

Moving children's social care to a not-for-profit model

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Your details

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Regulation and oversight

1. Do you agree that the proposed use of regulation-making powers within paragraph 3(1) of Schedule 1A to the 2016 Act, with restrictions taking effect from 1 April 2027, is appropriate and proportionate?

CHA does not consider that it has yet been demonstrated that imposing the residential restriction from 1 April 2027 is appropriate or proportionate. The decision should be governed by the evidence on sufficiency and deliverability, rather than treated as the next automatic milestone in the implementation timetable.

CHA's position rests on several linked considerations. Welsh Government's own programme risk registers have repeatedly identified serious risks around poorer sufficiency, placement instability and children entering unregistered settings; the first statutory local-authority sufficiency plans will not be published until 31 March 2027, immediately before the proposed restriction takes effect; and Welsh Government has not yet published a fully costed national plan demonstrating how sufficient replacement residential capacity will be financed, staffed and delivered. CHA's modelling indicates that the potential whole-system capital and revenue exposure could approach £500 million over four years, depending upon the assumptions applied.

The central difficulty is one of sequencing. Welsh Government requires local authorities to submit their first annual sufficiency plans by 1 December 2026, with those plans required to be published by 31 March 2027. The proposed restriction preventing existing for-profit children's homes from adding beds would then take effect on 1 April 2027.

This leaves virtually no opportunity to aggregate the 22 plans nationally, assess whether the proposed provision is actually deliverable, identify geographical and specialist gaps, determine workforce requirements, quantify capital expenditure, test assumptions about timescales, or intervene where a local plan cannot credibly deliver sufficient capacity. The sequencing should operate in the opposite direction: the sufficiency-planning process should provide the evidence upon which Ministers determine whether a further restriction on capacity can safely be introduced.

Welsh Government states that the proposed regulations are prospective and will not themselves reduce existing registered capacity. That is technically correct, but it does not answer the sufficiency question.

Children's residential care is not a static stock of interchangeable beds. Homes change purpose; staffing levels change; properties close; individual children cannot always live safely together; particular homes develop specialist capabilities; and children's needs change over time. A vacancy may therefore exist without there being a suitable placement for the particular child requiring care.

CIW makes precisely this point. It has found that vacancies can coexist with acute placement shortages because available services may not be able to meet an individual child's needs.

The question is consequently not simply whether the regulation removes an existing bed, but whether it diminishes the system's capacity to respond to future need. CHA considers that implementation should therefore be conditional upon a published assessment demonstrating that sufficient alternative residential capacity is already available or is funded, staffed and demonstrably deliverable.

2. What impacts, if any, do you anticipate the proposed restrictions may have on children, foster carers and families?

The principal impact for children requiring residential care is the possibility that, when they need a home, the system will have fewer appropriate options from which to identify one capable of meeting their needs.

This is why CHA is concerned that children requiring residential care are becoming the forgotten children of the reform programme. Detailed consideration has rightly been given to avoiding unnecessary disruption to foster carers and children when fostering agencies change legal entity. Children requiring residential care deserve the same seriousness of consideration.

For them, sufficiency depends upon far more than the existence of a nominal vacancy. It depends upon the location of the home, the skills and stability of its workforce, the other children already living there, staffing ratios, the physical environment, access to specialist or therapeutic input and, ultimately, whether that particular home can safely meet that particular child's needs.

The consequences where such a placement cannot be found are already documented by the Welsh regulator. CIW has concluded that the shortage of suitable provision for children with more complex needs has led some local authorities to make arrangements which amount to children's homes operating without registration. Its review found cases involving accommodation below normal registration standards, ad hoc staffing, frequent staff changes and staff without the training necessary to meet children's needs.

The case involving a 15-year-old girl from Caerphilly provides a stark illustration of why this matters. The child was already considered to be at the highest risk of sexual exploitation. She was moved approximately 300 miles from Wales and placed through an unregistered service. The Bureau of Investigative Journalism subsequently established that two men responsible for her care, who had extensive previous convictions between them, supplied her with alcohol and drugs and sexually assaulted her.

