



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Iechyd, Lles a Llywodraeth Leol
The Health, Wellbeing and Local Government
Committee**

**Dydd Iau, 14 Ionawr 2010
Thursday, 14 January 2010**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Andrew R.T. Davies	Ceidwadwyr Cymreig Welsh Conservatives
Ann Jones	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
David Lloyd	Plaid Cymru The Party of Wales
Val Lloyd	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)

Eraill yn bresennol
Others in attendance

Judith Davis	Pennaeth Gwasanaethau Clinigol a Rhanbarthol, Whizz-Kidz Head of Clinical and Regional Services, Whizz-Kidz
Glenys Evans	Cydgysylltydd Cymorth i Deuluoedd, Bobath—Canolfan Therapi Plant Cymru Family Support Co-ordinator, Bobath Children's Therapy Centre Wales
Catherine Lewis	Swyddog Datblygu Rhoi Plant yn Gyntaf (Plant Anabl), Plant yng Nghymru Children First Development Officer (Disabled Children), Children in Wales
Andrea Storer	Plant yng Nghymru Children in Wales
Sally Waters	Rheolwr Materion Cyhoeddus, Whizz-Kidz Public Affairs Manager, Whizz-Kidz
Catriona Williams	Prif Weithredwr, Plant yng Nghymru Chief Executive, Children in Wales

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Steve Boyce	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Marc Wyn Jones	Clerc Clerk
Sarita Marshall	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 9.15 a.m.
The meeting began at 9.15 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions

[1] **Darren Millar:** Good morning, and welcome to this meeting of the Health, Wellbeing and Local Government Committee. The Assembly operates through the media of both Welsh and English, and headsets are available for simultaneous translation or amplification. If anyone has a problem using them, the ushers will be able to help. Committee members and members of the public may wish to note that the simultaneous translation feed is on channel 1, with amplification on channel 0. I would be grateful if everyone—Members, witnesses and members of the public—could ensure that all mobile phones, BlackBerrys and pagers are switched off, so that they do not interfere with the broadcasting and other equipment. If it is necessary to evacuate the room or the public gallery in the event of an emergency, everyone should follow the instructions of the ushers, who will guide you to the appropriate exit. Finally, I remind our witnesses that the microphones are operated remotely, so you do not have to press the button to activate them.

[2] Irene James has sent her apologies, and there is no substitution. Do Members have any declarations of interest under Standing Order No. 31.6? I see that they do not.

[3] I formally welcome Marc Wyn Jones, our new committee clerk, to his first meeting. I am sure that we all welcome him. I also thank Claire Morris for standing in as clerk last term and providing support.

9.16 a.m.

Ymchwiliad i Wasanaethau Cadeiriau Olwyn: Tystiolaeth gan Grwpiau Plant— Whizz-Kidz a Bobath—Canolfan Therapi Plant Cymru Inquiry into Wheelchair Services: Evidence from Children’s Groups—Bobath Children’s Therapy Centre Wales

[4] **Darren Millar:** We are taking evidence this morning from a couple of children’s organisations. I am pleased to welcome Judith Davis, the head of clinical and regional services for Whizz-Kidz, Sally Waters, the public affairs manager for Whizz-Kidz, and Glenys Evans, the family support co-ordinator for Bobath Children’s Therapy Centre Wales. We have received some papers from your organisations, which have been circulated to committee members; we are grateful for those. If you are content, we will move straight into questions on the information that you have presented to us.

[5] **Ms Davis:** I would like to clarify one point. Our statistics are slightly wrong on item 5; we assessed 350 children, not 445, and provided 294 pieces of equipment. I am sorry that we submitted the wrong figures.

[6] **Darren Millar:** Thank you very much. Could you outline for us, Judith, the role of Whizz-Kidz in the provision of wheelchairs in Wales? I know that you included a summary of what you do in your paper, but I would be grateful for a few words on that for the record and for the benefit of the members of the public here today.

[7] **Ms Davis:** Yes. I will briefly introduce myself. I am a paediatric physiotherapist who worked in north Wales for 15 years before I joined Whizz-Kidz eight years ago. As you said, I am now head of clinical services with Whizz-Kidz. Whizz-Kidz is a national charity that provides mobility for disabled children from age 0 to 18. We have been criticised in the past for just providing a piece of equipment and then running away and not supporting the child. We have taken that on board, and we now offer a repair and maintenance programme for

families on lower incomes, as well as supporting powered-chair users with a regular review, and we support them through their life journey. So, if a young person comes to us at age two for powered mobility, by doing a review we are able to understand his or her current and future needs, and predict the sort of equipment that he or she may need. We will then, hopefully, work jointly with the wheelchair service where we can, supporting them through to age 18. Every child who is provided with a wheelchair is offered wheelchair skills training as part of our package. Another important part of our package is the ambassador network, where we support children by offering life skills training and work experience.

[8] **Darren Millar:** You mentioned that you work with the NHS provision. To what extent does your service replace services that should be provided by the NHS? To what extent are you providing a parallel service?

[9] **Ms Davis:** We try not to provide a parallel service. Many of the youngsters who come to us do not meet the eligibility criteria for NHS provision. We could debate those criteria, but Whizz-Kidz strongly believes that young people should be able to access independent mobility as soon as possible, and not have to wait, in some areas, until they are five or 10 years old and can drive a powered chair independently. The problem with that is that a young person under the age of five would have a parent with him or her, and the parent would have parental control over the child. Therefore, I think that we do provide powered mobility for young people.

9.20 a.m.

[10] **Darren Millar:** Therefore, the waiting times are one of the reasons why you get involved in the provisions, are they?

