

Dorset Children's Hearing Services Working Group (CHSWG)

Minutes from CHSWG Meeting on Tuesday 2nd November 2021 (conducted via Microsoft Teams)

Present:

- Lisa Nind (Clinical Lead (Paediatric Audiology), East Dorset Audiology, Dorset Health Care (DHC)) - LN
- Rachel Beeby (Clinical Scientist, West Dorset Audiology; Dorset County Hospital (DCH)) - RB
- Simon Baird (Clinical Scientist, West Dorset Audiology, DCH) - SBa
- Sarah Morris (Consultant Paediatrician, University Hospitals Dorset) – SM
- Helen Williams (Audiology/ENT Service Manager, Specialist Services, DHC) – HW
- Sam Bealing (Teacher of the Deaf, Educational Audiologist, University of Southampton Auditory Implant Service (USAIS)) - SBe
- Dorothy Goodall (Teacher of the Deaf, USAIS) - DG
- Ken Tucker (Educational Audiologist/Advisory Teacher, Dorset Hearing Support Service (HSS), Dorset Council) - KT
- Ursula Murley (Acting Principal Advisory Teacher, Dorset Hearing Support Service (HSS), Dorset Council) – UM
- Louise Viney (The National Deaf Children's Society (NDCS))

Present for Young Person's Panel only:

- Melissa May (Advisory Teacher, Dorset Hearing Support Service, Dorset Council) – MM
- Sally Robinson (Advisory Teacher, Dorset Hearing Support Service, Dorset Council) – SR
- Michelle Christopher (Advisory Teacher, Dorset Hearing Support Service, Dorset Council) – MC
- Tracey Henry (Advisory Teacher, Dorset Hearing Support Service, Dorset Council) - TH

	Topics	Actions
1	<p>Introductions and apologies</p> <p>LN introduced herself as chair of the meeting. RB (joint chair) and KT took minutes.</p> <p>Apologies received from:</p> <ul style="list-style-type: none"> • Karen Collins (School Nursing Clinical Lead – CYP Public Health Service, Bournemouth, Christchurch, and Poole, DHC) • Christine Rainsford (Service Manager, Paediatric Speech and Language Therapy, DHC) • Sarah Collinson (Senior Engagement Advisor, The National Deaf Children's Society (NDCS)) • Deepa Shenoy (Consultant Paediatrician, DCH) • Erica Davies (Clinical Manager, Paediatric Speech and Language Therapy, DHC) • Jemma Buckler, Local Manager Newborn Hearing Screening Programme (NHSP) Dorset, DHC) • Shirley Sorbie (Dorset Deaf Children's Society (DDCS) Trustee) • Joanna Jenney (Programme Officer, Dorset Clinical Commissioning Group (CCG)) 	

	<ul style="list-style-type: none"> • Dorset Parent Carer Council 	
2	<p>Young person's panel</p> <p>Six hearing impaired pupils from schools across Dorset/BCP joined the meeting with their hearing advisory teachers (with parental permission) to discuss some pre-arranged questions.</p> <ul style="list-style-type: none"> • LN thanked everyone for taking part in the panel, and thanked UM for all her hard work in organising it. • UM extended a special welcome to the pupils: <ul style="list-style-type: none"> ○ Three pupils from Beaminster School, Dorset, attended, supported by Sally Robinson ○ One pupil from Corfe Hills School, BCP, attended, supported by Melissa May ○ One pupil from Thomas Hardye School, Dorset attended, supported by Michelle Christopher ○ One pupil from Parkstone School, BCP attended, supported by Tracey Henry • UM explained the importance of co-production, i.e., involving our hearing-impaired children and young people in shaping the services we deliver to support them through their education and everyday life. • The pupils told us about the awards they had won and why they had won them. One pupil also talked about her role on the NDCS youth advisory board and the campaign to make everyday life better for deaf young people. • Question 1: How much difficulty does your hearing loss cause you in your everyday life and what has helped you overcome these difficulties? The pupils explained how face masks make it very difficult to lip-read, which particularly affects children who have a hearing loss, making them more tired by the end of the day. Masks are particularly problematic on the school bus, making it hard to take part in conversation, especially if they do not know the person sitting next to them. One pupil has tried to overcome this by wearing a "I need to read your lips" badge supplied by the HSS and DDCS. • Question 2: How could the Hearing Support Service and Audiology Service support you to hear better? The general feeling was that although school staff are given information and training on deaf awareness, it is important that everyone else is aware too, including friends and other pupils. One pupil asked whether her advisory teacher could talk to the other students in her tutor group. SR reported that there is also a big assembly planned for Years 7&8 at Beaminster School to improve deaf awareness. Another pupil explained how she uses email to communicate with her advisory teacher, which can then be forwarded to the audiologist with consent, giving almost instant, joined up support, which works really well. A third pupil has her own personal profile, which she gives to supply teachers to make them aware of her hearing loss and her needs. This has enabled her to take on responsibility for managing her hearing loss. • Question 3: Do you feel that the audiologist adequately explains your hearing test results and management of your hearing loss in a way you are able to understand? Do you feel that you are included in decision- 	