It would be wrong to claim that a shortage of placements itself caused those offences. It would be equally wrong, however, to remove what happened from the systemic context in which the placement was made. A highly vulnerable Welsh child needed a safe and appropriate home; regulated provision capable of meeting that need was not secured; and she entered precisely the kind of unregistered arrangement which CIW and Welsh Government's own risk register had already identified as a consequence of insufficient suitable provision.

The courts have warned about this danger before. In *Re X (A Child) (No 3)*, Sir James Munby addressed the situation in which the State knew what a profoundly vulnerable child required but could not provide it. His warning that "we will have blood on our hands" was deliberately stark because the consequences for children can be irreversible.

3. What impacts might the proposed restrictions have on service sufficiency and local authority commissioning arrangements?

In CHA's view, this is the central question raised by the residential proposal. There is now a long documentary history showing that Welsh Government itself has recognised the risk. CHA holds the underlying Welsh Government programme risk registers from 2022 to 2025 and can provide copies if required.

In April 2022, the programme risk register explicitly identified the possibility that insufficient local-authority and not-for-profit provision would cause demand to outstrip supply, potentially leading authorities to use unregulated provision. The risk was scored 20.

By September 2023, the register separately identified placement instability arising from "less placement choice/poorer sufficiency", again with an inherent score of 20. Another risk warned that ineffective or untimely implementation would result in "more occasions where children will need to be placed in unregistered settings". That too was scored 20.

The same concerns remained through 2024 and 2025. In February 2025, the placement-instability risk remained at 20 inherently and 15 after mitigation. The risk concerning unregistered settings was similarly assessed at 20 inherently and 15 residually. The August 2025 register continued to assess placement instability caused by poorer sufficiency at 20, with a residual score of 15.

The November 2025 register still assessed placement instability arising from poorer sufficiency at 20 before mitigation and 15 afterwards. The separate risk that implementation difficulties would lead to more children being placed in unregistered settings also remained at 20 inherently and 15 residually.

Under Welsh Government's own methodology, 20-25 is Very High and 13-19 is High. The relevant risks were persistently shown as red within the programme documentation.

Most troublingly, the November 2025 register records a target risk of 15 for the risk that implementation difficulties would lead to more children being placed in unregistered settings. This means that, even after years of programme activity, the programme's target position still contemplated living with a High level of risk associated with precisely the outcome which should cause greatest concern: vulnerable children entering settings outside ordinary regulatory safeguards.

Public Programme Board material confirms that the issue remained live. In December 2025, the Board agreed to review the risk concerning timings and the transition period in light of market intelligence. In March 2026, the Board reported that narrative changes had been made to the risk register but no changes had been made to the specific risk scores.

The issue is therefore no longer whether Welsh Government could reasonably have foreseen a sufficiency problem. It did foresee it, it documented it, it repeatedly assessed the risk at the highest levels, and it expressly identified unregistered provision as a potential consequence while the risk remained High even after mitigation.

At the same time, Welsh Government is strengthening local-authority responsibilities for sufficiency. The amended section 75 duty came into force on 1 April 2026 and requires local authorities to take all reasonable steps to secure suitable accommodation, prioritising options within or near their areas and local-authority or not-for-profit provision.

CHA supports the ambition for children to remain close to their families, communities and relationships whenever that is compatible with their welfare. However, imposing a statutory duty does not create the physical infrastructure necessary to discharge it.

A local authority cannot create a children's home through a sufficiency plan. It must secure a property, finance its acquisition or development, recruit a registered manager, develop and retain a workforce, complete regulatory registration and establish an operational model capable of safely caring for the children who require the service.

