Comisiynydd Pobl Hŷn Cymru

Older People's Commissioner for Wales

Improving Responses to Older People's Experiences of Sexual Violence and Abuse

Summary of September 2025 roundtable event

An independent voice and champion for older people

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner wants Wales to lead the way in empowering older people, tackling inequality and enabling everyone to live and age well.

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Background and Context

The strategy developed by the Older People's Commissioner for Wales includes a commitment to take action to ensure that older people feel safe in their homes, communities and relationships. Ending the abuse of older people in Wales is essential to achieving this goal and to protecting the physical safety and emotional wellbeing of older people.

Older people experience all the same kinds of abuse as those in younger age groups yet often find it difficult to talk about their experiences, and to access appropriate services and support. These challenges are perhaps nowhere greater than in relation to sexual violence and abuse.

The Commissioner's decision to focus upon the actions needed to improve responses to older people who have experienced sexual violence and abuse was influenced by several factors. In 2024, the Commissioner engaged in an international roundtable discussion focused on older people's experiences of sexual violence or abuse, and the national, strategic, and operational responses needed to effectively respond to that abuse. Through conversations with members of her Stopping Abuse Action Group, the Commissioner also became aware of a possible increase in the numbers of older people seeking support (e.g. contacting helplines) because of experiences of sexual violence and abuse. Research carried out by the Wales Violence Prevention Unit in 2024, also provided important insight into the concerning numbers of reports made to police services of sexual offences in Wales, in which older people were victims occurring across a range of settings.

In September 2025, the Commissioner convened a roundtable to explore the actions needed to improve responses to older people's experiences of sexual violence and abuse. The roundtable was attended by representatives from public bodies and third sector organisations across Wales; all of whom had direct experience of working with older people affected by sexual violence or abuse. This was critical to ensuring that the voices of older people remained central to the discussion and that any decisions for action were firmly grounded in their lived experiences. Colleagues attending the roundtable shared several examples of older people's experiences of accessing and engaging with services. The insight from these discussions were fundamental to identifying the 'areas for action' highlighted within this paper.

This briefing is divided into three sections. The first focuses upon participants' perceptions of the challenges of responding effectively to older people's experiences of sexual violence or abuse. The second section highlights what needs to change from the perspectives of participants, areas for action and levers for change. The final section outlines the commitments made by the Older People's Commissioner for Wales following the roundtable.

The Challenges

Participants spoke of the challenges of effectively responding to experiences of sexual violence or abuse among older people, with a focus upon:

The Complexity of the Issue

Participants were clear that sexual violence or abuse is a multi-faceted issue and that those older people presenting to services, often have wide-ranging and varied experiences. Some older people will have experienced sexual abuse many decades ago (in childhood, for example) and still live with the distress and trauma of their experiences. There is credible evidence to show that experiencing abuse in childhood increases the risk of abuse in later life, particularly in intimate relationships or care settings. Sexual abuse in childhood significantly disrupts feelings of trust and self-worth; it may normalise violence, making it harder for individuals to detach themselves from violent and abusive relationships in later adulthood. It is important to recognise that some older people may be living with the accumulated trauma of years of multiple experiences of abuse, perpetrated by different abusers.

For others, sexual violence or abuse may be more recent. Sexual violence or abuse can occur within any setting and perpetrators may be intimate partners, family members, formal care staff, 'strangers' or other older people (i.e. peer on peer abuse). Participants discussed the fact that addressing peer-on-peer abuse within residential or nursing homes (particularly if one / both of those older people involved have dementia), is particularly difficult. It was clear that because of their circumstances (increased loneliness, or social isolation, for example, or because of illnesses which mean that they require personal care), some older people can be at a heightened risk of sexual violence or abuse. For those older people living with dementia, it was felt that this risk is especially high; there was a feeling that some perpetrators may specifically target those with memory issues, or who lack capacity, since it is often then very difficult to 'prove' that abuse has taken place.

Participants were clear that whether recent or non-recent, the impacts of sexual violence or abuse upon the life of an older person are significant and enduring.

Inadequate Research and Data

Participants were clear that older people's experiences of sexual violence or abuse have not been a priority for academic research. As such, there are still many gaps in understanding. One participant also noted an absence of research focused upon the perpetrators of this type of abuse.