	<p>making regarding the management of your hearing loss? The feeling amongst the pupils was that they were happy with the level of explanation given and they felt involved in decision-making, although one pupil tended to liaise with the audiologist via her dad.</p> <ul style="list-style-type: none"> • Question 4: Is there anything you we could do to improve the service you receive from Audiology? One West Dorset pupil found it annoying having to travel to Blandford for appointments since Covid as it is a long way from home, and she isn't familiar with the hospital there. Another pupil commented that it is a long drive for her and her family to get to Boscombe. Remote appointments (e.g., with USAIS) were not felt to be as effective as face-to-face appointments by one pupil; she felt more confident face-to-face and found it easier to talk. • Question 5: How do you feel about coming into clinic with everyone wearing PPE (masks/visors, aprons, and gloves)? Pupils found that it was harder to tell what the audiologist was saying as the aprons tend to rustle, and light can reflect off visors making lip-reading more difficult. One pupil's mum is also hearing-impaired and does not wear hearing aids, so PPE is even more of a barrier to her as she relies on speech reading. SR commented that she uses Live Transcribe on her mobile phone to help her, although one of the pupils who had tried it did not like it as it only seemed to pick up bits of the conversation. • Question 6: If you had a magic wand, what would you change about the services you receive? The consensus seemed to be that the pupils would like free biscuits! It was agreed that the hearing advisory teachers would forward any further comments made by the pupils after the panel. • UM discussed KT's role as Educational Audiologist in providing an additional channel of communication between the hearing advisory teachers and audiologists. • LV commented how it was great to see pupils involved. She asked the pupils what they would like the hearing children in their school to know? Responses: <ul style="list-style-type: none"> ○ Not to talk from behind them and to look at them and get their attention before they start speaking ○ The difficulties of lip-reading through masks ○ The problems caused by background noise, e.g., blinds banging when windows are open; others tapping on the table. • One pupil presents to her teachers every year about hearing loss and deaf awareness, and the teachers have fed back that it was so much more powerful getting this information directly from the pupil herself. • Another pupil did her GCSE English Spoken language assessment about deaf awareness and got a distinction. • Everyone agreed that the young person's panel was a great success and a very positive step. HW highlighted that we want to see this type of engagement throughout the Audiology service. 	
--	--	--