There is therefore a fundamental contradiction in requiring local authorities to accept greater responsibility for achieving sufficiency while simultaneously restricting one of the principal routes through which additional regulated residential capacity has historically been created. Unless the replacement capacity is demonstrably available first, CHA considers that Welsh Government risks setting local authorities up to fail.

The underlying documentary sequence is unusually clear: the risk was identified early, remained serious over several years and, in key 2025 registers, remained High even after the programme's own mitigation measures had been applied. That history should be treated as substantive evidence in deciding whether it is safe to impose a further restriction on regulated capacity.

4. What other impacts (including any costs or benefits) do you think the proposals might have on the care and support sector. Your views on how positive effects could be increased, or negative effects could be mitigated, would also be welcome.

The residential consequences of corporate restructuring differ materially from those affecting fostering and should be considered separately.

Residential providers employ substantial workforces. A change of employing entity may require consultation with employees, consideration of TUPE, pension and contractual arrangements, transfer of employment liabilities and significant professional support. These matters arise across potentially thousands of residential-care employees in Wales.

Residential services are also property-based businesses. Many providers own or lease substantial property assets through their existing legal structures, often supported by mortgages, secured loans, debentures, guarantees and working-capital arrangements. Those liabilities do not disappear because Welsh Government requires a different legal form.

A lender is under no obligation simply to substitute one borrower for another. A transfer may require refinancing, fresh underwriting, revised security, valuations, guarantees or the repayment of existing borrowing. CHA members are already reporting that the policy is creating difficulties in discussions with lenders.

Welsh Government has funded Cwmpas to provide business support to organisations considering re-establishing under permitted structures. That may assist providers in understanding the corporate options available, but advice about legal form does not provide lender consent, transfer property, refinance mortgages or provide the capital required to restructure a property-backed residential business.

CHA has not identified a dedicated Welsh Government lending, refinancing or guarantee facility available to residential providers wishing to re-establish within the permitted structures.

The scale of this issue also needs to be reconciled with the wider financial consequences of replacing capacity. CHA's modelling indicates that potential capital and revenue exposure could approach £500 million over four years, depending upon the assumptions applied.

This matters because the published programme funding does not presently demonstrate that the potential whole-system requirement is budgeted. The £500 million figure is CHA's modelling rather than a Welsh Government estimate, but it is precisely the kind of exposure which should be reconciled against a published national financial plan before further capacity restrictions are imposed.

CHA does not suggest that this is a precise forecast. It is a sensitivity analysis designed to illustrate the possible scale of the liability. The appropriate response is therefore to test it. If Welsh Government believes the figure materially overstates the cost, it should publish its own comprehensive national model showing the quantity and type of provision required, anticipated capital expenditure, ongoing revenue implications, workforce costs and the source of funding. Until such an exercise has been undertaken, Ministers cannot reasonably know whether the implementation timetable is financially deliverable.

5. Please specify on which bodies any impacts (benefits, disbenefits, costs, savings) arising from the proposed regulations might fall?

The consequences will fall across Welsh Government, local authorities, providers, lenders, employees, children and families.

Welsh Government will ultimately carry responsibility for funding significant elements of replacement capacity and for responding where local-authority sufficiency plans cannot be achieved. Local authorities face development and acquisition costs, registration costs, workforce recruitment and training, commissioning and management costs, as well as the financial consequences of owning capacity which may not operate continuously at full occupancy.

Existing providers may face substantial costs associated with professional advice, corporate restructuring, taxation, property transfers, refinancing, employment arrangements and regulatory change. Lenders will be required to assess whether existing finance can remain in place where the borrower, governance arrangements, corporate objectives and restrictions upon the distribution of surpluses change, while employees may experience transfers between legal entities and uncertainty concerning continuity of employment.

Children and families bear the most important non-financial consequences where implementation results in fewer suitable placements, greater distances from home, inappropriate matching or instability.