Participants discussed the challenges of inadequate data, meaning that it is impossible to determine how many older people are affected by sexual violence or abuse. Limited data is problematic, particularly where services are commissioned in accordance with statistically determined need. Low prevalence figures can be interpreted as equalling 'low need', resulting in a lack of funding for specialist services in this area.

There was also a feeling that even where data is collated, its potential for increasing understanding of prevalence and for identifying specific areas of risk, is generally limited. Data

is not always disaggregated into specific age-brackets. This means that there is no distinction made between the experiences and needs of those in their 60s, for example, when compared with those in their 80s, or 90s.

Neither is data consistently disaggregated based on protected characteristics. As a result, it is not then possible to determine levels of sexual violence among older people from specific groups: older women, older men, Black, Asian, Minority Ethnic older people, for example, or those from the LGBTQ+ community.

Participants spoke of feeling that opportunities for increasing understanding through combining existing data sources are not maximised. There was a feeling that many organisations collect data, but that this is not centrally pooled or shared more widely in ways which might increase understanding of prevalence and trends or patterns. There was a feeling that work was needed to understand the extent to which different data sources exist and to bring these together to better inform policy and service delivery.

One participant expressed concern that some sources of potentially useful data are dismissed because of the perceived quality of that data. Reference was made to the 'National Indicators' established under the 'Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015'and intended to measure progress against the purposes of the Act. The indicators prescribe standards for acceptable data. This participant made the point that whilst not all data might meet these standards, it could still be valuable and offer important insights.

Participants generally felt that those older people 'in service' (that is, who are actively receiving support from specialist organisations), are merely the tip of the iceberg.

The Challenges of Disclosure

Participants agreed that it could take an older person an extremely long time to disclose sexual violence or abuse. One participant talked about working with some older people who had lived with the impacts of their experiences for decades before disclosing to anyone. In some situations, an older person might only make a disclosure when he or she is at end of life, wanting to relieve themselves of their emotional burden.

There are many reasons why disclosing abuse may be extremely challenging for an older person. Some older people may not recognise a certain behaviour as abusive – particularly if they have lived with that behaviour for a long period of time. Participants talked about the potential impacts of certain 'generational attitudes' upon disclosure – attitudes around marital roles and responsibilities, for example, whereby older women in particular, may feel obligated to engage with sexual activity to 'please' a partner. It was also clear, however, that such behaviours are not necessarily consensual.

One participant made the point that abuse can be cyclical – some older people may compare their own experiences of sexual violence or abuse to those of earlier generations. This can lead to experiences of sexual violence or abuse being dismissed or minimised (seen as 'not so bad' when compared with those of their own parents or other family members). This participant highlighted the value of understanding the biographies of older people; this can give important insight into ways of thinking, and approaches to intervention.

Participants made the point that many older people had lived in times where sex and sexual abuse were taboo subjects. It was clear that where these attitudes persisted, the challenges of disclosure were likely to be increased. Participants agreed that many older people do not disclose sexual violence or abuse because of feelings of shame or embarrassment.

The fact that older people are older, was also considered another barrier to disclosure. Participants spoke of the impacts of ageism, which often lead to assuming that older people are not interested in sex and so could not, therefore, be victims of sexual violence or sexual abuse. It was felt that many older people may not disclose their experiences of sexual violence or abuse for fear that they will not be believed.

When older people are seen as asexual and therefore as unlikely victims of sexual violence or abuse, the indicators of sexual violence or abuse are often overlooked or ignored. Participants spoke of the negative impacts of ageist attitudes and assumptions upon the work of practitioners. When practitioners fail to recognise older people as potential victims of sexual violence or abuse, they are unlikely to ask questions about experiences of this type of abuse. Practitioners significantly limit an older person's opportunities to disclose their experiences when working in such ways and potentially increase the risk of continued harm.

One participant spoke of working with an older person who had waited for many years to be given an opportunity to share his experiences. This older person described simply wanting someone to ask him about the possibility of sexual violence or abuse, to open the way for disclosure.

Participants felt that the language sometimes used by professionals to talk about experiences of sexual violence or abuse, did not necessarily resonate with an older person. Older people may not necessarily talk about their experiences in terms of 'domestic abuse', for example. Many older people have also had less exposure to terms such as 'consent' and 'trauma'. When practitioners frame their questions in such ways, there is a risk of misunderstanding and opportunities for disclosure may be limited.