3	<p>Service Updates</p> <p>Newborn Hearing Screening Programme (NHSP) – Jemma Buckler (Update sent via email as Jemma was unable to attend)</p> <p>NHSP Screening team staffing levels/issues:</p> <ul style="list-style-type: none"> The team have had challenges with staffing over the past couple of months; out of a team of 10 they have had 2 vacancies, 1 long term sick and the usual summer annual leave as well as staff isolating. Staffing situation improving and the person filling their final vacancy is due to start in the next month or so. <p>Data/performance – 2021/22 Q1 data:</p> <ul style="list-style-type: none"> All standards have been met. Standard 1 (KPI1) – Proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4/5 weeks corrected age = 99% (Acceptable ≥98%; Achievable ≥99.5%) Standard 2 – Number of repeat aOAE1's = 3.4% (Acceptable ≤ 15%; Achievable ≤ 13.5%) Standard 3 – Referral rate to Audiology = 0.9% (Acceptable ≤ 1.6%; Achievable ≤ 1.3%) Standard 4 - Time from screening to offered appointment in Audiology = 100% (Acceptable ≥97%; Achievable ≥99%) Standard 5 (KPI2) – Time from screening to attendance in Audiology = 92.9% (1 baby) (Acceptable ≥90%; Achievable ≥99%) Q2 data is out in December, and the team are aware that the referral rate to Audiology has increased. They are completing an audit and awaiting outcomes in Audiology to try to understand the reason for the increase. Big thank you to Audiology for still managing to see all the babies referred so far within the correct time. <p>Incidents:</p> <ul style="list-style-type: none"> One Dorset baby screened by Salisbury midwives and then rescreened by Dorset (same result so no further action required for baby). A root cause analysis was completed and signed off. Action plan is to explore how to improve the referral pathway between maternity services for postnatal care to include newborn hearing screening services. <p>East Dorset Paediatrics – Sarah Morris</p> <ul style="list-style-type: none"> SM retired in mid-May and has just returned so no formal update for the meeting. SM will probably continue to work for another 2 years until a new consultant is appointed, who could take on the link with Audiology and CHSWG. No significant gaps to service but seems to have been quieter over the past 18 mths – 2 yrs in terms of referrals to Paediatrics from Audiology for aetiological investigations (in the last 12 months, the service has only seen 3-4 babies). However, SM will check back through the database to ensure all referrals have had the appropriate appointments and investigations SM intends to look back at outcomes of investigations for referrals made in the past 2 years for the next CHSWG meeting in May 2022. Genetic testing for hearing loss has always looked for Connexin 26, but it has been complicated and expensive to look for more detailed information. However, Paediatricians can now ask for a whole gene panel. This looks for the more common Connexin 26 alterations, but 	
---	---	--

then moves on to look for other autosomal recessive genetic conditions. In older children where a cause for their hearing loss was not previously found, it may be possible to perform an additional blood test for whole gene panel testing. If families are interested, Audiology services could let the paediatricians know.

- Work is underway to create the new Maternity, Children's, Emergency and Critical Care Centre (MCEC) on the Royal Bournemouth Hospital site. The new facilities will include a new purpose-built maternity unit, purpose-built children's unit, enhanced emergency department and critical care unit. This will take several years to complete but will give much more space. Poole will keep some services, including children's outpatient/child development clinics but no in-patient beds. The CDC will have some other purpose, but the current children's out-patient unit will still exist.
- LV asked about the gene panel – is there a plan to collect/analyse results to identify who would benefit from specific tests? SM will research this for the next meeting.

Dorset Hearing Support Service (HSS) – Ursula Murley

Work in homes/schools almost back to normal:

- Some Covid restrictions still in place, e.g., special schools still using bubble system
- Concern that masks may be reintroduced – previously advice sent to schools.

Data re: current caseload:

1a: Hearing Support Service					
Caseload TOTAL (Oct 2021) = 594 Active Cases					
445 children and young people have an assigned Teacher of the Deaf					
5 students are attending residential schools for the deaf (Dorset pupils, all Yr. 12+)					
Plus 329 audiology clinic review monitoring cases = 923 on Synergy database					
Home Council	Active Cases	No EHCP	EHCP	New Referrals since last JOG (01.05.21 - 30.09.21)	Cases
BCP	265	204	61	BCP	15
Dorset	315	219	96	Dorset	13
Non-JOG	14	11	3	Non-JOG	2
Total	594	434	160	Total	30

Staffing update:

- Sue MacDermott now fully retired
- UM secondment extended to Feb half-term 2022
- Newly qualified ToD (Teresa McCabe) has joined the service on a temporary contract, so the HSS is now at full staff quota
- Service management structure under review

Training for schools and settings:

- Deaf Awareness online webinar in July attended by over 100 teachers/staff across Dorset & BCP. This reached a much bigger cohort of teachers, including more secondary teachers, than is usual for a half-day or full-day face-to-face session.
- Webinar series to be developed this academic year instead of training events in venues
- New Training Tracker spreadsheet to log the number of teachers who

receive training on a bespoke basis, which will allow the service to identify schools who are not engaging and possibly 'at risk'.

- Staff trained since May 2021:

Training:	Bespoke	INSET	Training Event	Webinar
HSS	339 staff	107 staff	0	0

HSS Activities for children:

- NDCS Healthy Minds Project – this half-term for some BCP pupils
- Pre-school group – Poole Group has restarted monthly meetings
- Considering online parent group for sign language – possibly leading to qualification?

