

National strategy for preventing and responding to child sexual abuse 2025 to 2035

Consultation response form

Consultation questions

Section 1

Section 1 of the document explains Welsh Government's vision:

"All children in Wales live their lives free from the harm of child sexual abuse and all those affected by child sexual abuse are protected and supported across the lifespan".

This section also explains that a whole system approach is required to address child sexual abuse, and this includes prevention, identification, response, collaboration and monitoring and evaluation.

The scope of the strategy is people from birth to end of life who are affected by child sexual abuse and includes all types of sexual abuse. The descriptors for the types of abuse have been taken from work completed by the Child Sexual Abuse Centre of Expertise and the Independent Inquiry into Child Sexual Abuse (IICSA).

The National Action Plan for Preventing and Responding to Child Sexual Abuse, implemented between 2019 and 2022, led to the development of significant resources. This plan required regional safeguarding boards to establish action plans to meet its objectives. Lessons learned from the national action plan and proposed further actions are included in the draft strategy.

Another key driver for this strategy is the recommendations from reports produced by the Independent Inquiry into Child Sexual Abuse (IICSA) including the recommendations in the final report from IICSA to Welsh Government that have been incorporated into the strategy. We intend the strategy to be the delivery vehicle for the recommendations from the final report.

In section 1.6 we have listed the priority actions suggested to us by stakeholders during engagement. These are not the only actions we need to take but stakeholders believe that these priority actions will have the most significant impact on practice around child sexual abuse in the shortest amount of time.

Question 1

To what extent do you agree that to address child sexual abuse in Wales we need a 10 year strategy rather than a 3 year national action plan?

- Strongly agree ☐
- Agree ☒
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 2

To what extent do you agree with Welsh Government's vision?

"All children in Wales live their lives free from the harm of child sexual abuse and all those affected by child sexual abuse are protected and supported across their lifespan."

- Strongly agree ☐
- Agree ☒
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 3

To what extent do you agree with the priority actions listed in section 1.6?

The following actions have been agreed with our stakeholders as a priority, and we believe implementing these changes will make a significant difference to practice in this area and thereby improve outcomes for people in Wales. This is not a hierarchical list, and all the priority actions are of equal importance:

1. Improve the collection, reporting and analysis of child sexual abuse data and use it to inform policy and practice.
2. Raise awareness with children, families and communities, about how to identify and report concerns about child sexual abuse.
3. Encourage open conversations about healthy relationships, sexuality, sexual health, and sexual abuse among children, parents, carers, communities, and professionals.
4. Ensure the multi-agency response to child sexual abuse is supported by robust evidence, is child centred and consistent across Wales by implementing a national pathway for child sexual abuse.
5. Raise awareness of and provide training on the national pathway for proportionate responses to harmful sexual behaviour that was developed under the original National Action Plan.
6. Develop and implement a child sexual abuse training framework in line with the groups explained in the National Safeguarding Training Standards developed by Social Care Wales (SCW).

7. Support practitioners from all organisations to identify child sexual abuse, feel confident to report concerns and those with safeguarding roles to assess and manage risk effectively.
8. Address the challenges faced by services that provide specialist and non-specialist support for children, families and adult victim-survivors to ensure people affected by child sexual abuse can access the right support at the right time for them

- Strongly agree ☐
- Agree ☒
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Section 2

Section 2 of the draft strategy sets out the evidence base for Welsh Government's vision, the strategic objectives and priority actions we have chosen.

Question 1

Please can you tell us about any other evidence you think we need to consider for the final version of the strategy?

Mandatory reporting

The draft strategy does not detail the Welsh Government position on mandatory reporting of child sexual abuse beyond acknowledging the IICSA's recommendation and listing it as 'accepted in principle', and stating the following as a 'priority action' on p59: 'Contribute to the review of the current effectiveness of the mandatory organisational duty to report and the consideration of mandating duties to report on individuals. It would be beneficial to outline the Welsh Government's intentions relating to mandatory reporting in more detail and if this will be part of the 10-year strategy.

The goal of any child protection policy is to ensure that children are protected from harm. [An evidence review](#) by RCPCH has shown that mandatory reporting of child abuse increases the instances of reported abuse; however, there is limited evidence to show that an increase in reports leads to an increase in protection of, or better outcomes for, children.