Participants felt that practitioners often lack the confidence to respond effectively to older people's disclosures of sexual violence or abuse – this lack of confidence may also discourage practitioners from asking the 'right' questions. Participants felt that training in this area has not always been satisfactory – sometimes it has been overly simplistic and tick box in approach. There was consensus amongst participants that training must be further developed to capture the nuances and complexities of older people's experiences of sexual violence and abuse, and that more resources and practice guides should be made available to support practitioners.

The challenges of working in this area were acknowledged, with a recognition of the risk of vicarious trauma. There is a need for practitioners to work within safe, supportive environments, where they feel free to ask questions and to explore their own anxieties around older people's experiences of sexual violence and abuse. The value of a source of accessible 'expert' advice for practitioners (a 'champion' in this area of work), was also discussed.

Services and approaches

There was an overall feeling that services are not reaching older people who have experienced sexual violence or abuse. One participant described feeling that support is accessed informally (with older people talking to one another through their informal networks), rather than through formal service provision.

There are many reasons for this limited engagement: for example, the practicalities of seeking support may feel too challenging for an older person, because of health-related issues, existing accommodation arrangements or the need for financial security, for example. Participants felt that some older people internalise negative stereotypes around older age and ageing. This, in turn, causes older people to question their own self-worth and contributes to feelings of low self-esteem. Such older people may not consider their needs important enough to reach out to services or professionals for support; they may not feel that they are worthy of attention and that they should not burden others with their concerns.

Some participants were concerned that many older people do not know where or how to access support; who they should talk to about sexual violence and abuse; whose role and responsibility it might be to respond. There was also a feeling that many older people do not seek or access support because they do not trust 'the system'. Sometimes, older people have had past negative experiences of disclosures and /or services, which can make them reluctant to reach out for support.

Participants highlighted different models of service provision available across Wales. Overall, there was a feeling that responses to older victim survivors are ad hoc and inconsistent. It was also felt that when working with older people, there could be a tendency for services to focus upon meeting physical (as opposed to emotional or psychological) need.

Concerns were raised regarding a 'disconnect' between those services within the Violence Against Women, Domestic Abuse, and Sexual Violence arena and safeguarding services. An older person who is identified as an 'adult at risk', should theoretically have access to both safeguarding services and support and, as appropriate, to specialist support and provision from within the VAWDASV sector. It was clear, however, that these different areas of service provision do not always collaborate or work together, and that many older people do not have access to the full range of services to which they may be entitled. There was sometimes a lack of clarity in the roles and responsibilities of service providers and participants also drew attention to the challenges arising through ineffective referral pathways, which could 'slow up' or even block an older person's access to specialist support. It was also the case that services were generally seen as reactive, rather than proactive and preventative.

One participant discussed the 'Wales Trauma Informed Framework': a primary prevention model, which, at the present time, tends to be focused upon the experiences of children – this participant highlighted the need to refocus the model so that it is inclusive of older people's experiences.

One participant pointed out that ways of working with older people who experience sexual violence or abuse differ when compared with practitioner approaches to working with younger people. It was argued that when younger people experience sexual violence or abuse, practitioners focus upon interventions which are empowering, they aim to ensure that an individual can remain in control of decisions, processes, and outcomes.

When working with an older person, however, a more 'welfarised' approach is adopted; older people are often seen as inherently vulnerable and in need of care, support, and protection. It was felt that assumptions are sometimes made regarding an older person's capacity to engage in decision-making and to make choices regarding risk, support and services. There was a general feeling that when working with an older person, services do to rather than with; this can increase feelings of a lack of safety among older people and can discourage them from accepting support. Responses to older victim survivors must be respectful of the individual's wishes - sometimes a victim/survivor may just want to share or talk about their experience with no further action.

A welfarised response to older people's experiences of sexual violence or abuse can also result in older people being denied access to criminal justice. Participants were clear that for those older people who did access the criminal justice system, the process was extremely lengthy and drawn out.