[11] **Ms Davis:** I think so. Parents apply to us because they cannot get the equipment that they think that their child requires from the national health service. It may not be available, or the NHS may not provide it because it does not think that it is right. There are also very long waiting times. We have a waiting list, but we try to see applicants as soon as we can, depending on our voluntary income and the funding available. However, the issue is the very long time to wait and the lack of choice for young people in the NHS. Also, there is the matter of lifestyle needs. Clinically, the children's needs are met within the NHS but their lifestyle needs are not often met. We try to look at the child's whole lifestyle needs. We look at the child's education needs, as well as his or her parents' and carers' needs. Seventeen or 18-year-olds—the older children—become heavier and have a heavy seating system. They may need a powered chair that the parents can drive for them so that the family can still get out. Even the youngsters need an attendant controlled powered wheelchair so that they can learn to drive the chair themselves; but when it is not safe for them to do that, their parents can take control of the driving. Those sorts of things are not available on the NHS.

[12] **Peter Black:** My question is to Glenys from Bobath. Could you briefly explain the work of Bobath, and, based on your experience, outline the problems with wheelchair services in Wales in terms of waiting times and the assessment and provision of wheelchairs?

[13] **Ms Evans:** The Bobath therapy centre is an all-Wales children's charity that treats children with cerebral palsy. A large percentage of the children that attend our centre use wheelchairs, although not all of them. Although they all have cerebral palsy, all of our children have very different needs, from the physical side right through. However, we do not get involved in any of the assessments of the children. As a separate registered charity, we are just not involved in that side of things. However, where we do get involved, the things that we hear about are the problems and issues that many of our families face because they cannot get the right equipment. As Judith said, they cannot get the chairs early enough, along with the reviews for seating, and the appropriate seating that will make the child more independent and

so forth. We do not deal directly with the Artificial Limb and Appliance Service.

[14] **Peter Black:** How common are the problems that you have just mentioned?

[15] **Ms Evans:** They are extremely common. It would be a rare for a family not to have any problems in its dealings with wheelchair services. As you say, it is about requesting the chair at an age-appropriate time. To get the assessments done and to get the appropriate chair model and so forth, there are waiting times involved for the family. Many children need wheelchairs from an early age, and we feel that the earlier that they get them the better for all sorts of reasons, such as posture, sociability, and integration with peer groups and their family. Too often, once an assessment has been made, the families can wait months and years to take receipt of a chair. In my report, I have stated that at the time that I was asked to prepare this presentation I was made aware, through a recent conversation with the family of a three-year-old who had been assessed for a chair, that the whole process had taken two years. The family had contacted us about something else but was delighted to say, 'We have just taken receipt of this chair'. It was not perfect, because the child had grown and changed in that time, and, unfortunately, the child died a week later. You can imagine the trauma that the family is experiencing. Obviously, that is an exception, but a two-year wait is not uncommon.

[16] **Peter Black:** It is quite typical, then?

[17] **Ms Evans:** Yes. It causes huge frustration. As I have stated in my report, much of the time, it is a huge acceptance issue, where families get to the point where therapists and clinicians are saying, 'This is the next step. Your child needs a wheelchair'. There are barriers, and that takes time to come to terms with. As a parent, when you move through that stage and once you agree to it and accept that the child needs a wheelchair, you do not expect it to take another year or two years to take receipt of it and get the benefits of it.

[18] **Peter Black:** Are there any parts of Wales that are worse than others, or is this quite common across the whole of Wales?

[19] **Ms Evans:** We deal with children across Wales. I would say that it is pretty uniform across Wales. We hear of problems from all areas, not just one.

[20] **Helen Mary Jones:** I think that my question has been answered, Chair. Would you like me to ask it for the record anyway?

[21] **Darren Millar:** I think that you ought to, because we might be able to tease out more information.

[22] **Helen Mary Jones:** That is fine. My question is to both organisations. As I said, I think that I know the answer to this, but, as the Chair said, you may want to give some more examples or some more background. Do you consider that wheelchair services in Wales are meeting the needs of each individual child and young person, including those with complex needs and those needing powered wheelchairs or wheelchairs with special features? As I said, I think that you have broadly answered that, but I ask the question for the record. A one-word answer will do if you wish.

[23] **Ms Davis:** No, they are not meeting the needs of all of the children. Another case that I can highlight is that of a young lad, a four-year-old, whom we provided with a powered chair. He has very complex switching needs and is now driving 10 metres in a straight line, which is fantastic and it is right for him to be doing that. However, he would not be considered for powered mobility in Wales at the moment.

[24] **Ms Evans:** It is definitely a 'no'. There are huge issues around the difference in the disability groups and the complexity of each child's disability is not always seen in the light of the fact that they are individual children. A manual chair is fine for some children and a basic powered chair is fine for others. However, many of our children are very able, bright and intelligent and they need chairs with multiple functions—chairs that rise and fall, and tilt—so that they can integrate socially, whether at school or at home. It allows them, for example, to get a book from a shelf in school in the same way as any other child would. A child sat at one height cannot do that if a bookshelf is two feet higher than them. However, there are chairs that will allow a child to stand up or which will rise and fall.

[25] It has a huge impact on social integration with their peers and their brothers and sisters and within the family. That particular part of it is lacking in that there is little choice for the families when they start looking at what is available. You see the difference in the children on taking receipt of a particular style and type of chair. You see the kid whizzing around and taking part in sports and being really active. I know from my own experience—I have heard other parents say the same—that getting the right piece of equipment transforms their lives.

[26] There is no doubt that this has a wider knock-on effect with regard to stopping contractures and deformity, and preventing further surgery. That sort of thing also needs to be taken into account. If the right seating is provided at an early age, it has a knock-on effect with regard to long-term health prospects.

