Care



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref

Russell George MS  
Chair  
Health and Social Care Committee  
Senedd Cymru

[seneddhealth@senedd.wales](mailto:seneddhealth@senedd.wales)

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Dear Russell

Thank you for your letter of 12 June following my appearance before the Health and Social Care Committee on 6 June to discuss the Health and Social Care (Wales) Bill. I look forward to coming back to the Committee on 17 July to discuss the Bill further.

During the Committee session I committed to provide further information on a number of issues. This, along with responses to the additional questions included in your letter, is attached at Annex A.

Please note that this letter is focused on the queries relating to the Bill. I am writing separately to you on identified priorities, as well as some broader matters that were discussed throughout the session.

I am copying this letter to the Chair of the Legislation, Justice and Constitution Committee.

Yours sincerely

**Dawn Bowden AS/MS**  
Y Gweinidog Gofal Cymdeithasol  
Minister for Social Care

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Dawn.Bowden@llyw.cymru](mailto:Gohebiaeth.Dawn.Bowden@llyw.cymru)  
[Correspondence.Dawn.Bowden@gov.wales](mailto:Correspondence.Dawn.Bowden@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

## Human rights considerations

- 1. What is your assessment of the human rights considerations in relation to this Bill, particularly as to whether the provisions of the Bill restricting the ability to make profit could engage the rights under Article 8, and the right to peaceful enjoyment of possessions under Article 1 of the First Protocol to the European Convention on Human Rights? Have any other rights been considered?**

We have carefully considered the impact of the Bill's provisions including the impact on Convention Rights in relation to Part 1, Chapter 1 of the Bill, dealing with the provision of social care services to children: restrictions on profit. I am providing a note on this jointly to the Health and Social Care Committee and the Legislation, Justice and Constitution Committee. The note is attached at Annex B.

## Principle behind legislation

- 2. In your statement on introducing the Bill, you said the starting point for this legislation was the principle of not making profit from the care of vulnerable people. There is also reference to children and young people's views on profit being a key driver for the Bill. What consideration has the Welsh Government given to removing profit from children's social work agency staff, given the latest figures suggest 17.5% of children's social workers in Wales are employed by an agency.**

In line with our Programme for Government commitment, our focus is on the provision of care and support to children looked after and the acute challenges associated with the extraction of profit within that sector. There are no plans to broaden the parameters of our proposals.

Focussing on consistency in the workforce, our aim is to reduce the number of agency staff. The Association of Directors of Social Services Cymru (ADSSC) is leading the "All-Wales Pledge – Stabilising Children's Recruitment Agencies" bringing local authorities together in 2023 to develop a Memorandum of Co-operation for Wales. This looks at setting consistent agency pay rates across Wales, and a set of principles local authorities will adapt in engaging their agency workforce.

The ADSSC annual report demonstrates a reduction in the use of agency workers within local authority services between 1 July 2023 and 1 January 2024, (from 320 in October 2023 to 280 in January 2024). Positively, there has been an increase in agency staff transitioning into permanent roles - in the same timeframe, 27 agency workers transitioned to permanent social workers. Local authorities have committed to working with ADSSC to continue the programme in to 2024-25.

More generally, we recognise that in order to help achieve our ambitions for the children's social care sector we need a robust and sustainable approach to recruitment and retention of the workforce.

Social Care Wales (SCW) has embedded "We Care Wales" the first national profile-raising campaign for careers in social care, early years, childcare and play, into all aspects of its work to help attract, recruit and retain workers into the sector.

In the coming months, SCW will work with the sector to improve sector recruitment and retention practices, including the development of a retention framework and resources to support good employment practice – i.e. retention and exit interviews, succession planning guidance and safer recruitment guidance.

We also continue supporting employers interested in recruiting international social workers ethically and sustainably. 116 internationally qualified social workers have applied to register with SCW since December 2022. This upward trend is continuing.

### **Unreasonable or inappropriate payments**

**3. Section 6 of the Bill requires the Welsh Ministers to consider whether, amongst other matters, a provider of a restricted children’s service has entered into a financial arrangement with a relevant person which is unreasonable or disproportionate in all the circumstances. Other key phrases in this provision have been given a specific meaning in the Bill, but “unreasonable or disproportionate” has not. What do you consider would constitute an unreasonable or disproportionate financial arrangement for the purposes of the Bill, and why have you chosen not to define this term on the face of the Bill?**

New section 9A(2) of the Regulation and Inspection of Social Care (Wales) Act 2016, as inserted by the Bill, sets out a range of matters to which regard must be had when determining whether an unreasonable or disproportionate financial arrangement has been entered into. These include:

- (a) the size or value of the arrangement and its purpose (including the extent to which it relates to the provision of the restricted children’s service);
- (b) the size or value of the arrangement relative to the amount of income the service provider receives from providing the restricted children's service;
- (c) the proportion of the service provider’s total income that comes from providing the restricted children's service;
- (d) the well-being of children who receive care and support (in the provision of the restricted children's service).

The other element of the test, alongside consideration of whether a payment is unreasonable or disproportionate, is whether it is likely to undermine the provider’s pursuit of its objects or purposes. A provider of a restricted children’s service must have objects or purposes which primarily relate to the welfare of children (or such other public good as may be specified in regulations). Making disproportionate payments to directors or connected persons is not likely to be consistent with the pursuit of the provider’s objects or purposes.

Whether a payment is unreasonable or disproportionate will therefore be a matter of judgement, taking into account a variety of different factors and circumstances. It would not therefore have been appropriate to try to define the term on the face of the Bill and payments and other financial arrangements will need to be consistent with a provider’s pursuit of its objects or purposes.

### **Regulation making powers**

**4. The provisions relating to the restriction of profit-making include a number of regulation making powers.**

- a) Why has this approach been taken rather than including more information on the face of the Bill, for example, why can “public good” not be defined on the face of the Bill?**
- b) Table 5.1 says this approach permits “future-proofing”. What aspects do you consider may need potential changes in the future?**
- c) Why have you chosen to apply the negative procedure to the majority of the regulation making powers relating to restricting profit, with the result that the Senedd has limited opportunity to scrutinise them?**
- d) How did you decide which powers would be subject to the draft affirmative procedure, and why have you chosen to apply a different procedure on some occasions to the first time a power is exercised, as opposed to any other time?**

The Bill strikes an appropriate balance between the detail included on its face and the detail to be included in subordinate legislation. The Welsh Government’s starting point is always that as much detail as possible should be placed on the face of the Bill. This Bill includes a significant amount of detail on the face of the legislation.

