Julie Morgan AC/AM Y Dirprwy Weinidog lechyd a Gwasanaethau Cymdeithasol Deputy Minister for Health and Social Services



Ein cyf/Our ref JM/05375/19

Llywodraeth Cymru Welsh Government

Janet Finch-Saunders AM Chair - Petitions Committee National Assembly for Wales Ty Hywel Cardiff **CF99 1NA**

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Dear Janet,

Thank you for your correspondence of 24 May to the Minister for Health and Social Services. I am responding as Deputy Minister.

I understand that the Committee has considered further correspondence from the petitioner in relation to petition P-05-859- Provide Child House in Wales for victims of child sexual abuse.

You have asked for an update on the work being carried out by the Welsh Government and NHS Wales.

From March 2019, an interim model for children has been established, whereby acute presentations of children under the age of 14 who may have suffered a sexual assault are seen in Ynys Saff Sexual Health Referral Centre (SARC) Cardiff from across the region. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases under the age of 14 years from across the region will be referred to Cardiff.

This is an interim model whilst the model for South, Mid and West Wales is developed. A number of sessions to raise awareness of the changes and to respond to queries are underway across all areas of Wales affected. These sessions have been offered to front line staff, but have also been open to any professionals who would like to know more about the interim service and plans for the future service.

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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.

The proposal for the future provision of children's SARC services will be formally considered by health, police and Police and Crime Commissioners in the region, in July and subject to approval work, will progress on the actions required to deliver the model as a priority.

There remains a commitment from health boards, Police force and the Police and Crime Commissioners for retaining two paediatric SARC Hubs (Swansea and Cardiff) to provide acute (in-hours) services across the region, with ongoing support provided from the more local SARC spokes (Risca, Merthyr, Carmarthen, Aberystwyth, Newtown) and out of hours services continuing to be provided from Cardiff.

The debate held on 3 April related to a Member's Legislative Proposal - Child victims of Sexual Abuse - as proposed by Bethan Sayed AM. A motion was agreed to note the proposal. As I set out in my response during the debate, the Welsh Government is taking action in a number of areas in order to prevent child sexual abuse and to further strengthen support to children who are abused in this way. This includes the development of a National Action Plan on Preventing and Responding to Child Sexual Abuse which will be published in July as well as the work being taken forward on Sexual Assault Referral Centres (SARC) outlined above.

I was clear in the debate that I do not agree that legislation is required to secure changes in this area of practice. In relation to the specific issue of Child Houses, my response during the debate set out that we will consider evidence on the evaluation of the Lighthouse pilot service in London once available. This position has not changed.

The letter of 22 February to the Committee from the Children's Commissioner for Wales raises a number of points. You have asked in particular for my response to the concerns about Sexual Assault Referral Centres (SARC). Having outlined the progress above with the interim model and the intention for the future model, I note your concerns around the availability of trained and experienced medical practitioners to provide timely examinations, and the availability of suitable therapeutic services to enable survivors of abuse to recover. Implementation of the interim model addresses the shortfall in acute service provision in Swansea which has arisen as a result of workforce issues (due to a national shortage of paediatricians).

Phase 2 work of the SARC project, covering adults and children's services, began in June 2018 and progress remains on track. Three Clinical leads have been appointed to lead the SARC work including Dr Alison Mott, the regional lead for paediatrics. It is anticipated implementation of the final full children's service model will be incremental, with a lead in time of one to two years for implementation. Therapeutic services for children and young people continue to be provided under local arrangements by a mix of providers from the NHS and third sector.

In relation to the Children's Commissioners reflections on a safe place for children following an allegation of abuse I am in firm agreement that the views, wishes and feeling of children and young people should be central to work to keep them safe and in planning for their care and support needs. This position is clearly reflected in legislation and in existing and forthcoming policy. My officials are also engaged with Social Care Wales on this issue in considering further support for the further development of child-centred practice. I remain of the opinion that safe places for children must be provided within the exiting legislative framework for safeguarding and family court proceedings.

I hope the Committee feels that the information shared here has addressed the further questions you have raised.

Yours sincerely,

Julie Morgan AC/AM

Y Dirprwy Weinidog lechyd a Gwasanaethau Cymdeithasol Deputy Minister for Health and Social Services