[27] **Darren Millar:** Judith, I would like to ask you a supplementary question on that. You mentioned that clinical needs might well be met by the equipment that the NHS would provide, but not necessarily lifestyle needs. That was an interesting comment. Clearly, there is an issue, because the Rolls-Royce of wheelchairs, which everyone would, perhaps, aspire to have—and which the NHS might aspire to be able deliver—can be a very expensive piece of equipment, can it not? Where do you think that the line needs to be drawn?

[28] **Ms Davis:** I totally agree with what you are saying; they can be very expensive. Whizz-Kidz was often criticised in the past for providing that Rolls-Royce standard. Having read our paper, you will realise that we have done a lot of procurement work with Tesco and, with Accenture; we are looking closely at what we are providing.

9.30 a.m.

[29] As a charity we believe that the NHS has not been providing a good enough quality service with the right equipment, particularly rise and fall chairs, so that youngsters can access tables of different heights in school, which helps with all sorts of things and reduces costs in many different areas. Sorry, as I have now lost my train of thought. We have looked at that issue, and we believe that there should be a common road. Yes, we will be criticised for providing that Rolls-Royce service in the past, but the important thing is to provide the right equipment in a cost-effective way, added to what the NHS can provide. It is vital to meet children's postural needs, so we need to provide them with the right style of chair—the rise and fall, the tilt in space, and so on. None of us would like to sit in a chair 24 hours a day, seven days a week and not be able to move at all. We all like to move and fiddle around, which is also what a child likes to do. So, we have reduced some of that, but we still believe that a child needs to be able to access all those different things and that that can be done with one chair.

[30] **Lorraine Barrett:** Perhaps you already do this, but could there be a compromise between what the NHS believes can be provided and what you think the child should be provided with, such as the Rolls-Royce of wheelchairs? Would that work? Could you have shared resources, so that the NHS pays so much—perhaps the cost of a Metro, for instance—

and you make up the difference for a Rolls-Royce version?

[31] **Ms Davis:** I have worked for Whizz-Kidz for eight years, and it has always tried to work with the NHS. Living in north Wales, I have tried to build such relationships on many occasions. We have tried to set up various ways of joint working so that the NHS provides for clinical needs and we provide the social top-up. So, if the child needs a power chair, and they need a riser on it, we would be happy to pay that £1,000 to put the riser on, which will mean that they need only one chair.

[32] I can give you examples from our involvement with the artificial limb and appliance centre. It assessed one child for a chair, came back with exactly the same assessment as ours, with the one exception that we wanted to put a riser on the chair, and it said, 'No, we are not having that'. I said in response to that, 'Are you telling me that we will have to provide two chairs?' and the answer was 'yes'. I took the matter higher and said that the situation was absolutely ridiculous—a waste of resources for our charity and for the NHS. It was finally agreed, and we paid just for the riser. However, because we provided the riser, ALAC argued that we would have to pay to maintain it. That is fine, because I have always said to ALAC that if the riser comes within our remit, we will maintain it if it breaks down. Even if that happens, the chair is not useless and the child can still drive it. We often say to the wheelchair service that we will join together, and we will maintain what is in our remit if they maintain the batteries and the tyres, which is what they would normally do. However, they say, 'No, we cannot do that'. Another young person was assessed in south Wales and ALAC refused to maintain that chair because it had had no involvement in the assessment. I told it that it was not providing that young person with anything and it said 'No, as we will not maintain it', even though it was one of the chairs that it issues.

[33] There are many issues there. I have tried on a number of times to work with ALAC. However, to be fair, it has now called me and a video-conference is booked to see how we can work together, so maybe things will improve. However, Whizz-Kidz has always tried to work with the NHS, but we have found that it never works on a therapy level. As you can see from our paper, the only time it has worked is when the commissioners have taken it on board and said how it needs to work. That worked very successfully in Tower Hamlets.

[34] **Ann Jones:** I want to return to what Glenys said about the delays and problems that you have heard of, affecting the daily lives of the children and their families. Can you add to that anything about the possible delays that children encounter after having had a wheelchair but when they need to be reassessed for a new one? A child will have had some mobility and independence but might then lose it because they have grown out of their chair. I wonder whether you could tell us about what is happening and where you think those problems are.

[35] **Ms Evans:** I think that there are huge problems, and I will just pick up on what Judith was saying about the repair side of it. From a family's perspective, that is a huge problem that families find themselves stuck right in the middle of. The example about the tyres and the batteries is so common, and it is so frustrating when you cannot get such a repair done, but that is exactly the situation in which families find themselves. It is too often the same with the reviews. With my own son, we have been told that we can have one review a year and, unless something critical arises that urgently needs attention, we have to wait a year between reviews.

[36] I feel—and the therapists at Bobath asked me to include this in our evidence—that, too often, physiotherapists are not invited into the review process. The reviews are carried out by the technicians at ALAC, not by therapy clinicians who know the child and would advise a certain alteration or that a different chair is needed. This is another problem area. If you have a child with an issue that is causing them pain and discomfort, even if it is just their growth, that needs constant reviewing, and not just once a year if you are lucky. That varies around

the country, but it does not feel like a service that has open access. I do not mean to abuse or upset the service, but if this is going to go on for the rest of my child's life, we need the best service possible, and if I have a problem I should be able to pick the phone up to talk to somebody. Unfortunately, that is not how things are done.

[37] **Andrew R.T. Davies:** I apologise for my lateness. You said 'around the country', so I presume that there is variance. Could you give an example of a part of the country that offers a good service of assessment and yearly assessment, or would you say that, sadly, it is poor generally and you could not pick a good example to be used universally across Wales?