Where there are powers to make subordinate legislation, these powers are aligned with the existing statutory frameworks and procedures into which they are being incorporated. Many of the new powers mirror existing powers, as outlined in Chapter 5 of the Explanatory Memorandum.

With regard to the specific example about why public good has not been defined on the face of the Bill, the power under section 6A(3)(b) will allow Welsh Ministers to prescribe what is an additional acceptable “public good” to which the objectives or purposes of a person proposing to provide a restricted children’s service must primarily relate, thus permitting Ministers to review the operation of the not-for-profit test and to broaden the range of permitted objects and purposes if there are indications that “welfare of children” alone is too narrow and is excluding organisations whose objects or purposes are wider in scope but which include promotion of the welfare of children.

In terms of considering which powers would be subject to the draft affirmative procedure, and which would be subject to the negative procedure, the Welsh Government has guidelines on factors which should inform its consideration and choice of procedure: [Subordinate legislation: guidelines on choice of affirmative and negative procedure | GOV.WALES](#) . Chapter 5 of the Explanatory Memorandum sets out some of these factors as they have been identified in relation to individual subordinate legislation making powers in the Bill.

Regarding the reasons for applying the negative procedure to many of the regulation-making powers in Part 1, Chapter 1, of the Bill, there are a number of powers to specify information that will be required from providers or local authorities for certain purposes, or for that information to be provided in a prescribed form. These are administrative, technical matters for which the negative procedure is more appropriate. The powers in relation to requiring information from providers also, in several cases, mirror existing powers in the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act), and the procedure reflects that in the corresponding power already in the 2016 Act.

There are three powers in the Bill where the draft affirmative procedure would be followed when the power is first exercised, and the negative procedure would be followed on subsequent occasions. The reasons for each of these is set out in Chapter 5 of the

Explanatory Memorandum. In relation to the powers at section 7(a) and section 7(b) of the Bill, these mirror existing powers in the 2016 Act, where some powers to specify information included in the annual return are subject to the draft affirmative procedure when first exercised and afterwards are subject to the negative procedure. Making the first set of those regulations subject to the draft affirmative procedure was an amendment made to the Regulation and Inspection of Social Care (Wales) Bill during scrutiny of the Bill, in response to a point raised by the Assembly's Constitutional and Legislative Affairs Committee.

In relation to the power at section 24 of the Bill, where it inserts new section 10B(5) into the National Health Service (Wales) Act 2006, as explained in Chapter 5 of the Explanatory Memorandum, it is our view that the first exercise of the power, which would enable the discharge of Local Health Board (LHB) duties under the Mental Health Act 1983 in a new way, merits a different type of scrutiny than would be appropriate in relation to any subsequent exercise of the power, which would not involve the consideration of the principle of enabling the discharge of an LHB duty to provide care in a different way.

## **Reference to Unregistered Placements**

**5. Section 13 sets out the ways in which looked after children are to be accommodated in “the most appropriate placement”. The Explanatory Notes state that a placement can be in “unregistered accommodation (on a temporary basis or in cases of urgency)”, a reference not in the 2014 Act and not on the face of this Bill. The Bill uses the same terminology as the definition of placements in the existing s81(6)(d), which states that a placement can be made in accordance with arrangements that comply with regulations made for the purposes of that section (currently the Care Planning, Placement and Case Review (Wales) Regulations 2015). Can you clarify what has changed, if anything, in respect of unregistered placements?**

The intention was to refer to accommodation where there is no requirement to register because the placement is not with a foster carer and the arrangements fall outside the definition of “a care home service”. There are a variety of circumstances where a local authority can decide to place a child in a setting other than foster care or a children's home. The most common example of this is where a local authority places an older child aged 16 or 17 in supported accommodation as preparation for independent living.

We are aware that more recently usage of the terms “unregistered accommodation” and “unregulated accommodation” have tended to distinguish the two things, the term *unregistered accommodation* being used to refer to arrangements which fall within the scope of activity where there is a requirement to register but where the provider is not in fact registered and *unregulated accommodation* being used to refer to arrangements which fall outside the scope of regulated activity and therefore where registration is not required. That is not the sense in which “unregistered” is used here.

## **Risks of undermining practices**

**6. What have you identified as the full range of risks that could mean that the policy aims of the Bill are undermined by practices which go against its spirit and intention, such as the charging of excessive fees by parent companies of not-for-profit services, which could amount to the taking out of profit by other means. How have all of these risks been mitigated in the Bill?**

Ensuring the policy is not undermined by practices which go against its spirit and intention was an area of concern expressed in responses to our consultation on the Bill. This is a new policy and it is not possible at this stage to anticipate the full range of ways in which an organisation, registered as a restricted children's service, may seek to extract profit.

The provisions in the Bill relating to new section 9A have been drafted in the way they have to allow Welsh Ministers to have regard to a range of different factors and circumstances in determining whether a financial arrangement is one which undermines the policy intention, thereby giving flexibility to mitigate any risks that may arise.

## **Wales wide/regional commissioning**

**7. The Competition and Markets Authority's assessment of the position in Wales is that "a ban or profit cap is not necessary to deliver a well-functioning placements market". It emphasises the need for improved commissioning and refers to procurement collaboration occurring nationally, saying "we are clear that excessive fragmentation in the processes of forecasting, market-shaping and procurement are key drivers of poor outcomes in this market, and must therefore be addressed if we are to see significant improvement in the outcomes." What consideration did you give to changing the current local authority-based arrangements, and why did you not pursue the option of regional or national forecasting and commissioning?**

There is a growing evidence base regarding for-profit provision for looked after children. It supports the view that the existing arrangements in Wales (and in other parts of the UK) are not working. They do not lend themselves to creating a landscape of care and support provision that best meets needs, is locally based and provides value for money.

This evidence base is set out in detail in the Explanatory Memorandum, but in essence what this shows is:

- both placement stability and proximity to home has deteriorated over the past decade, in part due to problems around supply and access.
- private providers can choose to work across borders and set up homes unannounced particularly in areas where property prices are lower. New providers can also set up in parts of Wales and fill places with children from outside Wales.
- some for-profit providers carry remarkably prominent levels of debt, creating a risk of disorderly failure which could further threaten the placements of those in care.
- higher staff turnover and changing hierarchies in larger companies meaning that young people lose continuity in relationships with staff and management.