HSS Activities for staff/service:

- SaLT new consultation ongoing
- HSS Service Development Plan – overview of 5 objectives for this academic year:
 - Co-production – involving the pupil voice in all we do
 - Digital – moving all systems and communication to digital platform
 - Social and Emotional Health & Wellbeing – embedded (like safeguarding)
 - Preparation for Adulthood – team training and information/support review
 - Accessibility Plans – new format and quality assurance
- The HSS are also re-starting their Future Pathways Tracker – Post 16: looking at where do the students go when they leave school to see how they do compared to other children locally and nationally.
- Early Years Focus – planned for Spring/Summer, including NDCS Success from the Start
- e-newsletter will be sent out this term to include the parent survey. Will be able to see if more parents respond now the survey is electronic. Data to be compared with wider SEND parent surveys from DC and BCP Council. This will help to look at the impact of what the HSS do.
- NatSIP Quality Standards – RAG rating for service development/priorities

Joint Working:

- West Audiology – HSS are given clinics lists of children due to be seen in upcoming Audiology clinics so relevant info can be passed on. This is working very well and a good example of joint working between NHS and Education.
- UM attended CHSWG training with NDCS, which looked at action plans and accountability. Discussion also asked how we can encourage greater parental involvement

East Dorset Audiology – Lisa Nind

- Dorset Healthcare and Dorset County Hospital continue to be in negotiation with Dorset CCG regarding a possible merger of the two audiology services, with Dorset Healthcare being the lead provider. These discussions are still on-going, and no final decisions have been approved at this stage.
- Since the last meeting Emma Hooper, senior paediatric clinician, has left the service to work with the Southampton Implant Team. This position has now been filled by Kathryn Libby, who has been working in

the service for over seven years. Please could any general email enquiries related to paediatric audiology be copied to:

l.nind@nhs.net

kathryn.libby@nhs.net

dhc.audiologyenquiries@nhs.net

- In the last 6 months the service has had eleven newly diagnosed children. This includes:
 - 3 unilateral, 8 bilateral
 - 3 conductive, 8 sensorineural
 - 1 Auditory Neuropathy Spectrum Disorder
 - 2 referrals from NHSP
- The service is about to join with colleagues from 6 other departments in the South (West Dorset, Bath, Bristol, Swindon, Gloucester, and Taunton) in an audit looking at the time frames for seeing children referred from the Newborn Hearing Screen. This is being led by a colleague in Bristol. Background: Professor Yoshinaga-Itano (from the United States) suggested that when infants with hearing loss are screened by 1 month, diagnosed by 2 months and fitted with amplification by 3 months, their outcomes are better. This also ties in with the Modernising Childrens Hearing Services guidance, which states that babies should be fitted with amplification within 4 weeks of confirmation of permanent childhood hearing impairment (PCHI).
- With regards to COVID-19, several changes to the service are still in place:
 1. The paediatric waiting room upstairs in the department at Shelley Road is closed and parents and children are asked to wait at reception at the back of the building where they enter.
 2. Still only one parent is permitted to attend with each child unless the service is diagnosing a hearing loss.
 3. A cartoon picture is being sent out with appointment letters explaining to younger children the use of PPE by staff.
 4. There are no leaflets in the waiting room for parents, and literature is provided by the audiologist at the appointment.
- All children referred to East Dorset Audiology for hearing tests are being offered an appointment within 6 weeks, and babies referred from the Newborn Hearing Screen are being offered an appointment within 4 weeks.

West Dorset Audiology – Rachel Beeby

- The service continues to work towards the proposed merger of East and West Audiology services to form a Dorset-wide service, with Dorset Healthcare as the lead provider. However, as LN mentioned, these discussions are still on going and no final decisions have been approved at this stage.
- All children referred to the service for hearing assessment are being offered an appointment within 6 weeks, and all babies referred from the Newborn Hearing Screening Programme for immediate assessment are being offered an appointment within 4 weeks, often much less, although there has been a recent peak in referrals.
- So far this year, the service has had 4 new diagnoses from NHSP, one unilateral moderate permanent conductive, one bilateral mild/moderate SNHL, one bilateral moderate/severe SNHL, and one bilateral mild/moderate mixed hearing loss. The bilateral losses all have been or will be aided. Not yet aided the unilateral loss as parents opted to wait. The baby with a bilateral mild/moderate SNHL has a very rare genetic

condition causing a neurodevelopmental syndrome with profound infantile-onset hypotonia and poor prognosis. The baby with the bilateral moderate/severe SNHL has an elder sibling with Connexin 26 deafness, who has been implanted.