[38] **Ms Evans:** Unfortunately, it is the bad stories that you get to hear about. In my role at Bobath, I spend a lot of time with all the families that come in, and we deal with hundreds of them. Unfortunately, more often than not, you hear the bad stories. I am not aware of anywhere where people feel as though they get a really good and excellent service.

[39] **Andrew R.T. Davies:** Not anywhere?

[40] **Ms Evans:** No.

[41] **Val Lloyd:** I think that you have touched on the answer to my next question in your reply to Ann, but I would like to take it a little further. Do you believe that health professionals such as physiotherapists and occupational therapists are sufficiently involved in the process of providing wheelchairs in Wales? From what you said to Ann, I think that your answer might be in the negative. If so, could you tell us what you think the barriers are to their involvement?

[42] **Ms Evans:** I do not think that they are, and, from the discussions that I have had with our therapists, I know that they do not feel that clinicians are suitably involved at a high enough level. I do not know exactly why that is. I do not know whether that is down to the appointments system, so they invite the families in but not the child's therapist at the same time. I do not know whether it is as simple as that, or whether they feel that they are happy for their technicians to do the assessments. Personally, I have tried to insist on taking a therapist with me, and I have done that right up until we hit adult services, which I know we are not here to discuss. However, that is another issue, because, when you do not have a community therapist, you do not have anybody to attend the review with you. I have always insisted on having a therapist present, because I felt that that is the person who knows my child—the issues, how my son's body works, and what his needs are. I want somebody there who will look at that from the point of view of us both and who will assist the technician with why changes need to be made.

9.40 a.m.

[43] **Val Lloyd:** So, you need to be proactive, because that is not a standard part of the process.

[44] **Ms Evans:** No, it is not standard. For the parents who are able to push and say, 'I want a clinician here' and who insist on that, that is what happens, but the problem is that not all families and parents are able to do that, so they will get swept along, being told, 'This is how the system works', and it is the child who then loses out.

[45] **Darren Millar:** If the therapists are taken away to do revisions, I suspect that that would add to the delays in assessing people who want a chair for the first time. Is this just about a shortage of resources in the form of therapists?

[46] **Ms Evans:** I do not see why that should delay the process. If an appointment is made

for the child and the clinicians are there at the time of the assessment, everyone can have an input into the assessment at the same time to air their wants or the requirements of the child. That could all be done at the same time. I do not see why any delay needs to be added to that.

[47] **Darren Millar:** Some therapists are coming here to a future meeting, so we will ask them that question, but it was interesting to get your perspective on that.

[48] **Ms Davis:** In our work in Tower Hamlets, we work closely with the local therapists, and they are very involved. As Glenys said, this is important. A wheelchair therapist will see someone only quickly for an hour or two, but the local therapist and the parent know the child far better. You do not see the real child or young person when they come into the clinic, so you need that involvement, and it works very well. I can say only that it is the way forward, I believe. You can get lots of information prior to the clinic appointment from the local therapist, which makes the assessment process much smoother for the young person.

[49] **Lorraine Barrett:** My question is to Judith. In your paper, you mention the shortfall in the provision of effective wheelchair services across the UK. What is the comparison between England and Wales? Do you have any figures on the shortfall in the provision of wheelchairs for disabled young people?

[50] **Ms Waters:** No, we do not. The papers from which the figures were taken applied to England and Wales. I apologise.

[51] **Lorraine Barrett:** So, you would not be able to provide us with a breakdown of the figures, from your experience, or using your own figures.

[52] **Ms Davis:** On our figures, the applications that we receive all depend on how much the parents and the local therapists know about the charity. That varies as there are hot spots around the country where some local therapists know a lot more about our service than others. We do not have huge numbers but, in the last two years, the number of referrals to the charity from Wales has more than doubled.

[53] **Peter Black:** How would you like to see wheelchair services organised in Wales, and what improvement to the services would you like to see? That is to both of you.

[54] **Ms Davis:** How long have you got? [*Laughter.*] I think that the service needs to be efficient, in that a referral is made, the child seen in a timely manner and provided with equipment as soon as possible. It is possible, and I know that because I can replicate what we have done in other areas with an NHS service. We can get a referral and have the child in the equipment within 11 weeks. That length of time will come down as a result of the work that we are doing. That is important. As we have just said, the local therapist needs to be involved because they are a part of the team. I have often said that joint funding across education, social services and the NHS should be considered, because education will provide the tables that go up and down and the support workers, and if it provided £1,000 for a riser, it could eliminate a lot of the costs from its budget, but that is difficult to achieve. I have managed it in some areas, where we managed to get some on board. That is the way forward.

[55] **Peter Black:** So, is the fact that this is not happening at the moment down to money, individuals, or the structure of the service? How would you change things to ensure that that happens?

[56] **Ms Davis:** Do you mean the joint funding?

[57] **Peter Black:** No. You have an idea of how you think the service should be, and it clearly is not there now, so how would you get to where you want to be? Do you need more

money? Do you need to reorganise the service? Do you need to change the individuals?

[58] **Ms Davis:** Whizz-Kidz does not believe that it always needs more money—I think it just needs a change in resources. Resources should be looked at to see where the money is going. That goes for processes, too, as many could probably be whipped out of the system to make things more timely. What happens is that you start off with something, you add something else, and so the process gets longer. If you look at it, you could probably eliminate quite a few processes. The clinicians need to trust the local therapy clinicians as well. Why have one assessment with one person and then have another assessment with another because they think they are better. Why not accept the referral and the assessment, as that could also save some time. There would probably need to be some investment in hardware, but I do not think that you necessarily need more therapists—I believe that you have employed more therapists recently, certainly in the north.

[59] You need to look at internal processes, and that is what we have done in other areas. Yes, there has been some investment, but you also need to look at procurement. Whizz-Kidz, as we have said, is the second largest purchaser of wheelchairs, and we are getting much better prices than what the NHS pays for its wheelchairs. So, there are many ways of improving the costs of wheelchair provision.