It could be argued that better regional and national commissioning, planning, forecasting around provision may improve the effectiveness of for-profit provision.

The Welsh Government recognises the importance of improving commissioning practice for social care in Wales and is taking a range of actions, including the inclusion of commissioning within the responsibilities of the recently established National Social Care Office and the development of a dedicated code of practice under the 2014 Act in relation to commissioning.

However, the CMA report concluded this arrangement can only work well when the various conditions perform optimally which they rarely do. Those conditions include new providers

being able to enter the market and grow, active competition, providers being able to exit the market easily, that people can make informed choices about their care, and that there are sufficient levels of funding to achieve those aims.

A 2020 ADSSC report into rebalancing of children's social care found that provider dominance is such that, even when a local authority has robust commissioning practices in place there is a risk of a placement being ended if a provider is challenged about the quality of care or outcomes. Providers know demand is such they can always fill a place and pick and choose the type and location of services they offer.

The conclusion of the CMA is that the inability of local authorities to consistently and effectively oversee and engage with the market in the face of an insufficient supply of appropriate placements is one of the root causes of the inefficient functioning of the market. This conclusion is a strong indicator that successful change in this regard requires the outside stimulus of legislation to provide the sector with the requirements and controls to deliver a sustainable system of care with a greater emphasis placed on what is needed rather than what is profitable.

### **Investment in the Bill to date**

#### **8. How many new 'not for profit' placements have been created to date as a result of the £68 million allocated by the Welsh Government. What percentage does this represent in the forecast need for placements. What will be the annual financial commitment from Welsh Government going forward to develop the not-for-profit provision?**

The investment of £68m in revenue funding over three years should be seen as enabling our approach, not a substitute for legislation. It is being used to bolster the ability of both the local authority and third sector to provide residential and foster care services, by developing workforce capacity, recruitment and skills.

Investment in beds and homes will require capital investment, not just revenue and we want to build on our broader capital investments across care and support for children's services.

Regional Partnership Boards have been allocated £25.4m from the Integrated Care Fund and Housing with Care Fund to deliver 40 residential accommodation schemes for children across Wales. Half of these are residential schemes for children with complex needs that will deliver 96 beds in total; of these, 5 are already operating with 15 beds.

Local authorities have an existing duty under the Social Services and Well-being (Wales) Act 2014 (the 2014 Act) to take steps to secure, so far as reasonably practicable, that they can provide accommodation within their own area. The statutory responsibility for forecasting needs therefore rests with them. We have been proactive in this area by asking local authorities to develop Placement Commissioning Strategies. All local authorities in Wales have been revising their Placement Commissioning Strategies for 2024-27, and looking at how they strengthen commissioning and forecasting, based on current and future need. A dynamic gap analysis is also underway and through the programme governance structures we have put in place local authorities will be developing a national implementation plan on how to achieve sufficiency of provision by April 2027.

We are still three years away from our intended implementation date of April 2027, with many providers having waited to see the provisions in the Bill before determining their futures. We will continue to work closely with all parts of the sector as we move closer to

April 2027 so as to ensure we have as accurate a picture as possible of local authority forecasting and modelling alongside provider intentions.

I recognise that local government finances are under pressure and whilst there is not an agreed budget beyond this financial year, these proposals are a high priority for Government and will be considered as part of the forthcoming budget round.

## **Regional variation**

### **9. What is the estimated percentage of private sector placements/not-for-profit placements by Welsh local authority?**

Please see the table at Annex C which has been provided by the Children's Commissioning Consortium Cymru.

## **Cross border implications for children placed from England and Scotland**

### **10. How many children do you estimate are currently placed in private placements in Wales by local authorities outside of Wales? How do you envisage their circumstances will be covered by the transitional arrangements within the Bill?**

The number of cross border placements into Wales is hard to reliably report as there is no requirement currently for the placing authority in England to inform the host authority in Wales. Data as at 14<sup>th</sup> June indicates 276 children were placed by English local authorities in Wales. Officials are working on a four nations basis in order to collectively improve data on this issue.

Under the transitional arrangements, existing for-profit providers will be able to continue operating in Wales after the provisions have come into force, subject to conditions imposed by Welsh Ministers. This means that any child placed by a Welsh or an English local authority will be able to remain in an existing placement with a for-profit provider in Wales if that is consistent with their well-being and if the provider chooses to remain in the market.

## **End date of the transition period**

### **11. The Bill as currently drafted allows for the end date of transition to be specified in regulations. What is the estimated range of dates you have considered and what is the latest date you would think is reasonable for transitional arrangements to end? Have you considered specifying the end on the face of the Bill with powers to amend that by regulation as a means of mitigating a lengthy transitional period which undermines the aims of the Bill?**

The length of the transitional period will be determined by a range of factors including the level of demand for placements in restricted services, and the speed of replacement of for-profit by not-for-profit provision. Any decision to bring the transitional arrangements to a close will need to be done in a manner and at a time which is compatible with Convention rights.

Given the many variables and the potential impact upon vulnerable children if their permanent placements were cut unduly short, it would not be prudent at this time to project and set on the face of the Bill when this optimum point will be reached.

The approach of specifying an end date on the face of the Bill with powers to amend it would have meant that children settled in placements with for-profit providers might be

aware of a date approaching by which their placement will automatically be ended, unless the date was extended by subordinate legislation. The end date could potentially be subject to multiple extensions to avoid disruption to children, but this could, in itself, be distressing for children who may be aware of the deadlines approaching and then being extended.

The requirements in the Bill in respect of sufficiency plans give robust direction to local authorities about putting in place a sufficiency of placement capacity and utilising the right type of provision and provider.

The Bill also lays out a structure and process that will require a local authority that considers any placement in for-profit provision is necessary to robustly justify that within its sufficiency planning; such placements (if to be made) would form part of the overall context of the local authority's sufficiency plan, to be approved (or not as the case may be) by the Welsh Ministers, and it would be necessary for the local authority to robustly justify its proposals to continue to utilise for profit provision.

Taken together these provisions will drive the development of local authority provision and ensure that progress is made year on year in order to achieve the aims of the Bill.

It is also worth noting that we are not relying solely on local authorities stopping their use of for-profit providers. We will also be placing restrictions on those providers which do continue to operate so that they will only be able to take new placements from Welsh and English local authorities in certain circumstances. The impact of these restrictions will over time create a business operating environment which will lead to such providers disappearing from the market in Wales so that ultimately, they only exist outside our borders.