Participants were clear that based upon their experiences of working within this area, an older person is far more likely to talk about an experience of sexual violence or abuse within the context of a trusting relationship with a practitioner. These relationships take time to develop. Some participants talked about the ways in which an older person may 'test' the strength of a professional relationship over time and gauge a practitioner's response to their situation before making a full disclosure. It was not uncommon for older people to disclose little-by-little of their experiences, over the course of contact. Continuous relationships, sustained over time, were seen as critical to practitioner understanding; they enabled practitioners to 'piece' together information acquired through ongoing conversations, in ways which then supported a fuller understanding of an individual's situation and their potential levels of risk. There were concerns that without these sustained relationships, practitioners may overlook the importance of the small, 'bite sized' pieces of information, provided by an older person. Seen in isolation, these pieces of information may may not suggest a situation where there are significant levels of risk and may not indicate safeguarding concerns. When pieced together as a whole, however, they may begin to reveal far higher levels of risk and to highlight significant concerns.

It was argued that the current system worked against the development of trusting relationships. Workload demands, pressures on time, and issues with staff recruitment and retention all meant that relationships were often short-term and episodic, undermining the development of trust and limiting opportunities for disclosure and understanding. Participants discussed the service specifications to which they must comply for service funding. These service specifications were not seen as promoting the kinds of relational practice required by older people experiencing sexual violence or abuse. Instead, they were seen as often prescribing ways of working which were task-focused and procedural, and which required the delivery of material outputs within prescribed periods of time.

One participant spoke about the importance of quality relationships with GPs in facilitating disclosure. Many older people have a level of contact with their GP, and these relationships are therefore critical in terms of identifying and offering opportunities for older people to disclosure experiences of sexual abuse or violence. This participant talked about the importance of GPs taking the time to listen carefully to the issues raised by an older person and to engage in the kinds of communication that facilitates disclosure. GP appointments are, however, very time pressured; they do not always allow for the kinds of conversations, which could potentially indicate experiences of sexual violence or abuse. It is also the case that patients do not always

see the same GP for subsequent appointments. The lack of continuity in relationships between GPs and patients does not allow for the development of trust. One participant highlighted the success of the IRIS programme in meeting the needs of older people affected by domestic abuse (IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated). Funding for the Iris project has, however, always been localised and therefore inconsistent. It has also been gradually reduced, meaning that the service now exists in only a small number of areas in Wales.

Participants spoke of the importance of professional curiosity when working with older people potentially affected by sexual violence or abuse; of reading between the lines in what is sometimes said or presented as the main issue of concern. It was noted that there are occasions where communication may be behavioural, rather than verbal – however, this may simply be misinterpreted by others as behaviour that is difficult or challenging.

Participants also talked about the lack of consistent, continuous relationships meaning that even when older people make a disclosure, many then had to share their experiences time and time again, increasing the potential for re-traumatisation.

It was also argued that practitioners and services do not always appropriately share information between one with another meaning that some older people find themselves having to repeat information, when in contact with different agencies.

Some participants also spoke about the complexity of the system from the perspectives of practitioners and services. Participants felt that there was often inconsistent interpretation in safeguarding thresholds, meaning that there were discrepancies in practitioner responses and offers of support. It was felt that lines of responsibility were not always clear (which agency should be doing what, for example), and that in resolving these issues, there needed to be far better inter-agency collaboration and joint working between organisations. The point was made that processes need to be streamlined, and that older people need a single point of contact; someone to guide them through the morass of services and professionals with whom they will have contact, following a disclosure.

Participants also spoke about the challenges of the legislative and policy context from a practitioner perspective. The lack of symmetry between the Social Services and Wellbeing Wales Act (2014) and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was highlighted. This meant that older people sometimes fell between the gaps in services or were unable to access the full range of services potentially available to them from across the safeguarding and VAWDASV arenas.

One participant spoke of the importance of a Cross-Government Strategy to tackle sexual violence and abuse. The value of incorporating older people's experiences of sexual violence and abuse into wider existing plans, was also noted; for example, the Welsh Government's Mental Health and Wellbeing Strategy (2025-2035). The Older People's Commissioner highlighted the recent consultation on the Welsh Government's Draft Strategy to Prevent and Respond to Child Sexual Abuse (CSA), to which she has responded. The strategy acknowledges the impacts of CSA across the life course, and recognises the need for accessible, trauma informed services for adults of all ages.