- Also made 5 new diagnoses in older children so far this year:
 - Two 4-year-olds with very mild bilateral high frequency SNHL. Too mild for investigation.
 - 5-year-old with moderate unilateral SNHL. Referred to Paeds for investigation.
 - 9-year-old with moderate unilateral permanent conductive hearing loss. Referred to ENT for investigation.
 - 1-year-old with moderate bilateral SNHL (progressive; strong FH of progressive HL in Dad and elder brother).

West Dorset Paediatrics – Deepa Shenoy (update sent via RB as Deepa was unable to attend)

- Dr Shenoy has had a discussion with Genetics, and they will no longer be doing genetic testing for unilateral sensorineural hearing loss unless considering syndromes/genetic causes. Also, genetic testing is not required for conductive hearing losses, so a referral to Paediatrics is not required for this group unless there are other concerns (ENT referral should suffice). (SM agreed with this).
“The acceptance criteria set out in the NHS England Genomic Test Directory state that the hearing loss should be bilateral to accept for testing under the R67 indication. They can only accept unilateral cases if they have additional features or family history suggestive of a monogenic cause, for instance unilateral hearing loss is reported in patients with Waardenburg syndrome”
- Dr Shenoy looked back at the outcomes of aetiological investigations of the 12 children referred to her from Audiology in 2020/21:
 - 2 congenital CMV with normal genetic results for deafness (in one of these cases cCMV was suspected/confirmed before hearing assessment; in the other case cCMV was diagnosed after hearing loss identified).
 - One with POLR2A genetic abnormality – neurodevelopmental syndrome with profound infantile-onset hypotonia
 - 3 with normal genetic results for deafness
 - One with normal MRI results
 - One awaiting MRI results
 - 3 not yet seen
 - One did not require any investigations as she has a unilateral conductive loss.

University of Southampton Auditory Implant Service – Dorothy Goodall

COVID-19 has ongoing impact on USAIS (picture is similar to how it was back in May 2021):

- USAIS has caught up with the backlog of pre-lingual paediatric patients awaiting cochlear implant surgery (the bilateral pre-lingual surgeries took priority over others as per national guidelines for surgeries).
- USAIS service running a triage service for appointments
- The service is prioritising initial tunings, patients within first year of implantation/fitting, 1st year post-implant reviews for both CI and BCHD patients and emergency or clinical need.
- Staff working in clinic bubbles

- Remote switch-on/tuning appointments for CI during lockdowns or when patient is unable to attend clinic because of shielding
- Remote upgrades of CI and BCHD devices carried out where possible.
- Initial fittings of BCHD devices also carried out remotely wherever possible
- Post 12 months implantation/fitting is triaged to focus on patients by need.

Outreach visits to homes, schools, and nurseries:

- These have resumed and are following COVID guidelines
- Restricted visits each day (maximum of 2 visits per day currently and is under review).
- “Remote” visits & support continues to be offered alongside this and involves working closely with local services (e.g., the Dorset HVSS). Remote working with families: phone calls, video calls and emails are all offered to families.

Other News

- Update on the new Advanced Bionics processor (Marvel): There is a trial with adults before being launched for paediatrics. However, the supply of processors from Advanced Bionics is ‘delayed’. USAIS initial timescales for paediatric fittings with the Marvel is likely to be delayed also. This will affect the paediatric patients awaiting upgrades. *As discussed at last meeting the paediatric processor (Marvel Sky) has an integral radio aid receiver. USAIS will liaise with DHVSS regarding any processor upgrades. Any existing Roger 17 receiver can be “swapped” for a receiver/licence for any upgraded processor. This will mean that any upgrades for Advanced Bionics users with Roger radio aid systems will not incur costs for replacement Roger receivers provided the online forms and conditions are met with. Hopefully it will also reduce the opportunities for radio aid receivers to be lost.*
- Staffing – The service has 2 new audiologists working with them as well as one returning from maternity leave. They also have a new customer service manager in post and a business manager about to take up post. They are in the process of recruiting a clinical psychologist (to replace ones who left the service).