Any assessment of savings generated by preventing distributable profit must therefore be compared with the whole-system cost of acquiring, financing, staffing and operating replacement provision. A publicly owned or not-for-profit home still requires property, capital, management, staffing, insurance, maintenance and sufficient occupancy to operate sustainably.

6. Are there any unintended consequences arising from the proposed restrictions that the Welsh Ministers should consider before the regulations are made?

There are several foreseeable consequences which CHA believes require much more serious consideration.

The first is premature market exit. A provider facing a fixed end date, restrictions upon expansion and uncertainty regarding refinancing may decide to reduce investment or leave the Welsh market earlier than would otherwise have occurred. The regulation may not directly remove existing beds, but the policy environment can nevertheless result in the loss of capacity.

The second is the loss of incremental capacity. Where a successful existing home can safely accommodate one or two additional children, expanding that service may be substantially quicker and less expensive than purchasing another property, recruiting a completely new workforce and registering a new home. The proposed regulation removes that option from most of the existing sector.

The third is the possibility of increasing geographical and specialist insufficiency. Residential placements are not interchangeable, and restrictions on expansion may have particularly significant consequences where established specialist provision already exists but cannot respond to increased need.

The fourth is greater reliance upon distant placements or unregistered arrangements. This is not speculative: CIW has already found that insufficient suitable provision can lead authorities to create arrangements amounting to unregistered children's homes.

The fifth is that the policy may disproportionately affect smaller locally owned providers which have fewer financial and professional resources with which to undertake complex corporate and refinancing exercises.

There is, however, a wider consequence which the new Welsh Government should now confront directly. The present Government inherited this policy after the May 2026 Senedd election, together with the programme risk registers and the evidence accumulated under the previous administration. It did not create every decision which produced the current position, but it now owns the decision about what happens next.

There must be legitimate scrutiny of whether the previous Government acted responsibly in allowing implementation to continue while a risk concerning sufficiency, placement instability and unregistered provision remained persistently red.

The Caerphilly case demonstrates why this cannot be dismissed as a theoretical programme-management concern. CHA does not claim that this policy caused what happened to that child. What the case does demonstrate is the reality of the systemic pathway about which Welsh Government had already warned itself: a vulnerable child needs a safe home, suitable regulated provision cannot be secured, and the child enters an unregistered arrangement where ordinary regulatory protections are absent.

The new Government therefore has a choice. It can examine the inherited timetable afresh, acknowledge that the documented risk has not yet been adequately mitigated and alter implementation where the evidence requires it. Alternatively, it can proceed despite knowing that its own programme machinery repeatedly predicted serious consequences for children if sufficient alternative provision could not be created.

If Ministers choose the latter course, a future failure could no longer reasonably be characterised as an unforeseen consequence of reform. Sir James Munby's warning is therefore particularly relevant: once the State knows that safe provision may not exist for a profoundly vulnerable child, the responsibility which follows from that knowledge becomes much greater.

Welsh Ministers would do well to heed his words.

7. What are your views on Sections 1 and 8 of the Integrated Impact Assessment for this proposal? Are there any specific areas where you feel further detail is required, or specific issues that may impact on a specific group?

This could include (but is not limited to) impacts relating to equality, children's rights and well-being, socio-economic disadvantage.

CHA considers that the residential element of the Integrated Impact Assessment substantially underdevelops the central risk created by the proposal: the possibility that restricting future regulated capacity will worsen effective sufficiency for children who already experience the greatest difficulty accessing appropriate placements.

An adequate assessment cannot treat preservation of the current registered-bed total as equivalent to preservation of sufficiency. The regulator itself has established that vacant beds can coexist with a shortage of appropriate placements because the vacancy may not be capable of meeting the individual child's needs.

The assessment should therefore consider effective capacity rather than nominal capacity, including geography, complexity of need, workforce availability, peer compatibility, specialist capability and the speed at which services can respond to changing demand.