## **Annual sufficiency plan**

**12. Section 11 places a new duty on local authorities to prepare and publish an annual sufficiency plan for accommodation for looked after children. Can you outline the sorts of reasons why the Welsh Government might anticipate rejecting a sufficiency plan? What will happen in the event that the second draft of a sufficiency plan is rejected, and why is the Bill silent on this?**

The Bill requires local authorities to prepare and publish an annual sufficiency plan before the beginning of each financial year. The plan must detail the steps the local authority will take in that year to fulfil its sufficiency duty and must include, for the financial year to which it relates certain information.

This information includes the estimated number of children the local authority will be looking after who it will be unable to place in not-for-profit provision; an assessment of the available accommodation as well as the extent to which that accommodation is within, or near to, the local authority's area.

The plan must also include prescribed information about for-profit and private providers who are likely to be named in applications for approval of supplementary placements, an estimate of the number of such applications that are anticipated and the reasons why that number of applications are likely to be made.

The requirements in the Bill in respect of the sufficiency plan therefore give robust direction to local authorities about putting in place sufficient placement capacity and utilising the right type of provision and provider.

These annual sufficiency plans will be reviewed by Welsh Ministers and carefully scrutinised to check that all the required information has been included and to consider whether what is set out in terms of progress towards not-for-profit provision is satisfactory. If not, Welsh Ministers may decline to approve the plan.

If the Welsh Ministers decide not to approve a plan they must notify the local authority of their decision and provide the reasons for it. They must also specify a period within which the local authority must submit a further draft of the plan.

The local authority must then submit a further draft of the plan, along with a report explaining how the authority has taken into account the reasons provided by the Welsh Ministers.

Subsection (4) of new section 75C of the 2014 Act (inserted by section 11 of the Bill) provides that the same process applies where the Welsh Ministers decide not to approve a further draft, and therefore it is clear that the Welsh Ministers may continue to withhold approval for successive iterations of a local authority's sufficiency plan. Whilst we do not anticipate that this is likely to happen, subsection (4) does make provision for this scenario.

It is envisaged this will be a structured and iterative process in which local authorities will need to robustly demonstrate satisfactory progress towards achieving their sufficiency duty. We anticipate that local authorities will respond positively to the feedback that comes from the Welsh Ministers when giving the reasons for decisions to withhold approval and any recourse to enforcement using the intervention powers under Part 8 of the 2014 Act is unlikely to be required.

### **Accommodation 'near to' the local authority**

**13. The Bill amends existing legislation so that local authorities will be required to take all reasonable steps to secure accommodation "near to" the child's local authority rather than "within" it. The EM suggests this is a more pragmatic approach that will allow for placements just over the local authority border.**

**What is your assessment of the potential unintended consequences arising from this, for example if local authorities are under pressure, children could be more likely to be placed further away from their home area because of placement availability rather than their 'best interest'?**

Our intention is not to change what is in the best interest of the child. If the professional view is that the child should be within the local authority area, then the references to "near" in the sufficiency plan provisions are not intended to change that.

Local authorities are best placed to identify, commission and deliver the services children and young people need, either within their area or by pooling resources regionally, as is the case with broader health and social care provision in Wales through our Regional Partnership Boards. There may be opportunities to make placements near to children's communities that are across a local authority boundary but are closer to a child's home community than an alternative placement at the other end of a local authority area, our pragmatic approach allows for this and facilitates greater partnership working to create new provision regionally.

As I have stated, I expect local authorities to use the next three years to rapidly accelerate their care reduction policies and programmes as well as to develop sufficient alternative placements.

## Supplementary placements

### **14. Can you confirm that supplementary placements will have to be outside of Wales after the end of the transition period, given that not for-profit-providers cannot legally register here under the Bill's provisions?**

Yes. Once all transitional arrangements have ended, any placement of a child in for-profit provision would need to be outside of Wales as it would not be possible to be registered as a for-profit provider in Wales. However, given sufficiency of not-for-profit provision will be a dominant factor in determining whether to bring the transitional arrangements to an end, we anticipate the need for a Welsh local authority to place a child in for-profit provision in England after that point will only arise in exceptional circumstances.

### **15. Section 13(3) of the Bill amends the 2014 Act to insert a new section 81B: Ways in which looked after children are to be accommodated and maintained: application for approval of a supplementary placement. Is the intention that the function of approval and rejection of supplementary placements under this new section be undertaken directly by Welsh Ministers or by Care Inspectorate Wales on their behalf?**

The intention is that the function of approving supplementary placements will not be undertaken by Care Inspectorate Wales. It will be undertaken by Welsh Government on behalf of Welsh Ministers.

### **16. How would the procedure for requesting a supplementary placement function in the case of an emergency, for example, a short notice same-day need to place a child? Is this provided for on the face of the Bill?**

The wording of the requirement for a local authority to seek an approval from Welsh Ministers in order to place a child in a supplementary placement does not preclude a local authority placing a child in such a placement prior to the approval being granted. Welsh Ministers may issue a Code of Practice under section 145 of the Social Services and Well-being (Wales) Act 2014 to clarify expectations on practice in this area.

### **17. What is the criteria for Welsh Ministers to assess / approve / reject a local authority application for a "supplementary placement" (other than the 'catch all' provision in the Bill that it would be inconsistent with the local authority's principal duty in relation to looked after children under section 78 of the 2014 Act)?**

Welsh Ministers will comply with section 81B(4) which requires them to grant an approval where they are satisfied that the conditions of that subsection are met. They will need to be satisfied that the application has been made in accordance with the requirements and that the local authority has done enough to show that there is no alternative placement with a not-for-profit provider which meets the child's needs and that the proposed placement is reasonable in all the circumstances.

### **18. Linked to question 17, table 5.1 of the EM refers to regulations issued under section 13(3) relating to prescribing other information to be contained in an application for a supplementary placement to be 'administrative in nature'. Can you clarify they would therefore not include any criteria for approval / rejection of supplementary placements.**

The criteria for the approval/rejection of supplementary placements is set out in new section 81B(4). Although the power in new section 81B(3)(g) allows the Welsh Ministers to make regulations to add additional items to the information which must be contained in an

application for a supplementary placement, this power cannot be used to modify the criteria as set out in s81B(4)) and furthermore, cannot be used to prescribe additional items of information that would not be relevant to the criteria set out in new section 81B(4).