[60] **Peter Black:** Glenys, do you have anything to add to that?

[61] **Ms Evans:** I would echo most of that. The only thing that I would add is about the number of technicians who work in the ALAS departments. I know the three or four people in the local Cardiff department, and they are very good people in lots of ways, but it is the same three or four, and if they are working with massive case loads, I wonder how efficient the service can be and whether some investment should happen at that level. I do not know exactly what is involved in their roles, but if they are so few in number, then increasing their number would see the throughput of children become much quicker and more efficient. That could be another area that—

[62] **Peter Black:** Possibly a localisation of the assessment process and using the local health board's resources more might help to spread that load.

[63] **Ms Evans:** I do not know whether there is a problem with the resource for the assessment. It is more the number of technicians that are able to carry it out and follow the whole process through—the assessments, fittings and everything else that is needed with the chairs. If they are as few as three or four people, that is quite a small number to deal with the hundreds of children who need wheelchairs.

[64] **Ms Davis:** I would add that, in Wales, children who need special seating go to the rehabilitation engineer department, which means that you then have another waiting list. I think that they should be working together so that, if a child comes in, they work as a team and the child does not have to go for a separate assessment and endure another waiting time, which just prolongs everything.

[65] **Darren Millar:** I am very conscious of the time. We have drifted over slightly, but it is important that we continue to take evidence. I would just ask Members and witnesses to be brief in their questions and answers.

[66] **Andrew R.T. Davies:** Could I just seek a point of clarification. You may not be able to give me this information if it is commercially sensitive, but you touched on how you buy wheelchairs cheaper than the NHS can. A concern to this committee is the use of resources and getting the biggest bang for the buck. Are you able to enlarge on that statement that you have made to the committee so that we might have an idea of the sort of figure that we are

talking about?

[67] **Ms Davis:** I cannot really talk about figures. The procurement strategy that we have means that we have been working with Tesco and its buyers, and we have been to the manufacturers. We have talked about the number of chairs that we will purchase from them, and they have come up with a price that is better than the one that the NHS gets. I think that you will find across the UK that some wheelchair services have been purchasing wheelchairs separately because NHS prices are not that good.

[68] **Andrew R.T. Davies:** From your experience from across the UK, rather than giving us a figure in pounds, could you say that the wheelchairs can be purchased 20 per cent, 30 per cent, or 40 per cent cheaper than the price that the NHS currently pays?

[69] **Ms Davis:** On the retail price of chairs, we are getting a good 40 per cent saving.

9.50 a.m.

[70] **Ann Jones:** I would like to follow that up. If there were common procurement by your organisation and the NHS, do you think that you would then be able to drive down the price even further, so that there would be a better deal?

[71] **Ms Davis:** Whizz-Kidz is looking at providing wheelchair services in London. We are also looking at undertaking procurement with certain primary care trusts.

[72] **Ann Jones:** If there were common procurement, that would drive down the price.

[73] **Ms Davis:** It could drive it down further, and we would be willing to discuss that.

[74] **Peter Black:** Are you procuring from different companies? Is there one company that supplies most of the NHS?

[75] **Ms Davis:** We procure from different companies. The main provider in Wales is Invacare, and we purchase from it.

[76] **Peter Black:** So, you are both purchasing from Invacare, and you are getting a better price.

[77] **Ms Davis:** I believe so.

[78] **Ann Jones:** You cannot ask that question; it is unfair.

[79] **Ms Davis:** Okay, take that out then. *[Laughter.]* That is a bit unfair.

[80] **Helen Mary Jones:** Judith, you have mentioned in the paper, and have mentioned today, the partnership with the Tower Hamlets primary care trust. Could you tell us a bit about how that is organised and what positive outcomes it has delivered?

[81] **Ms Davis:** We started by working with the trust on a pilot project involving young people who did not meet the NHS criteria, namely very young children in need of powered mobility and those teenagers who do not meet the criteria for powered chairs because they would be able, for example, to walk across this room. If they can do that, they do not get a powered chair, but, actually, a young person needs to get out and about. We did a pilot project—I will try to keep my answer short—and various members of the Department of Health and the Government visited that. Following that, the PCT asked us to run the service for it for two years. We are now seeing referrals within two to four weeks. Over that time, the

average time from referral to provision has been 15 weeks; it is now down to 11 weeks, and we believe that, as many more children receive their chair on the day of the assessment, it will be reduced even further over the course of this year.

[82] **Helen Mary Jones:** Was there an assessment of the pilot project?

[83] **Ms Davis:** We have an end-of-year report.

[84] **Helen Mary Jones:** Would it be possible for us to see that? That would be useful, as it is concrete.

[85] **Ms Davis:** Yes.

[86] **Helen Mary Jones:** Thank you.

[87] **Darren Millar:** I thank you for taking the time to give oral evidence; it has been fascinating to hear your evidence—if not appalling. We are encouraged by the positive work that you are doing in Wales, and I thank you, on behalf of the committee, for the evidence that you have provided. You will be sent a copy of our report when we have concluded our inquiry, as well as a transcript of today’s proceedings. If you want to add anything, please do not hesitate to do so.

9:53 a.m.

**Ymchwiliad i Wasanaethau Cadeiriau Olwyn: Tystiolaeth gan Grwpiau Plant—
Plant yng Nghymru
Inquiry into Wheelchair Services: Evidence from Children’s Groups—Children
in Wales**

[88] We shall now continue to gather evidence on provision for children as part of our inquiry into wheelchair services. I welcome Catriona Williams, the chief executive of Children in Wales, and Catherine Lewis, the Children First development officer for Children in Wales. Lee Ellery, a wheelchair service user, was supposed to be with us today, but unfortunately he has not been able to make it, however Andrea Storer is here to read a statement on his behalf. We can perhaps start, Andrea, with his statement, and we will move to questions afterwards. We have received written evidence from your organisation, which has been circulated to Members. We would love to hear Lee's statement, if that is okay.