East Dorset ENT – No update received

West Dorset ENT – No update received

School Nursing – Karen Collins (Update sent via email as Karen was unable to attend)

- Since end of September, Public Health Staff Nurses from School Nursing have been redeployed to support with the delivery of school aged COVID immunisations. They are not expected to return until at least the beginning of December.
- Due to high levels of sickness amongst Band 6 staff in School Nursing, the service is currently in business continuity, which essentially means that they are only able to prioritise safeguarding work and the ChatHealth healthcare messaging service.
- Fortunately, neither of the above factors impact on School Health Nursery Nurses who are continuing to deliver their core work as follows:
 - Nursery Nurses commenced hearing checks for this year’s cohort of Reception children in October. They are still catching up and carrying out rechecks on a small number of outstanding

children from last year's Reception cohort.

- The service continues to deliver the Ages and Stages questionnaire (ASQ) to children in Reception having started these processes last year, however they are experiencing significant difficulties with PROVIDE (the new Child Health Information Service, who manage all School Nursing and Health Visiting records) in relation to updating children's records on SystmOne – the expectation is that they receive school lists data from the two local authorities and bulk upload these onto SystmOne. However, this does not appear to be working and consequently they are frequently seeing that neither a year R child's first school has not been set or children transitioning to senior schools have not had their new school updated. They have escalated their concerns and completed a Ulysses and Karen's counterpart in Dorset, Cheryl Wellington, is meeting with PROVIDE to discuss their concerns. This means that they have had to delay sending out their ASQ to this year's reception children, which is frustrating.

Paediatric Speech and Language Therapy (SALT) – Erica Davies (Update sent via email as Erica was unable to attend)

- Referrals to the service/requests for second opinions for children and young people with a hearing loss remain steady
- The wider service is continuing with an 18-month reset and recovery programme across all pathways.
- The service is having significant recruitment problems (in line with the national picture) and despite offering relocation expenses, they are struggling to fill substantive and maternity leave gaps.
- The Balanced System Transformation is continuing to progress.
- Erica has stepped down from the role of Hearing Impairment Lead for Paediatric Speech and Language Therapy as she has taken on additional management responsibilities and will no longer be carrying out regular clinical work. In good news, an internal 'expression of interest' is live, and a member of the service will be the new Lead by the end of the month.

Children's Social Care – No update received

Dorset Deaf Children's Society – Shirley Sorbie (Update sent via email as Shirley was unable to attend)

- It is great that the DDCS are finally able to start organising events again. Since the last CHSWG meeting in May, they held their first event in July at Adventure Wonderland where they facilitated the entry of families but did not meet up as a group. 111 members came along, and everyone was so pleased to be able to see everyone again, albeit at a distance.
- In 1971, the National Deaf Children Society accepted an application to form a Dorset Regional Association, which was the start of Dorset DCS. The DDCS later became an independent charity in 1993, as did all NDCS regional groups at that time, but they still work in association with NDCS, who give them support. This means that this year is the DDCS's 50th Anniversary year! To celebrate they held a 50th Anniversary Celebration Family Fun Day in August inviting past members, trustees, teachers, and audiologists. 260 attended and everyone had an amazing day.

- The DDCS has just held an event for the younger children at Crazy Monsters and they are in the middle of organising their Christmas Party. It is a great feeling that to be back holding these events and enabling children to meet other children like themselves and for families to meet each other.
- They were also able to hold their AGM this year at Bournemouth Deaf Club and they had eighteen nominations for the Jenny Barrett Deaf Child Achievement Awards. There were nine senior nominations and nine junior nominations. The winners of each age group received a shield, certificate and £100 and all the nominees received certificates and a £20 voucher. Judging these awards is always very difficult to do as they are all amazing.
- The DDCS has also awarded grants to two families for sign language courses and paid for vibrating alarm clocks for two teenagers.
- In the last six months they have had 12 new families join the DDCS. They currently have 175 members of which 124 are families with a hearing-impaired child and they are currently supporting 138 children and young people.
- The trustees are all volunteers who give their time to DDCS. Unfortunately, at the moment they do not have anyone to update the website; they are looking into how they address this and hopefully it will be resolved soon.
- The Let's Hear It Autumn newsletter will be sent out this month along with the Let's Hear It Briefly newsletter advertising our Christmas party.

Shirley also had a couple of questions:

- QUESTION FOR SALT: I would like to ask what the situation is with SALT and if they are now back to seeing children? I have had a few conversations with parents with concerns about SALT.
Unfortunately, there was no one from SALT at the meeting to answer this question so it will be raised at the next meeting.
- QUESTION FOR AUDIOLOGY: Will the waiting rooms eventually be open again? What do you think we should do about the support literature?
HW explained that they are still working in very restricted ways in healthcare settings due to Covid. The Health & Safety and Infection Prevention and Control teams are coming to review the Covid restrictions, but it is likely the situation with the waiting rooms will not change in the short-term.