**19. The Explanatory Note says a placement can be in “unregistered accommodation (on a temporary basis or in cases of urgency)”. This reference is not in the 2014 Act nor in the Bill. Can you clarify why this term has been specified in the Explanatory Notes?**

Please see my response to Question 5.

## **Direct Payments**

**20. In England, the equivalent to direct payments (Personal Health Budgets) have been permitted for both adults and children’s Continuing Healthcare (CHC) since 2014. Could you explain why the Welsh Government has focused this Bill on adult CHC only, and whether there is an intention to extend this to children’s continuing care in the future?**

Section 24 of the Bill will insert new provision into Part 1 of the National Health Service (Wales) Act 2006 (the 2006 Act) to allow the Welsh Ministers to make direct payments to individuals in lieu of the provision of services to meet their assessed needs under the 2006 Act.

Continuing healthcare (CHC) is a package of NHS funded support which is provided to adults aged 18 and over who have been assessed as having a primary health need. The policy intent behind the Bill has focussed on these adults because this is where the demand for direct payments in lieu of the provision of NHS services has been greatest. This led to our Programme for Government commitment to “improve the interface between continuing health care and direct payments”.

Only adults assessed as have a primary health need are entitled to receive CHC; our policy intention is that only adults who are eligible to receive CHC will be able to seek a direct payment to secure services to meet their eligible health needs.

Although adults will be the initial focus of the implementation, the legislation as drafted would allow direct payments for the eligible health care needs of children assessed as being entitled to receive Children and Young Person’s Continuing Care (CYPCC) should that be deemed desirable in the future. There are, however, differences between CHC and CYPCC. In CYPCC a Local Health Board and a Local Authority routinely jointly fund care to meet a child or young person’s needs as part of a joint health, education and social care package.

**21. The Welsh Government’s consultation proposed to give a power to local health boards to give assistance in connection with direct payments. However the wording of the Bill gives a power to the Welsh Ministers to make regulations about the arrangements a local health board can make. Why did you decide not to give the power to local health boards on the face of the Bill as originally proposed?**

It has always been the intention that Local Health Boards (LHBs) would exercise the functions of the Welsh Ministers in relation to the making of direct payments. This is because the Part 1 of the 2006 Act confers a general power on the Welsh Ministers to provide services under the Act. As you know, the Welsh Ministers currently delegate the

exercise of many of these functions to LHBs under the Local Health Boards (Directed Functions) (Wales) Regulations 2009.

The policy intention remains that the Welsh Ministers will exercise existing powers under section 12 of the 2006 Act to make amending regulations so that the new power (contained in section 10B) for the Welsh Ministers to make direct payments in lieu of the provision of relevant services under the 2006 Act will be included in the Directed Functions Regulations to enable LHBs to exercise those functions on behalf of the Welsh Ministers.

This latter step was not included in the explanatory text within the consultation document because the regulations would be made under existing powers.

**22. Given the existing issues with direct payments (low take-up and a lack of consistency in supporting people), is there an argument for strengthening the legal provisions to provide information and advice to promote direct payments, and to provide support to help people manage them?**

**Further, during our meeting, you offered to provide additional information on the take-up of direct payments in social care, including potential incentives/disincentives for health boards in promoting the use of direct payments for CHC. We would be pleased to receive this.**

I am providing information on take-up of direct payments in social care in my response regarding broader issues relating to social care.

In terms of incentives/disincentives to promote the use of direct payments for CHC, the LHBs will have to exercise any delegated functions in accordance with the policy imperative of the Welsh Ministers which will be set out in the regulations made under section 10C of the 2006 Act.

Further to this, potential incentives for LHBs to promote direct payments include the positive model that has been in place in England for 10 years. This has seen improved outcomes for some people including being cared for in their home rather than a care home; families being able to stay together; more consistent care at times better suited to the individual; as well as cost advantages. The Welsh Government will work with LHBs to explain the benefits and support with this new area of delivery, including utilising expertise from LAs in Wales in relation to social care direct payments; ICBs in England, and others, to share knowledge and experiences as CHC direct payments are implemented in Wales.

**23. How do you plan to raise public awareness about service users' new entitlement to direct payments for CHC (this will be a significant new option in CHC which the public won't be aware of)?**

Activity to promote public awareness and understanding of direct payments for CHC will be key. The Hub model that has been proposed will allow for a standardised 'all Wales' approach. This will include the delivery of a national communications strategy to heighten public awareness. Hub staff will learn from the most successful approaches across Wales.

The intention is to then develop an implementation plan whereby local authorities or third sector bodies supporting CHC direct payments will be able to do so effectively. Possible options for this are under consideration with stakeholders.

Third sector organisations in Wales could also provide a valuable role in providing information and support. We will continue to work with a wide range of disabled people's organisations alongside LHBs to communicate key messages, as well as the established Disability Rights Taskforce with its vast range of members, to increase the reach of information to individuals across Wales.

**24. It is expected that the numbers of people using CHC will increase if direct payments are permitted (and fewer people will refuse CHC assessments). How are you supporting services to prepare for and manage this increased demand?**

It is envisaged, from information gleaned from Integrated Care Boards in England and from ADSS Cymru, that the numbers choosing to move across from social care to access direct payments for CHC in the early stages will be small and will grow gradually. A figure of 110 individuals, which makes up just 1% of the current total CHC cohort, has been forecast and used in the Regulatory Impact Assessment.

The proposed all-Wales Hub structure involves much of the management of new administrative and support elements for Direct Payments being organised centrally.

Welsh Government proposes to fund the initial three-year transition costs for the Hub which will be a significant support to LHBs at the outset of implementation. After the transition period, when LHBs will collectively become responsible for the costs of the Hub, the anticipated cost savings from the introduction of direct payments will begin to be realised.

These factors should allow demand to be managed and support an effective roll-out process.

**25. Given the lack of capacity in social care, could an unintended consequence be that some families could feel pressured to take on direct payments (and family members become carers/PAs) due to a lack of available care services rather than out of choice?**

Whilst Direct Payments for CHC will be an option which many may choose to take up, they are voluntary, not obligatory.

For older people, there are many advantages of a care package being delivered at home by trusted carers under direct payments, but only where this is the option chosen by the person and/or their family.

For individuals currently in receipt of social care direct payments, local authorities have a continuing responsibility, as they do when commissioning care and support on behalf of the individual directly from providers, to ensure that the arrangements for the provision of that care and support are meeting the assessed, eligible needs of the individual. That will include ensuring as part of statutory reviews the direct payment remains suitable and appropriate for those needs to be met.