Outcomes for children depend, at least in part, on the capacity of the system into which reports are made. It is essential that the government ensures that systems are in place to be sure that every single case of reported abuse will be investigated and acted upon, and that potential unintended consequences of mandatory reporting do not occur.

We ask the government to consider five key points in developing its position on mandatory reporting and detailing the position in this strategy:

1. All types of child abuse must fall under any mandatory reporting duty.

2. A children's rights-based approach must be followed, and a children's rights impact assessment must be carried out.
3. A government systems impact assessment must be carried out.
4. Measurable outcomes for children must be built into any plans.
5. Clearer definitions must be provided before further consultation.

We cannot recommend a blanket introduction of mandatory reporting until these recommendations are addressed. Instead, the College believes strengthening measures may be more effective than the introduction of a new duty, such as better use of the Disclosure and Barring Service (DBS) system, increased registration (by regulators) of professionals, standardisation and strengthening the current system, and an alignment of standards across the UK regulators in relation to mandatory reporting.

Overall, to ensure that any introduction of a mandatory reporting duty effectively protects children and young people, the Welsh government must first address the aforementioned five recommendations by undertaking thorough impact assessments, extensive stakeholder engagement and increased research and data collection. The evidence shows that this work is essential to ensure that the duty is fit for purpose.

Designated professionals

Under the *Responding objective* the Welsh government focus on those professionals who have an organisational duty to report concerns about abuse and neglect including designated safeguarding leads in health. This would include the Designated Doctor for Safeguarding (Paediatrics). The Welsh government should consider the evidence for the value of this role and how it would support this role in delivering the strategy.

As outlined in the [model job description](#) the Designated Doctor has a key role in providing advice (direct and indirect) to colleagues on the assessment, treatment, and clinical services for all forms of child maltreatment including child sexual abuse. The Designated Doctor role is unique because the role must hold consultant status or equivalent and have undergone higher professional training in paediatrics. The Designated Doctor is the only role that can provide supervision to the cohort of Named Doctors (for child protection / safeguarding children) across Wales and is unique amongst the Designated professionals as the role requires them to be clinically active thereby marrying up the clinical and strategic perspective of safeguarding need.

Despite the importance of the role there is only one Designated Doctor for safeguarding (Paediatrics) in Wales and even then, this person is employed on a part time basis. Having a part time Designated Doctor in Wales hasn't always been the case, with a significant reduction in hours occurring gradually over the years with people leaving or retiring and roles being left unfilled. It is worth noting that the reduction of hours means that for more than half the week and during periods of leave, there is no Designated Doctor cover in Wales at all. This is a significant concern that may impact vulnerable children and young people.

The limited nature of the current role significantly reduces access to expertise, advice and leadership within Wales and could have significant implications for child protection and safeguarding vulnerable children, including implications for the Child Sexual Abuse 10 year strategy.

The Welsh government should review evidence on the role of designated professionals, specifically the paediatric Designated Doctor for Safeguarding, and seek to ensure there is support in place for these individuals to advocate for, and deliver, the strategy well.

Section 3

Section 3 of the draft strategy sets out the strategic objectives we have identified and the priority actions we will take to achieve these objectives over the 10 year period. These are not the only actions we intend to take under each workstream, however, they are actions that stakeholders have agreed are a priority.

In the delivery structure we propose in section 4, each of the objectives will have a workstream group. The job of these groups will be to develop detailed action plans to deliver the priority actions we have agreed.

The action planning process will be on a 3 year cycle and will be amended and added to as we progress. This will enable us to ensure that any learning we identify is used to inform the next iteration of the action plan.

The 4 strategic objectives we have identified are:

- preventing child sexual abuse
- protecting children when there are concerns identified about child sexual abuse (the multi-agency response)
- supporting children and adults who are affected by child sexual abuse
- supporting victim-survivors of child sexual abuse

Question 1

To what extent do you agree these objectives are the right ones?

- Strongly agree ☐
- Agree ☒
- Neither agree nor disagree ☐
- Disagree ☐
- Strongly disagree ☐

Question 2

Do you think the actions we have outlined under each of the strategic objectives will help us achieve our overall vision?