Summary

Discussion within the roundtable suggests that there are many factors which, taken together, diminish the effectiveness of current responses to older people's disclosures of sexual violence and abuse. Systemically, participants highlighted the impacts of ageism, which renders older people's sexual violence or abuse invisible in both policy and practice. In the area of service provision, participants spoke of the multiple barriers to effective practice in this area; discussing the impacts of financial constraints, for example, which lead to time pressures and reduce opportunities for the relational work needed by older people affected by sexual violence or abuse. Participants highlighted the complexities of the system, which were seen to challenge effective practice: these include complex processes and procedures, a lack of clarity over roles and responsibilities, and inadequate and inconsistent systems and processes for the timely sharing of information. A lack of collaboration between VAWDASV and safeguarding services was seen to limit an older person's access to the kinds of holistic services and specialist support with the potential to promote emotional wellbeing. The inadequacy of practitioner training, leading to a lack of competence and confidence in this area of work was also seen to undermine the effectiveness of practitioner responses.

The points of discussion highlighted within this section show that there is much work to be done to improve responses to older people affected by sexual violence or abuse. Areas for potential action are discussed within the following section.

Areas for Action and Potential Opportunities

Participants identified several areas and actions that could be developed to improve understandings of and responses to older people's experiences of sexual violence and abuse.

These included:

- Targeted research to better understand older people's experiences of sexual violence and abuse. Research which draws upon the lived experiences of older people affected by sexual violence and abuse is critical to improving our understanding of 'what works' to prevent this kind of abuse; it is also fundamental to developing models of best practice; against which the effectiveness of support and services can then be monitored and evaluated.

- The findings of such research must be used to ensure that the lived experiences of older people affected by sexual violence or abuse remain central to the planning and provision of services.

- Improved, consistent systems of data collection which support understanding of the prevalence of older people's experiences of sexual violence and abuse. Data must be disaggregated to highlight the experiences of not only those older people within different 'age bands' but also to evidence the needs of those in accordance with other protected characteristics: gender, ethnicity, and sexuality, for example

- It is vital that different sources of data are pooled and centralised. Bringing together data in this way, will help ensure that gaps in understanding are identified. This, in turn, will support the development of targeted systems for data collection. It will also help shape and influence future research agendas. Critically, through centralising data we will be able to highlight patterns and trends in the sexual violence or abuse affecting different groups of older people across Wales. This will ensure that approaches to service planning and delivery are appropriately evidenced-based. Welsh Government's commitment to research and to improved systems for data collection within both the National Action Plan to Prevent the Abuse of Older People in Wales, and the Older People's workstream (operating within the VAWDASV Blueprint), was noted as a part of the discussion.

- Awareness Raising – both in the public and professional sphere. It is critical that we begin to open up conversations about sexual violence or abuse in older age. At the present time, older people are seen as unlikely victims of sexual violence or abuse; this viewpoint renders their experiences invisible in policy and practice and must be challenged. Work must be undertaken to highlight the fact that any person – of any age - can be a victim of sexual violence or abuse. The current Welsh Government Campaign to raise awareness of sexual violence or abuse among older people was discussed here. The Commissioner continues to work closely with Welsh Government as the messaging for this campaign is developed.

- Work should be undertaken to determine current levels of practitioner skill and confidence

in responding to older people's sexual violence or abuse. Based on this insight, practitioners must receive training to increase levels of confidence and competence. Training should include a specific focus upon ageism and its relationship to the abuse of older people (the ways that ageism creates the kinds of environments, in which sexual violence or abuse can take place, for example, and how it shapes the responses of practitioners to that abuse). It should also include specific consideration of issues such as supporting older victim survivors who may have dementia, for example, and where there may be issues around mental capacity. Training in the area of 'peer on peer' abuse, would also be beneficial. Where possible, training should be multiagency, to support understanding of mutual roles and responsibilities and to facilitate the development of productive and effective, local, inter-disciplinary relationships. The work of Social Care Wales, in developing the Safeguarding Training Standards was discussed here, along with their work with Care Inspectorate Wales to promote positive cultures within social care.

- Consideration should also be given to the effectiveness of current referral pathways. Where barriers to effective referral processes and pathways are identified, action should be taken to address these barriers. Referral pathways should be clear and defined, should avoid unnecessary delays in accessing provision, in ways which may compromise the safety of an older person, and should make best use of existing resources. Care must be taken to ensure that the assessment processes which often precede referral, do not discriminate against or disadvantage older people. Welsh Government have recently undertaken work to look at the appropriateness of the DASH RIC for older people. Further work is now being undertaken to explore the principles of effective risk assessment for those practitioners and agencies, working with older people who has experienced abuse.