Existing guidance for direct payments for social care will be drawn upon to develop guidance for CHC direct payments, as part of implementation.

An independent evaluation of the implementation and the impact of the introducing direct payments for CHC will be undertaken. This evaluation will explore any barriers or issues

which may have an impact on the effectiveness of the final implementation; help to shape future delivery and will ensure the direct payments for CHC are being delivered as intended.

**26. Can you explain more about the savings you expect to be made which will offset the costs. Where did the savings come from in England and what was the timescale for them to be realised?**

The savings incurred as a result of CHC direct payments are cited in an NHS England report on Personal Health Budgets (PHBs). The aggregate cost reduction for all PHB care package was 11% and the average saving for PHB direct payment packages of care was 16%. Assuming the same reduction is achieved in Wales then the average cost per CHC direct payment package would be between £42,000 and £44,500 (a reduction of between £5,500 and £8,000 per package).

The NHS England report did not provide a timescale for savings to be realised as they were looking at the costs of packages per person in isolation (e.g. how much money would be saved by a person being on a PHB direct payment over the previous package they received.)

The evidence suggests that in the longer term, direct payments for CHC will be less expensive than conventional packages and will result in savings to the NHS, which can be offset against the costs that will be incurred. After a transitional phase evidence suggests there will be savings to local health boards for delivering CHC as direct payments.

An Integrated Care Board (ICB) in England told us that individuals managing their own CHC care through direct payments were typically very motivated to obtain better value for their direct payments budget than might be possible under traditional CHC. Being far closer to the care being purchased than an in-house LHB commissioning service, they are also able to monitor the full service is provided and pick up on any issues in terms of delivery.

Apart from financial considerations, evaluations from England report that direct payments for CHC are highly valued by those in receipt of them, and there are many case studies available demonstrating positive outcomes for both the CHC recipient and their families.

**27. According to local authorities, the eligibility bar for access to Continuing Healthcare has continued to increase over time, meaning fewer and fewer people are granted access. Could this apparent “gatekeeping” approach be a barrier to achieving the aims of this Bill (i.e. is there a risk people will be wrongly denied CHC following assessments meaning they cannot benefit from the legislation)?**

The Welsh Government gives a commitment to review the current CHC Framework (operational as of 1 April 2022) within five years of implementation. The next review is anticipated to take place in 2026/27, at which point there would be an opportunity to consider incorporating additional guidance or clarification around eligibility for CHC, if this was deemed necessary by the review process.

A Complex Care Joint Forum was established in 2023 with the aim of supporting implementation of the revised Continuing NHS Healthcare (CHC) Framework 2021, in particular the interface between social care and healthcare and partnership working between Local Health Boards (LHBs) and Local Authorities (LAs). The Forum, chaired by a senior Welsh Government official, brings together representatives from LAs and LHBs, to share knowledge and good practice and strengthen cross organisational working.

As well as policy updates and issues relating to CHC, the group discuss possible solutions to shared challenges. A recent example of sharing good practice came from a joint presentation by Hywel Dda UHB and Carmarthenshire CC who highlighted their positive collaboration on Multi-Disciplinary Team (MDT) decision making with the Forum.

It is worth noting that the introduction of direct payments for CHC recipients is intended to better align CHC and social care. This in turn should reduce disputes at the margin of LA and LHB care including those around eligibility.

In the event where an individual is assessed and the outcome concludes they are not eligible for CHC and hence feel they have been denied CHC, there is a formal appeals mechanism in place.

**28. Paragraph 7.144 of the RIA says the average cost for Personal Health Budgets in England ranges from £46,000 to £120,000, with a median of £80,000. It notes there is “likely to be a similar variation across packages in Wales”. However, you have used an “exemplar cost at the lower end of this scale” for Local Health Board projected expenditure on Continuing Healthcare direct payments. Why is this, given the likely complexity of cases?**

To calculate an illustrative figure for Wales, which was necessary to work through the costs and savings relevant to the introduction of direct payments, the most recent annual expenditure for CHC (£448m in FY 2022-23) was used, divided by the total number of people who received CHC during that year (over 10,000). This information – which was caveated because some cases related to people receiving equipment, some to retrospective claims and some to costs joint-funded with local authorities – was combined with advice sought from the National Care Commissioning Unit for Wales to arrive at an illustrative average package cost of £50,000.

**29. Whilst not using the range of the average cost of Personal Health Budgets in England, you have applied the percentage cost reduction reported by NHS England following their introduction: 11% for all Personal Health Budgets and 16% for Personal Health Budgets direct payments. In which document did NHS England report these cost reductions, and why do you think it is a reasonable basis for the reduction in outturn for Local Health Board Continuing Healthcare direct payments?**

NHS England report these cost reductions in a 2018-19 analysis, shared with Welsh Government, of the impact of personal health budgets on spending on people eligible for NHS Continuing Healthcare. As a reliable and most up to date source, this information was used as an estimate for reductions in Wales.

**30. You seem to have applied the cost reduction reported by NHS England to arrive at a net cost of Continuing Healthcare direct payments for Local Health Boards. Why is this cost reduction not reported as a potential benefit of the Bill, as you’ve done for existing CHC recipients who transfer to direct payments and new CHC packages which are delivered via direct payments?**

Although applying the NHS England cost reduction means the cost of providing CHC direct payments to an individual who currently receives traditionally commissioned CHC is lower than it would otherwise have been (i.e. there is a cost-saving or benefit relative to the baseline), in the initial years of the appraisal period, the additional cost to LHBs of providing

CHC to people moving across from social care outweighs this cost-saving and so there is a net cost increase to LHBs. In the latter years of the appraisal period, those moving across from social care 'drop out' of the calculation and this leaves only a net cost-saving or benefit to LHBs. It is the costs of the combination of these impacts of the Bill that has been shown. This is explained in the Regulatory Impact Assessment.

## **Other social care provisions**

**31. Section 18 of the Bill adds childcare workers to the definition of a 'social care worker'. The original consultation also proposed adding play workers, to “clarify the statutory role which Social Care Wales plays” for all childcare and play workers. What is the rationale for not including play workers in the Bill as drafted?**

The proposed amendments in the Bill to the definition of social care workers as it pertains to childcare would also apply to playworkers.