It should also explicitly incorporate the programme's historic risk evidence. Several years of Welsh Government risk registers repeatedly identified placement instability, inadequate sufficiency and increased use of unregistered settings as foreseeable consequences of unsuccessful implementation. An impact assessment which does not meaningfully engage with that accumulated evidence risks understating the potential consequences.

Children requiring residential care also warrant much more specific consideration within the children's-rights assessment. Many have experienced trauma, abuse, exploitation, disrupted attachments, mental-health difficulties, neurodevelopmental needs and multiple previous placement breakdowns. The fact that these children can be harder to place makes the availability of a meaningful range of provision more important, not less. They should not once again become the forgotten children of children's social care policy.

Continuity of Foster Carer Approvals

8. Do you agree with the proposed approach to allow the deemed transfer of foster carer approvals in the limited circumstances described, as a means of maintaining continuity of care for children and reducing the administrative and financial burden on providers?

CHA supports the principle of allowing existing foster-carer approvals to transfer where there is genuine organisational and operational continuity and appropriate safeguarding oversight remains in place. Requiring a complete reassessment solely because a provider has established a different legal entity could generate unnecessary workload, cost and uncertainty for foster carers and children without producing a corresponding safeguarding benefit.

We therefore support the objective of preserving continuity. We also consider the proposal instructive for the wider reform programme: Welsh Government has identified a practical barrier created by changing legal entity and is proposing legislation to overcome it, and CHA believes equivalent attention should be given to the much broader continuity barriers affecting residential care.

9. Is the scope of the proposed transitional provision wide enough? Should it apply in any other circumstances?

The provision should be sufficiently flexible to recognise genuine operational continuity without demanding exact replication of the previous corporate structure. In particular, a new permitted legal entity may necessarily require different directors or trustees. That should not automatically defeat continuity where the service, foster carers, staff, placements, records and operational arrangements remain substantially the same.

10. To what extent do you consider that the proposed factors provide a suitable basis for assessing organisational and operational continuity in these circumstances? Are there any additional factors that should be taken into account?

The proposed factors provide a reasonable starting point, but the assessment should focus principally upon substantive operational continuity rather than formal corporate identity. Relevant considerations should include continuity of existing placements, foster-carer records, safeguarding systems, staff, operational management, supervision and support arrangements, together with the extent to which the new entity assumes the responsibilities previously held by the outgoing provider.

11. Do you agree that the proposed safeguards are sufficient to ensure appropriate oversight and protection for children where foster carer approvals are deemed to transfer? Please explain your answer, including any additional safeguards you consider necessary.

CHA considers that the proposed safeguards are broadly proportionate provided CIW retains the ability to intervene where there has been a material change in management, operation or safeguarding risk. The objective should be to avoid unnecessary administrative disruption without weakening regulatory or safeguarding oversight.

12. Does the proposed mandatory review of transferred foster carer approvals within 12 months provide an appropriate level of assurance? Please give reasons for your response.

A mandatory review within 12 months appears reasonable where it can be incorporated within the foster carer's ordinary review cycle and where an earlier review remains available if circumstances or safeguarding concerns justify it.

13. Does the proposed 12 month review period provide sufficient flexibility for fostering service providers to manage review cycles effectively and avoid any undue concentration of reviews at a single point in time? If not, what alternative approaches (or time frames) should be considered?

CHA agrees that reviews should ordinarily be undertaken on a rolling basis through existing review cycles rather than requiring all transferred foster carers to undergo review simultaneously. This appears more proportionate and should reduce unnecessary pressure upon fostering panels, providers and carers.

14. What are the likely impacts of the proposals on children, foster carers and the wider fostering workforce, including any implications for placement stability, safeguarding, equality and carers' wellbeing? Please identify any groups that may be disproportionately affected and any mitigating actions that should be considered.

The principal positive impact should be continuity. Foster carers should not be exposed to unnecessary reassessment solely because the provider has changed corporate form, and children should not experience avoidable uncertainty about placements which otherwise remain safe and suitable. Clear communication will nevertheless be important so that foster carers understand which organisation is legally responsible for their approval, support and supervision following transfer.