[89] **Ms Storer:** It is written in the first person, so I will read it as Lee wanted it to be read, if that is okay.

[90] 'My name is Lee Ellery, I am 25 years old and I have been in a wheelchair my whole life. I live in Swansea and was looking forward to the opportunity to give evidence to the committee today but, unfortunately, the weather conditions mean that I have not been able to travel.'

[91] 'I would like to make the following points about some of the problems that I believe are faced by young wheelchair users. The first point is about lack of information. There is no way of routinely receiving information, for example, about new products or services. I had been really uncomfortable and sore in my chair for about six months because I have a bad hip and also because the cushions in my chair were too hard. I often had to leave work—I do voluntary work—or social events early due to the pain. If I was unable to get home early, because my transport could not come any earlier perhaps, I would have to put up with the pain but then would often have to spend the next day in bed.'

[92] 'After a routine visit from the person at Morriston Hospital who is responsible for my chair, I was made aware of a new cushion that I could have. I was then given new pressure cushions, which have made a huge difference to my life. I still have a bad hip, which means that I have to spend time in bed but not as much as I had to before I had the new cushions. I was also then made aware of a new airflow mattress that was available, which could help me. I now have it as it arrived last Friday, and it is great. I wonder how many other people know about this. It seems that it is all down to who you know.'

[93] 'It would be good to have some kind of system to let people in wheelchairs know what products are available as soon as they become available. I had to wait six months before finding out about it but I know that many people in wheelchairs are not contacted routinely—like I was—therefore, how long would they be left to suffer?'

[94] 'My second point is about repairs to wheelchairs. Trying to get hold of someone from Serco is horrendous. For example, just before Christmas, the bolts that hold the left footplate of my chair snapped. It is only a small thing but without it I cannot put any weight on my foot, which I need to do because of my hip. This happened on a Tuesday and someone came out the following Thursday. Fortunately, my father was able to do a DIY job on it; otherwise I would have had to spend nine days in bed for what was a 10-minute job.'

[95] 'When young people are assessed for a wheelchair, those assessing should look at the whole child or young person's life and at all of their needs, rather than just look at their own criteria and specifications. I want a riser for my chair as it would give me more independence. If I am in the office and I want something from a shelf, I have to wait for someone else to come in to get it for me. If my chair had a riser I could get it myself. When I am out with friends, I could go to the bar myself to order a drink, but the counters are too high at the moment. If my friends are sitting on stools I could raise my chair to their level and so on. I have been told that the riser is not available through ALAS and the only way that I can have

one is by buying it myself at a cost of around £1,000. My parents have offered to pay 50 per cent of the cost but ALAS still says that it cannot do that.'

[96] 'As a person, I like to look smart and tidy. In many ways, my chair is a part of me and if I am sitting in a shabby chair I do not feel tidy. If I go to a special social event or a meeting with work, I wear a shirt and tie but my chair lets me down as it is now looking quite shabby. I have lost track of the number of times that I have asked when I will be eligible for a new wheelchair, but I am always told that, due to limited funding, this is not a good enough reason to have a new chair.'

[97] 'Thank you for listening to my comments.'

[98] **Darren Millar:** Thank you ever so much. We will write, as a committee, to Lee to thank him for his powerful evidence.

[99] **Ms Storer:** Thank you. He was very disappointed not to be able to make it.

[100] **Darren Millar:** Thank you for coming along to share that with us.

[101] **Helen Mary Jones:** Could we perhaps ask him to come here at another time and fit him in at the end of another session at some point? Could you look at that?

[102] **Darren Millar:** Perhaps an informal session with Lee might be appropriate. It would be difficult to programme him in because we are trying to bring the inquiry to a close. However, it would be lovely if he could visit the Senedd to meet with Members.

[103] **Ann Jones:** If we are going to have an informal session, perhaps we could invite a few others along with Lee. Perhaps we could get hold of a range of children so that we can hear their lifestyle views.

[104] **Darren Millar:** That is a good idea.

[105] **Ms Lewis:** That is quite important because we are talking about the children and young people themselves and the effect that the lack of provision of appropriate wheelchairs has on their lives and wellbeing as a whole. I think that it is right to listen to their views directly.

10.00 a.m.

[106] **Darren Millar:** We have had other service users at these sessions, but it would be useful to have an informal session, without time constraints, in which we could get to know people better and find out exactly what problems they face. Thank you for that, we appreciate it and we will make arrangements to have an informal session.

[107] You refer in your written evidence to the need to adopt a social model of disability in services for disabled children. In fact, Lee's evidence pointed to this, as did evidence from other organisations that we have just heard. It is about the difference between the clinical needs and the lifestyle needs of a wheelchair service user. Can you explain a little more about how that might be achieved?

[108] **Ms Williams:** We have quite a few case studies. It is to do with the perception of the child: you need to think of the children as children first, and their needs because of their disability or chronic illness secondly. They live their lives holistically—they go to school, they are at leisure, they have a home life and they like to go out and about—yet the services compartmentalise them. It is a very technical issue and I have my notes here. Some of the

services that deal with wheelchairs originated and were designed in a post-war culture, not on a children's rights basis. We feel that there needs to be a total modernisation of this service. To take a simple, but important example from a child's perspective, they are often conscious of what sort of trainers they have and therefore they are also conscious of what sort of wheelchair they have. They are not very funky, are they? Some children do not want to go into a 'granny sort of wheelchair'—that was a quote, was it not, Cath? It is about looking at the child, not just the medical side.