National Deaf Children's Society – Louise Viney

LV updated the group with NDCS events that are coming up:

- Let's Work It Out Deaf Young People and Employment Conference on 30th November for professionals working with deaf young people aged 13-25 years.
- Mental health resources that may be helpful:
- <https://www.ndcs.org.uk/blog/support-for-deaf-children-s-mental-health-and-wellbeing-at-school/>
- <https://www.annafreud.org/schools-and-colleges/resources/mental-health-toolkit-for-schools/>
- Upcoming events are signposted in the different updates but for the

	<p>CHSWG group who may want a snapshot of just some of what is on offer, please see the links below to events for deaf children, young people, and their parents. LV asked the group to signpost parents to the NDCS website to find out more about what is available. Helpline contact information for parents and professionals: https://www.ndcs.org.uk/our-services/services-for-families/helpline/</p> <ul style="list-style-type: none"> Events and activities for deaf children and young people: Lots to get involved in including online socials etc. Highlights include: Dealing with Tiredness ages 8-14 years on 13th November Deaf role models in healthcare ages 18-25 years on 24th November There is also The Buzz website, which is a safe online space for children aged 12 and under / 13-18 to read inspiring stories, connect with other deaf young people, find the latest information and support, sign up to events, ask questions and get involved. Events for parents, carers, and families: Parents as Partners (Getting involved with your local Children's Hearing Services Working Group) on 6th November. This runs every 6 weeks. Expert Parent Programme on 2nd, 9th, and 16th November. This has just started again. Real Life Experiences of Deafness on 8th November How to Support a Child with Glue Ear on 17th November Overcoming Sleep Issues for Deaf Children on 30th November Exploring Your Child's Deaf Identity on 8th December The NDCS are also doing some work on "Moving to adult audiology". <p>NHS Clinical Commissioning Group – No update received</p>	
	<p>Matters arising</p> <p>Feedback from Professionals Working Together at CHSWG course</p> <ul style="list-style-type: none"> LN and UM attended the NDCS Professionals Working Together at CHSWGs workshop Both felt that the workshop was very positive. There was lots of discussion about how other CHSWGs are working. The consensus among attendees was that it is a struggle to recruit parent representatives for CHSWGs. UM suggested perhaps the DDCCS might be able to help with this. Maybe we should look for parent participants rather than representatives (as they cannot be expected to represent the views of other parents)? Moving CHSWG online might make it more accessible to parents. SBa suggested making a flyer to send out to parents with audiology reports to make parents aware that the CHSWG exists and explain what it is and what we do. RB raised that attending a coffee morning for parents was a good way to meet and chat with parents. UM explained that chances to meet other parents of deaf children is a big gap. LN remembered a parent information evening in Wimborne many years ago, with talks from the different services – UM thought we could run a 	<p>SBa volunteered to write a flyer/info sheet for parents explaining the role of the CHSWG, which he would share.</p>

	<p>similar face-to-face event for parents in the summer term. There is also a place for webinars.</p> <ul style="list-style-type: none"> • UM suggested asking if parents would like to be more involved in CHSWG in the next HSS next newsletter. • RB suggested a “parents’ panel” akin to the children’s panel that ran today. • SBa also suggested a parents’ panel for one-off input might be more attractive than becoming a permanent CHSWG parent rep. 	
4	<p>Any other business</p> <ul style="list-style-type: none"> • LN – During the young person’s panel, it was mentioned that it is more powerful when information comes from the young person themselves than from a another professional. LN wondered if there might be a way of recording/videoing young people talking about their experiences to share with other schools. UM reported that the HSS are already looking at producing case studies, i.e., short videos of children speaking for the Dorset HSS Local Offer as well as ‘retrospectives’ from older pupils/young adults. It was also felt that it may be helpful to have local level information like this for parents after diagnosis. • RB asked if printed NDCS booklets are still available/whether we can still get them. LV will find out for us but feels that they are only downloadable now. There was a general feeling that a professionally printed booklet to give to parents is much more useful than just passing on a link; booklets can be passed around the family and kept. • LV discussed links for networking between young people and asked that The Buzz website be promoted. 	

Date for next meeting: Tues 10th May 2022, 10am-12pm, Microsoft Teams