15. What impact do you think the proposed deemed transfer of foster carer approvals would have in practice for fostering service providers, foster carers, regulators and local authorities? This could include impacts on costs, workloads, use of staff time or existing processes, as well as any savings or efficiencies you expect the proposal to create.

The proposed mechanism should reduce duplicate assessments, panel workload, administrative cost and staff time while helping to protect continuity for children. Again, CHA believes this demonstrates a useful principle for residential implementation: where restructuring creates an identifiable practical barrier, government should design a mechanism to resolve it rather than expecting the sector simply to absorb the consequences.

Equivalent practical work is needed in relation to residential mortgages, property ownership, lender consent, workforce transfers, registration and commissioning continuity.

16. What are your views on Sections 1 and 8 of the Integrated Impact Assessment for this proposal? Are there any specific areas where you feel further detail is required, or specific issues that may impact on a specific group?

this could include (but is not limited to) impacts relating to equality, children's rights and well-being, socio-economic disadvantage

CHA broadly supports the assessment that unnecessary repeat approval processes could create avoidable disruption and administrative burden. The broader lesson should also be recognised: the need for these regulations confirms that a change of legal entity has genuine practical consequences even where the underlying service remains substantially unchanged.

For fostering, Welsh Government has identified one of those consequences and developed a legislative solution. For residential care, substantially greater financial, property, workforce and operational barriers remain unresolved.

Other questions

17. What, in your opinion, would be the likely effects of the proposed regulations on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Do you think that there are opportunities to promote any positive effects? Do you think that there are opportunities to mitigate any adverse effects?

The proposed regulations could have important indirect effects on opportunities for children to receive care in Welsh, particularly if they reduce the range of residential placements available within or close to a child's own community. For a Welsh-speaking child, sufficiency is not simply a question of whether a registered bed exists. It also includes whether the home can meet the child's linguistic and cultural needs and whether there are staff able to communicate with the child in the language they ordinarily use.

This is consistent with Welsh Government's More than just words framework, which treats access to Welsh-language health and social care as an element of good-quality, rights-based and person-centred care and promotes the Active Offer, under which Welsh-speaking people should not have to request a service in Welsh before it is made available. CIW similarly considers Welsh-language and cultural provision when inspecting regulated services, including workforce language skills, staffing arrangements and the service's ability to meet children's language needs.

The principal risk created by the regulations is therefore indirect but important. If the reforms reduce local placement choice, increase the distance at which some children are placed, or destabilise existing providers with Welsh-speaking staff, they may also reduce practical opportunities for children to use Welsh in everyday life. For some children, especially those whose family, school and community relationships are conducted partly or principally through Welsh, this could compound the disruption already inherent in entering residential care.

There is also an opportunity to produce a positive effect if Welsh-language capacity is deliberately built into the reform programme. Local-authority sufficiency plans should therefore identify not only the number and type of residential placements required, but the Welsh-language needs of children and the linguistic capacity of the available workforce and provider base. Any national assessment of sufficiency should include this information, and investment in new provision should include support for recruitment, retention and development of Welsh-speaking staff.

CHA therefore considers that the Welsh-language impact should be monitored as part of the same evidence-based sufficiency gateway proposed elsewhere in this response. A reduction in appropriate Welsh-language provision should be treated as a material sufficiency concern rather than as a separate communications issue.

18. In your opinion, could the proposals be formulated or changed so as to:

have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?

Yes. The proposals could be improved by making Welsh-language capacity an explicit part of the assessment of whether sufficient alternative residential provision exists before further restrictions are brought into force.

In practical terms, Welsh Government should require local-authority sufficiency plans to identify the Welsh-language needs of children likely to require residential care, the availability of placements able to provide care in Welsh, and the Welsh-language capability of the relevant workforce. This information should then be aggregated nationally so that Ministers can identify areas in which reform might unintentionally reduce access to Welsh-language care.