[109] On the physical and health and wellbeing aspects, I was talking to a consultant paediatrician consultant earlier this week who said that there are some real dangers and that the pain that Lee experienced is common and is almost abusive. It is neglect and abuse of a child if they are not getting the right physical service, for example, if they do not have appropriate head control. Children are very different to adults in that they grow and regularly change their size and sometimes their shape because of their condition—for example, a condition like muscular dystrophy. So, there are many physical aspects.

[110] There must be a holistic view. Whatever equipment they have has to work in the lives that they want to lead. The emotional development of children is affected and impaired if they cannot reach their full potential. They may be housebound or imprisoned in bed for six months because they cannot get equipment that fits their lifestyle needs. We would say that a total overhaul is needed for there to be an improvement. We would like there to be an urgent task and finish group to produce a modern template for equipment-based services. There is no link between the technicians. We are not experts in day-to-day contact with children who are in wheelchairs. We have a forum for disabled children, which Andrea supports, and we have the workers. We are the all-Wales voice for every agency, but we know that the lack of co-ordination is acute. I have said a lot and I do not know whether my colleagues want to add to that. It is about the lack of co-ordination and a failure to listen to what the child is saying about what they need, as well as what the parents need. Parents have back problems because of wheelchairs that are too heavy. Young people cannot lift their wheelchairs into the car when they want to learn to drive. There are all sorts of real child-centred issues.

[111] **Darren Millar:** We will tease more out on some of the statements that you have made as we go through our questions. You made some powerful statements about neglect and abuse and that it could be perceived that that is effectively what is taking place when people do not get the repairs or the equipment that they need in order to live their lives appropriately. I can assure you that this committee takes its responsibility as a committee very seriously and that the reason that we embarked on this inquiry was to help the Assembly Government to deliver the best quality service that it can from NHS resources.

[112] **Helen Mary Jones:** This is a chance to expand on some of the points that you have already touched on. You have given written evidence from a survey of wheelchair users that you had undertaken. From that survey, can you tell us more about the experiences of service users in terms of the length of time that they have to wait for a wheelchair in the first place, and for repairs? The issue of repairs, of course, came up in Lee's statement.

[113] **Ms Storer:** Long waiting times were a major issue for nearly all of the respondents to the survey. People were waiting anything from five and a half months to 18 months, and during that time many children were in inadequate buggies or wheelchairs and experiencing a lot of discomfort or pain or were housebound or had to stay in bed. Most people's experiences of repairs were also quite negative. As Lee stated in his written statement, he had to spend nearly nine days in bed for what was a straightforward repair job to his wheelchair. So, on the whole, people have had a very negative experience with regard to waiting times, particularly after assessment had taken place.

[114] Another big area of concern for respondents to the survey was that there was very

limited choice as to the type of chair that a young person could have. It was often more about the assessor looking at specific technical criteria, not looking at the child as a whole, what their life entailed and for what they would need to use their wheelchair.

[115] **Helen Mary Jones:** Did the other evidence that you received—because this is obviously not a one-off for you—give you any idea about what is behind those long waiting times? Are there not enough members of staff? Are they in the wrong place? Is it to do with structure or is it to do with money? We have a clear picture about what is wrong, but if we are to make recommendations to the Assembly Government about what needs to change, I feel that I need more of an idea of what is behind what is wrong.

[116] **Ms Lewis:** In most cases, it is to do with the structure and the way that the system is set up. We talked to many people who said that there might be a few children in the same school who needed repairs or adjustments to their wheelchairs and a referral would go to ALAS, but they would be dealt with on the basis of where their surname appeared on a database. For instance, you might get an engineer from ALAS travelling for two-and-a-half hours to see only one child in that school when it would be much better if they were able to see several children at the same time. So, it is more about structures.

[117] To pick up on some of the points that Andrea made that illustrate the impact that the lack of a suitable wheelchair has on a child's life, I had a conversation about this with Oliver's mother. Oliver is 15, has multiple sclerosis and lives in Gwent. He was first referred to ALAS about five years ago when the system was first developed. Two years after his referral, the family returned home one day to find that the wheelchair had been just dumped on the front doorstep. Oliver has been using that chair since then, but he has obviously grown and his condition has deteriorated. His chair became too small to give him the appropriate support, and he fell out of it frequently. He was referred for a new chair in May 2008, but it still has not arrived. As a result, he could not get from one room to the other or indeed out of bed easily. Family and friends were so concerned about the impact that the lack of a suitable wheelchair was having on his life, and the life of the whole family, that they raised £4,000 to purchase a new wheelchair. Oliver's mother praises the support that has been provided by the physiotherapist and the occupational therapists, but she has little good to say about the service provided by ALAS. That is a crucial point to pick up on, because in terms of the support that is provided by community physiotherapists, community occupational therapists and paediatricians, the responders to the survey only have praise for the support that they receive from those front-line services, but they do not have much good to say about the support that they receive from ALAS.

10.10 a.m.

[118] **Ms Williams:** To finalise that point, there is an urgency because of the pain that the child experiences as a result of the lack of a response due to the lack of contact between the technicians and the therapy service. The whole picture is urgent, so how can you prioritise who needs the service first? It is not being done in a holistic way.

[119] **Darren Millar:** So, they do not prioritise; is it first-come, first-served? Is that for repairs and the delivery of wheelchairs?

[120] **Ms Lewis:** That is what we have been led to believe. Obviously, we do not work directly in this field, but that is what we have been told by others in the evidence given to us.

