

Priorities for the Sixth Senedd

Share your views

The **Health and Social Care Committee** has been set up by the Senedd to look at policy and legislation, and to hold the Welsh Government to account on specific issues. This includes the physical, mental and public health and well-being of the people of Wales, including the social care system.

During autumn 2021, the Committee will be considering its strategic approach and forward work programme. To make sure that we can take account of what you think the most important issues are, we would like you to share your views on:

1. The initial priorities for the Sixth Senedd identified by the Committee (see below).
2. What other key priorities the Committee should consider during the Sixth Senedd in relation to: health services, social care and carers, and COVID recovery.

Question 1: Initial priorities identified by the Committee

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

Q1. Which of the issues listed above do you think should be a priority, and why?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

About Us

This response is provided on behalf of the National Deaf Children's Society Cymru.

The National Deaf Children's Society seeks to create a world without barriers for deaf children, young people and their families. We support children and young people with all levels of deafness, from mild through to profound, including those with temporary hearing loss and a unilateral loss. We use the term deafness to refer to all levels of hearing loss.

We are keen to highlight a number of priorities including the need for health professionals to understand their duties under the Additional Learning Needs Code, for waiting times in Audiology to be reduced and for a focus on supporting deaf children and their families with British Sign Language and specialist deaf support.

Question 2: Key priorities for the Sixth Senedd

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
- b) social care and carers;**
- c) COVID recovery?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

a) Health services

Additional Learning Needs Code

From September 1, the Additional Learning Needs Code has begun to come into force. This Code places a series of very important duties on health professionals that will have a direct impact on the lives of deaf young people aged 0-25 and their families. The duties largely involve referring children and young people with potential Additional Learning Needs into the IDP process, contributing expertise and, where relevant, providing Additional Learning Provision to support the child or young person (e.g. speech and language therapy sessions.) The National Deaf Children's Society would welcome the support of the committee in ensuring that awareness is raised within the health sector of the ALN reforms, as well as the duties and the referral pathways therein.

Paediatric Audiology

While the National Deaf Children's Society Cymru appreciates the hard work of many professionals during very difficult circumstances over the course of the pandemic, we are mindful that this has

inevitably impacted on waiting times in audiology. When surveyed, around half of parents of deaf children in Wales told us that they struggled to get audiology appointments for their child. Prior to the pandemic, 12% of parents who responded to our UK-wide 'Deaf Children Today 2021' survey had issues in accessing audiology. Throughout the pandemic, this number jumped up to 42%.

Parents then expressed fears over the impact that a lack of audiology appointments would have on keeping their child's technology updated and on their long-term speech and language development.

We are mindful that prior to the pandemic, paediatric audiology services in Wales had difficulties with waiting times and staffing levels, and that audiology was [identified](#) as being an area low on funding. The pandemic has added to these difficulties.

Audits of Paediatric Audiology services across Wales will be taking place in October and November 2021 and should provide further insight into particular areas of challenge. The National Deaf Children's Society Cymru would welcome the opportunity to update the Committee on any particular areas of concern that may arise.

Online Services

We have seen the provision of many services online during the pandemic. We are aware of some early discussions to move services (e.g. speech and language therapy support) online on a more permanent basis. We would urge that careful consideration is given to any permanent moves of this nature. While there can be benefits in some instances, in others it can affect the quality of service. Primarily, we are keen to ensure that any permanent changes to services ensure that support is as effective as possible.

Moves towards general remote health service consultations must also consider access needs.

Face coverings

We are aware that the Welsh Government and Public Health Wales have been looking to increase the availability of clinical grade clear face coverings in our NHS. We are keen to support moves towards the swift introduction of more clear coverings as we know face coverings present major communication barriers for deaf young people.

British Sign Language

We would welcome the Committee's support in increasing the use of the *All Wales Standards for Accessible Communication and Information for People with Sensory Loss* across our NHS.

b) Social care and carers

Social Care Guidance

Over the years, the numbers of specialist deaf social care workers in children's services across Wales have diminished. Prior to the pandemic, the National Deaf Children's Society worked with RNID Cymru to draft Welsh Government guidance for social care practitioners on deafness. We understand that, with the pandemic, the publication of this guidance was delayed. We are now keen to see the guidance swiftly introduced and widely shared to help raise awareness of the specific social care needs of deaf children, young people and their families.

Emotional Wellbeing

Research has long demonstrated the vulnerability of deaf young people to experience difficulties with emotional wellbeing. This has been exacerbated during the pandemic. Deaf young people have faced significant barriers to communication during the pandemic, especially around facemasks and the online provision of services. In our survey, 81% of parents of deaf children reported that the use of face coverings in classrooms has had a negative impact on their child. Parents have reported to us that the

loss of in-person interactions during the lockdowns has had a serious negative impact on their child's mental health and ability to socialise.

We would welcome moves to ensure that investment in emotional wellbeing and mental health support following on from the pandemic specifically considers the needs of deaf children and young people.

We are also mindful that previous moves to identify lead contacts within our health boards for deaf children and mental health services have not consistently been upheld. This is an area we would be keen to revisit and would welcome the Committee's support.