- Existing services must consider the extent to which they are able to and currently meet the needs of individuals affected by sexual violence or abuse across the life course. Models of evaluation should include a consideration of the extent to which their practises are consistent with those identified by older people as important in effectively responding to their needs (e.g. to what extent is there a focus upon face to face, open-ended work, which allows older people to have choice, and remain in control of the pace of intervention?). Service monitoring and evaluation should also be grounded in the lived experiences of older people affected by sexual violence or abuse.

- There must also be further investment in the provision of specialist services to support those older people affected by sexual violence or abuse. Attention must be paid to the processes by which such services and support are commissioned and procured. Task-focused service specifications, which seek to maximise deliverables and outputs in time-efficient ways, are unlikely to meet the needs of older people affected by sexual violence or abuse. Support provided in such ways may well be retraumatising for older people and will discourage the uptake of services.

- Reviewing the ways in which services are advertised and the imagery and language used: information should be made available in a variety of formats and should reflect the fact that a service is available and accessible to older people. Practical arrangements may need to be made to ensure that services are accessible to an older person who may experience mobility issues, or who may live in remote geographical areas.

- Services should be trauma-informed and should be designed to meet the needs of the 'whole person'- offering a range of different types of support: (e.g. medical, psychological and legal support to address the diverse needs of older victims). Some participants suggested that the development of a 'one-stop shop' type service might be preferable, where an older person could receive all the support needed 'in one place'. It was argued that this could also help ensure better information sharing between professionals.

- Older people affected by sexual violence or abuse must have consistent access to advocacy (whether specialist ISVA advocacy or advocacy via safeguarding processes and organisations).

- Challenge the invisibility of older people in legislation and policy focused upon sexual violence and abuse. The forthcoming UK Government VAWG strategy and the opportunity to influence the refresh of the Wales VAWDASV strategy (2026) were highlighted as opportunities here There are also ongoing opportunities to influence work undertaken in response to the Welsh Government's National Action Plan to Prevent the Abuse of Older People in Wales.

Commitments

Participants made several specific commitments in support of the identified areas for action. This included information gathering to gain a better understanding of the prevalence of sexual violence or abuse within specific settings and geographical locations, a focus on developing practitioner training and resources, and integrating questions about awareness of sexual violence or abuse into existing research. The Commissioner looks forward to discussing the progress made by organisations who attended the initial roundtable

The following commitments are made by the Older People's Commissioner for Wales:

- The Commissioner will continue to work collaboratively with specialist services, the Stopping Abuse Action Group, and older people themselves to ensure that lived experiences remain central to shaping and informing this work. Through ongoing engagement and partnership, the Commissioner will seek to amplify the voices of older people, ensuring their insights directly influence future actions, priorities, and responses across all levels of practice and policy.

- The Commissioner will continue to meet with the appropriate Welsh Government Ministers to discuss work on older people's experiences of sexual violence and abuse, and to highlight the responsive actions needed at a national, operational, and practice level. The Commissioner will highlight opportunities to undertake work in these areas via both the National Action Plan and the Violence Against Women, Domestic Abuse and Sexual Violence Blueprint.

- The Commissioner will work with statutory bodies, specialist providers, and inspectorates to develop a clearer understanding of existing responses to older people's experiences of sexual violence and abuse. This engagement will help identify areas of good practice and where improvement is needed, ensuring that learning informs future policy development, service design, and operational responses across Wales.

- The Commissioner is currently engaged in discussions with international colleagues, regarding their own work and responses to older people affected by sexual violence or abuse. The Commissioner will remain cited on this work (its progress and developments) and will consider how international learning may shape and support our own work in Wales.

- The Commissioner and her team will continue to explore opportunities to raise awareness of older people's sexual violence or abuse when working with multi sectoral organisations and colleagues. Through this process, she will consider which other organisations may need to be engaged in future work in this area.

Next Steps

The Commissioner will hold a follow up online roundtable in March 2026 to explore developments, discuss progress on the commitments made within the roundtable, and consider further actions needed in this area.

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