The implementation framework should also seek to preserve existing effective Welsh-language capacity. Where an established residential provider has a Welsh-speaking workforce or provides care which is particularly important to a Welsh-speaking community, the consequences of closure, restructuring or restrictions on expansion should be considered before capacity is lost. Replacement provision should not be treated as equivalent merely because it provides the same number of registered beds if it cannot provide an equivalent linguistic service.

Positive effects could also be promoted through targeted workforce development, support for providers to recruit and retain Welsh-speaking staff, and explicit Welsh-language expectations within commissioning and service development. The objective should be that reform expands the number of children able to receive an Active Offer in residential care rather than inadvertently narrowing it.

19. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

CHA considers that several matters of fundamental importance to residential care are not directly addressed by the consultation questions.

First, the consultation does not squarely ask whether the existing 2030 end point remains deliverable or safe for residential care in light of the evidence now available. That question is different from whether a particular restriction should take effect in April 2027. The programme has evolved considerably since the policy was first announced, and Welsh Government's own risk registers show that sufficiency, placement instability and unregistered provision have remained serious risks throughout that period. CHA therefore considers that the residential timetable itself should now be reviewed, with 2035 providing a more credible planning horizon subject to annual published milestones and evidence-based gateways.

Secondly, there is no adequate national account of how replacement residential capacity will be financed. CHA's modelling indicates that the potential whole-system capital and revenue exposure could approach £500 million over four years, while much of that expenditure is not presently identified within a dedicated programme budget. If Welsh Government disputes that modelling, it should publish its own complete national assessment so that the assumptions, costs and funding requirement can be scrutinised transparently.

Thirdly, the consultation does not adequately address the financing position of existing residential providers which may wish to re-establish within a permitted legal structure. Advice about corporate form is not a substitute for lender consent, mortgage refinancing, transfer of secured property, working-capital facilities or the employment and TUPE implications of moving a substantial workforce between legal entities. CHA has not identified a dedicated Welsh Government-backed lending, refinancing or guarantee mechanism capable of addressing these issues.

Fourthly, the consultation gives detailed attention to the continuity problem created by the transfer of foster-carer approvals but contains no equivalent mechanism for the considerably wider continuity problems in residential care. This asymmetry matters. Residential providers may have property, borrowing, employees, pensions, regulatory registrations and commissioning contracts tied to an existing legal entity. If Welsh Government expects established providers to re-establish, these practical barriers need solutions rather than simply expectations.

Finally, CHA considers that the programme's historic risk evidence requires explicit ministerial consideration before the next implementation decisions are taken. Welsh Government knew that insufficient replacement provision could lead to poorer placement choice, instability and increased use of unregistered settings; these risks were repeatedly scored at Very High levels and remained High after mitigation. The present Government did not create every decision which led to the current position, but it has inherited both the policy and the evidence. Future decisions will therefore be taken with knowledge of those risks.

For that reason, CHA asks Welsh Government to treat this consultation as an opportunity to test the inherited timetable against the evidence now available rather than simply as a mechanism for implementing the next predetermined stage of the programme. Before further regulated residential capacity is constrained, Ministers should be able to demonstrate where sufficient alternative homes will come from, how they will be financed and staffed, when they will be available, and how they will meet the needs - including the Welsh-language needs - of the individual children who require them.

Submit your response

Do you live in Wales?

No

Do you have a business interest in Wales?

Yes

Please provide the first part of your home postcode e.g. CF10

LA9

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

Name Dr Mark Ker

Organisation (if applicable) The Children's Homes Association

If you want to receive a receipt of your response, please provide an email address.

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mark.kerr@the-cha.org.uk

Responses to the consultation may be published. Your response will be anonymous.

However, if you would like your name to be published alongside your response, please tick the box.

I agree to my name being published alongside my response to this consultation.