"All children in Wales will live a life free from the harm of child sexual abuse and all those affected by child sexual abuse will be protected and supported across their lifespan."

- Yes ☐
- No ☒
- Don't know ☐

If you have answered no, do you have any suggestions for actions that you think should be added?

The introduction of a mandatory reporting duty was discussed earlier in this consultation response. It is vitally important that any introduction of the duty on individuals is comprehensively considered in the ways we set out in response to Section 2 (Question 1).

As the consideration of a mandatory reporting duty is given as a priority action on p59, without further information that shows careful consideration of our five recommendations, we cannot fully support the actions as they stand.

The actions could also be strengthened in relation to the workforce. For example, they could aim to ensure that the relevant professions are composed of a strong workforce with plenty of opportunities for supervision, succession planning and inclusion in decision making. This is especially important for paediatrics given the limited nature of the current Designated Doctor for Safeguarding role, outlined in Section 2 (Question 1).

The emphasis on multi-agency working, a child-centred approach and better data collection is positive, however.

Question 3

Are the key partners listed in each strategic objective section the right partners for the actions?

- Yes ☐
- No ☒
- Don't know ☐

If no, what other partners should be included:

The Welsh government should engage with a wider range of professional bodies to ensure the delivery of the objectives are cross-cutting, evidence-based and can be widely implemented.

Professional bodies such as RCPCH are leaders in setting professional and training standards and informing policy and research.

In relation to safeguarding and child sexual abuse, RCPCH has examples of good and best practice through the [Child Protection Portal](#) and the [Purple Book](#). The Purple Book in particular outlines good practice in relation to the paediatric forensic examination where there are concerns about child sexual abuse and is an evidence-based review of the interpretation of physical signs.

As the Welsh government, through the Child Sexual Abuse 10-year strategy, seeks to protect children (3.2), support children and families (3.3), embed a whole system approach (3.6) and deliver a core data set (3.5), the involvement of professional bodies such as RCPCH would be beneficial to this.

RCPCH would be able to inform the delivery of the objectives, align professional and training standards when appropriate and communicate the strategy to paediatricians in Wales, an essential element for successful implementation.

Section 4

Section 4 of the draft strategy sets out how we will collaborate within Welsh Government and with the UK Government to ensure that policy is aligned, in keeping with the values underpinning this strategy and that there is a collective, whole system approach to addressing all types of child sexual abuse in Wales.

To support this whole system approach we will be establishing a Welsh Government internal policy advisory group for Child Sexual Abuse.

This section also sets out our proposed delivery structure for the strategy. Once the strategy is published, we intend to establish a Strategic Implementation group to monitor and evaluate the impact of the strategy. This group will comprise senior representatives from key stakeholder groups including third sector and statutory organisations.

Underneath the Strategic Implementation group there will be a workstream group for each of the strategic objectives. Each of these groups will be chaired by a member of the Strategic Implementation group and comprise representatives from all key stakeholder groups including adult victim-survivors.

It is also our intention to establish a standing Children and Young People's Forum and a Victim-survivors Advisory group.

Question 1

To what extent do you agree that the delivery structure we are proposing will support us to deliver effectively on the strategic objectives and achieve the vision?

- Strongly agree ☐
- Agree ☒
- Neither agree nor disagree ☐
- Disagree ☐

- Strongly disagree ☐

Question 2

Are there any other actions we should add to the strategy about equality, diversity and inclusion?

- Yes ☐
- No ☒
- Don't know ☐

Question 3

What, in your opinion, would be the likely effects of the strategy 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?

Question 4

Could the strategy be formulated or changed to strengthen:

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

The strategy acknowledges Welsh should be treated no less favourably than English but despite this there is no acknowledgement of the requirements of Welsh language children within the objectives, actions or priority areas.

Receiving healthcare and support in your preferred language is crucial, especially for survivors of child sexual abuse. While there are strategies such as Cymraeg 2050 and More Than Just Words, the 10-year strategy for child sexual abuse should ensure the provision of care and support to children in the Welsh language is a priority, particularly for rural communities. This could take the form of ensuring there are training opportunities for identifying and reporting child sexual abuse delivered in Welsh. This would increase the likelihood of professions feeling confident in using Welsh in a professional setting and increase opportunities for children to receive care and support in Welsh. This should fall under Objective 3.3.