Section 18 of the Bill provides a power to specify that a person who is employed by, or works for, a person registered as a daycare provider under Part 2 of the Children and Families (Wales) Measure 2010, to provide care and supervision for children can be treated as a social care worker. This includes both childcare workers and play workers because both types of worker could be employed or could work for a person registered to provide 'daycare for children' for the purpose of providing care and supervision for children under the age of 12.

**32. The Bill makes amendments to the Social Services and Well-being Act. This Committee has previously heard evidence about the omission of the UN Convention of the Rights of Persons with Disabilities on the face of the Act, in contrast with the rights of the child and the UN principles for older persons. Would the Welsh Government be willing to take this opportunity to rectify this, to ensure the rights of disabled people have equal prominence in the legislation?**

This Bill is about delivering on pressing priorities, particularly removing private profit from the care of looked after children and enabling direct payments within Continuing Healthcare. Local authorities in Wales are already subject to a duty to have due regard to the UN Convention on the Rights of Persons with Disabilities (UNCPRD). This is specifically dealt with in paragraph 65 of the Social Services and Well-being (Wales) Act 2014 [Part 2 Code of Practice: General Functions](#). Adding a further due regard duty into the 2014 Act would not add anything further.

Consideration of Convention Rights in relation to provision of social care services to children:  
restrictions on profit

Part 1, Chapter 1 of, and Schedule 1 to, the Health and Social Care (Wales) Bill introduce new eligibility requirements for registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) for those who wish to provide care home services or fostering services for children in Wales, and restrictions on the circumstances in which local authorities can place children with providers who do not meet the new requirements.

The requirements on providers of care home services for children and fostering service providers include being legally constituted as one of a certain type of legal entity specified in the Bill (that will prevent the extraction of private profit), having objects or purposes that primarily relate to the welfare of children or another prescribed public good, and complying with certain rules on financial arrangements.

The provisions of the Bill also pursue the aim of ensuring that children in the care of local authorities are looked after in services which have the primary purpose of improving the welfare of children, instead of the maximisation of profit.

The Welsh Government has carefully considered the impact of the Bill's provisions both on providers' businesses and on children looked after, including detailed consideration of Convention Rights:<sup>1</sup>

- Article 1 of Protocol 1 (A1P1) to the Convention Rights (the right to enjoyment of possessions);
- Article 8 of the Convention Rights (right to respect for family and private life, home and correspondence), and
- Article 14 of the Convention Rights (protection from discrimination in the enjoyment of Convention Rights).

The Welsh Government acknowledges that what is being proposed will interfere with the property rights of for-profit providers of children's home services and fostering services. It could potentially engage Article 8 if a child's placement is terminated by a provider. However, the transitional provisions in the Bill enable for-profit providers already providing a service to the child to continue to operate so as to not disturb a child's existing placement.<sup>2</sup> Even if there is an interference with Article 8 rights the Welsh Government is of the view that it would be justified and proportionate for the same reasons as under A1P1, as explored in more detail below.

As there are currently no registered for-profit providers of secure accommodation services in Wales, any impact on these services is a potential impact on future establishment and therefore is outside of the scope of Convention Rights which do not protect the right to future possessions.

The aim of the provisions of the Bill is a vitally important one: to achieve a more sustainable children's social care sector and to ensure improved services and life outcomes for children looked after by local authorities in Wales. The aim is to ensure

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<sup>1</sup> See sections 108A(2)(e) and 158(1) of the Government of Wales Act 2006 for the definition of "Convention Rights".

<sup>2</sup> See also the consideration of children's rights impacts in the Explanatory Memorandum to the Bill.

that public money invested in the care of children looked after does not profit individuals or corporate entities, but instead is spent on children's services to deliver better experiences and outcomes for children and young people. The aim is to eliminate private profit from the care of children looked after, in order to develop services that are locally based, locally designed and locally accountable, and that improve the care experience for young people.

The provisions are carefully designed to strike a fair balance between the need to achieve these important aims on the one hand and (a) avoiding disruption in the lives of children looked after and (b) managing the impact on providers, and the need to allow time for the business adjustments which they will have to make.

The current market is dysfunctional and, in the view of the Welsh Government, unsustainable in its current form. This dysfunction in the market has deleterious impacts on service provision in Wales and thereby, the well-being and life outcomes of children looked after by local authorities in Wales. The Welsh Government has concluded that the maintenance of the status quo is not, therefore, an option.

The Bill, however, is one important part of an overall package of measures the Welsh Government is taking forward to deliver a new vision for Children's Social Care, focussed on values and needs. It is about fundamentally changing how it provides services to children and their families through community-based services that safeguard and promote the welfare of the young person.

The Welsh Government wants to see fewer children and young people entering care and improvement in the services provided to those that do enter care. For those young people looked after by their local authority, we want a system-wide approach so they remain close to home, can continue to be part of their community and for any stay in care to be as short as possible; consistent with best meeting their needs and supporting better outcomes.

The Welsh Government has concluded that although the potential for profit has an effect of drawing private capital and private enterprise into the area, the ability of for-profit providers to extract profit from the system puts the sustainability of the children's social care sector at risk and has an adverse effect on outcomes for children.

The impact of profit extraction in children's residential and foster care is an under-researched area.<sup>3</sup> However, whilst there is no categorical evidence that the policy will provide guaranteed better outcomes for children or that residential care would be cheaper, there is evidence that for-profit services are more likely to be rated as low quality when compared with not-for-profit and local authority service providers,<sup>4</sup> that

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<sup>3</sup> Ablitt, Jonathan, Jimenez, Patricia & Holland, Sally (2024). *Eliminating Profit from Children's Residential and Foster Care Evidence Review*, available at [Eliminating profit from children's residential and foster care: evidence review | GOV.WALES](#)

<sup>4</sup> Bach-Mortensen, A.M., Goodair, B. and Barlow, J., (2022). Outsourcing and children's social care: A longitudinal analysis of inspection outcomes among English children's homes and local authorities. *Social Science & Medicine*, 313, 115323, <https://doi.org/10.1016/j.socscimed.2022.115323> .

for-profit fostering agencies are more likely to use inexperienced foster carers,<sup>5</sup> and that greater use of outsourcing to for-profit providers of residential care is associated with greater levels of placement instability<sup>6</sup> and higher levels of out of area placements.<sup>7</sup> There is evidence that the cost of placements with independent fostering agencies is higher than local authority fostering services.<sup>8</sup>

There is also evidence that the provisions in the Bill (coupled with the investment of £68 million in developing local authority/not for profit/third sector provision) are likely to lead to better outcomes for children in residential care homes, based on a reduction in out of area placements and better local commissioning to meet needs. The planning and design of residential care placements will be driven by the needs of children, and not by the overarching requirement to make a profit.

The Competition and Markets Authority found in its market study of the supply of children's social care in England, Wales and Scotland that a highly fragmented, complex and dysfunctional market means individual local authorities find it hard to plan for and provide their own residential and foster care. The report found that a lack of placements of the right kind, in the right places, means that children are not consistently getting access to care and accommodation that meets their need. The report concluded that the largest private providers of placements are making materially higher profits, and charging materially higher prices, than would be expected if the market were functioning effectively.

All these factors have been amplified by the rise in the number of children being looked after by local authorities in Wales. The Welsh Government's reform of the arrangements for the provision of these services goes hand in hand with the steps taken to bring these numbers down and to enable local authorities to apply greater resources to the task of helping families stay together.

The Welsh Government understands the concern that care provided to children who are unable to be safely cared for by their birth families by providers that extract private profit from those services can be viewed as the commoditisation of those children. The Welsh Government has been told by children and young people in care, and by Voices from Care and the Children's Commissioner for Wales that children and young people have strong feelings about being cared for by privately owned organisations that extract a private profit from their experience of being in care.

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<sup>5</sup> Sellick, C. and Connolly, J. (2002). Independent fostering agencies uncovered: The findings of a national study. *Child and Family Social Work*. 7(2): 107-120, <https://doi.org/10.1046/j.1365-2206.2002.00235.x> ; and Steen, J. and Smith, S. (2012). An organizational view of privatization: Is the private foster care agency superior to the public foster care agency? *Children and Youth Services Review*. 34: 851-858, <https://doi.org/10.1016/j.childyouth.2012.01.016> .

<sup>6</sup> Bach-Mortensen, A.M., Goodair, B. and Barlow, J., (2023). For-profit outsourcing and its effects on placement stability and locality for children in care in England, 2011–2022: A longitudinal ecological analysis. *Child Abuse & Neglect*, 144, 106245, <https://doi.org/10.1016/j.chiabu.2023.106245> .

<sup>7</sup> See note 6 above.

<sup>8</sup> See Sellick and Connolly 2002 at note 5 above; Narey, M. and Owers, M. (2018). *Foster Care in England*, available at [Foster Care in England: Review \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744442/foster-care-in-england-review-2018.pdf), and Competition and Markets Authority, (2022). *Children's social care market study final report*, available at [Children's social care market study final report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1144442/childrens-social-care-market-study-final-report-2022.pdf) .

Consideration of Convention Rights in relation to provision of social care services to children:  
restrictions on profit

Despite the impact on the rights of for-profit providers, the Welsh Government considers that provisions of the Bill are proportionate in their overall effect. The aims being pursued are of vital importance, and the Welsh Government considers that the provisions in the Bill will advance those aims. The Welsh Government considered alternatives to the elimination of profit, such as capping fees and/or profit, limiting dividends or setting a percentage of profit that must be reinvested in the service provided by the provider. However, such alternatives would either be administratively complex and would cost considerable sums to operate (thereby reducing the funding available for meeting the needs of children) or would not deliver the fundamental change which the Welsh Government considers is required.

The Bill's provisions provide for a transition period to avoid disruption for children already placed with providers who will become ineligible to provide the service(s) and to allow local authorities to use available capacity in that sector during the period while local authorities are building up sufficient numbers of placements themselves and with not-for-profit providers.

During this transition period local authorities in Wales can apply to the Welsh Ministers for approval to place a child with a for-profit provider that does not meet the new requirements, subject to certain conditions and safeguards. This ensures that the rights of children are protected and that the impact on placement-choice is limited while the sector transitions to the new model of care. It also provides time for for-profit providers to convert to an eligible not-for-profit business model or make other business adjustments.

In conclusion, we are confident that these provisions of the Health and Social Care (Wales) Bill are compatible with Convention Rights and will bring about positive change for children and families in Wales. We look forward to working with the Senedd and stakeholders to ensure its successful implementation.

## Fostering

Local Authority	FP (%)	NFP (%)	LA (%)
Blaenau Gwent	21%	5%	74%
Bridgend	21%	5%	73%
Caerphilly	25%	6%	70%
Cardiff	49%	19%	31%
Carmarthenshire	9%	1%	90%
Ceredigion	39%	7%	55%
Conwy	43%	5%	52%
Denbighshire	29%	1%	70%
Flintshire	55%	2%	43%
Gwynedd	8%	4%	87%
Isle of Anglesey	23%		77%
Merthyr Tydfil	30%	9%	61%
Monmouthshire	44%	10%	46%
Neath Port Talbot	8%	4%	87%
Newport	27%	11%	62%
Pembrokeshire	45%	3%	52%
Powys	25%	7%	68%
Rhondda Cynon Taf	17%	6%	77%
Swansea	31%	6%	63%
The Vale of Glamorgan	44%	13%	44%
Torfaen	12%	4%	84%
Wrexham	69%	3%	28%
<b>Total</b>	<b>31%</b>	<b>7%</b>	<b>61%</b>

## Residential

Local Authority	FP %	NFP %	LA %
Blaenau Gwent	100%		0%
Bridgend	69%		31%
Caerphilly	74%		26%
Cardiff	86%		14%
Carmarthenshire	60%		40%
Ceredigion	100%		0%
Conwy	78%	22%	0%
Denbighshire	100%		0%
Flintshire	84%		16%
Gwynedd	100%		0%
Isle of Anglesey	57%		43%
Merthyr Tydfil	95%	5%	0%
Monmouthshire	100%		0%
Neath Port Talbot	95%	5%	0%
Newport	72%		28%
Pembrokeshire	95%	5%	0%
Powys	56%		44%
Rhondda Cynon Taf	75%	1%	24%
Swansea	91%		9%
The Vale of Glamorgan	100%		0%
Torfaen	100%		0%
Wrexham	53%	5%	42%
<b>Total</b>	<b>83%</b>	<b>1%</b>	<b>16%</b>

FP and NFP = CCSR placements data at 31/05/24

LA = QBDR placements data at Q4 31/03/24 (Conwy and Denbighshire = Q3)

Please note: the external market for Fostering is over-reported (meaning that the in-house market is probably larger) and the external market for Residential is under-reported (meaning that the in-house market is probably smaller)