[121] **Darren Millar:** In his statement, Lee said that he had to wait nine days in bed for a simple repair, whereas someone else needing a repair could have waited nine days without much inconvenience. So, you are not aware that they prioritise in terms of the effect on the individual's life.

[122] **Ms Williams:** We are reporting what has been said to us, but we hear this time and again, as do the paediatricians. The word that the consultant used was that they had never come across so much 'angst' as with this topic. The stress levels are high, and the cases that the consultant regarded as unsafe and urgent were not dealt with urgently. We feel that the structure of the communication between different services needs to be tightened and co-ordinated. It needs to be child-centred and modernised. It is not a child-based service at the moment; it deals with all age ranges and the elderly have a lot of needs and so on.

[123] **Andrew R.T. Davies:** Could I just clarify that you said that not even urgent cases are prioritised? When the representative of the Children's Commission for Wales came before us, he said that the service was 'rationed'.

[124] **Ms Williams:** That could be the case.

[125] **Andrew R.T. Davies:** You would agree with that, would you?

[126] **Ms Williams:** I do not think that we have sufficient data, other than what is reported to us, to say categorically that it is rationed. It certainly feels like that, and it also feels as if the lowest common denominator of equipment is given. Lightweight wheelchairs would be so much better for everyone, but we get heavy, old-fashioned wheelchairs that are difficult to manage. I am sure that there are financial issues there.

[127] **Andrew R.T. Davies:** That scenario would imply rationing, would it not?

[128] **Ms Williams:** It would. It certainly feels like that, but we do not have sufficient data to say so categorically.

[129] **Val Lloyd:** Could I make a point here? I think that we ought to consider getting a viewpoint from others. I know that some people have refused to come in, but we ought to consider getting another viewpoint on some of this, because we have heard this not just from Catriona today, but elsewhere, so we need to nail it.

[130] **Darren Millar:** We will be taking evidence from ALAC and ALAS at a future meeting, so it will be important to pose some of these questions directly to them. You are quite right, Val. Helen Mary, did you want to come in here?

[131] **Helen Mary Jones:** Lee's is a powerful statement, but in other parts of your evidence you also touched on the lack of information, and poor communication with service users, especially with children. That is consistent with statements that we have had from other witnesses. How could that lack of information and communication be addressed?

[132] **Ms Lewis:** We need a more joined-up service and the closer working relationships that are being developed between the community teams, the community physiotherapists and the community occupational therapists. They link up with ALAS. From what I have been told—again, I have no means of corroborating this—I understand that the community therapist is not always at the first ALAS assessment of the child, but they are the people who understand the child's needs. In terms of ALAS coming along, they would just look at the technical needs of the child and make a snapshot assessment; they would not know about the impact that not being able to use the wheelchair has on the child's whole life. It is a case of bringing the two together.

[133] **Helen Mary Jones:** You may not be able to answer this, but as far as the evidence that you have been given through the survey goes, are the technicians at ALAS given any skills training or information on how to communicate specifically with the children? Children

with mobility needs can sometimes have communication needs as well, can they not?

[134] **Ms Lewis:** I do not think that we can say categorically whether that is the case. From some of the evidence that we have collected through the survey it does not appear that that is the case. However, we cannot say whether that is fact.

[135] **Helen Mary Jones:** So, the experience of the children and young people reporting to you would suggest that the people are not skilled in communicating with them, but you cannot categorically say that that is the case.

[136] **Ms Williams:** The whole feel is that the service needs to become more child friendly. It is not due to the individuals in the service; the structure needs to change and the separate silos need to integrate—including the children’s reviews, if they are involved with social services, and the way in which the whole of the child’s life is managed. There must be a closer link. It could well be that this is not done in the meeting, but physiotherapy staff and ALAS staff could work more closely together.

[137] **Ann Jones:** I know the answer to the question that I was going to ask, or at least I can pre-empt the answer. How joined up are wheelchair services with other health and social care services, if they are at all? Are they islands on their own?

[138] **Ms Lewis:** From the information that we have gathered, they appear to be islands on their own. Again, that is from the information that we have been given. We have no means of corroborating that. However, that is the thrust of the information that we have gathered.

[139] **Ann Jones:** Okay, thank you.

[140] **Andrew R.T. Davies:** I would like to pick up on a point that you touched on regarding silos. In evidence that we received from the Red Cross, we were told that it was treated almost as a pariah, even though it could be a useful partner in the delivery of services. Do you believe that a fundamental problem with the service is that it has a silo mentality instead of looking at organisations as co-operative partners to develop a joined-up strategy? Has there always been a silo mentality, or is it the case that, because there is pressure on the service and on resources, as with many organisations, you have retreated to the bunker? Was there an era when there was better co-operation, better partnership working and better understanding?

[141] **Ms Williams:** I have been around for a very long time. The paediatrician that I was speaking to earlier said that, certainly in the last 20 years, nothing has changed. It was long before that.

[142] **Andrew R.T. Davies:** So, it is a corporate problem.

[143] **Ms Williams:** It relates to the origin of the service. We should be looking at a modernisation agenda, particularly in the light of the Welsh Assembly Government’s policies on children and a rights-based approach for children. Children in Wales, through our international contacts, lobbied hard and got children into the UN convention on the rights of persons with disabilities. The right to mobility is fundamental to that. That whole philosophy is still trying to bed in with regard to all services for children in Wales. So, it is not unfair to think that a service whose origin was not focused particularly on the needs of children would need to work with others to develop that holistic approach for children’s wellbeing. We do not want to store up problems for the future health of some of these children or their parents.

[144] **Ms Lewis:** That is the crucial point. The service should be about maximising ability and minimising disability. I had a look on ALAS’s website earlier, and that is its strapline.

However, sometimes, unfortunately, the effect of providing inappropriate wheelchairs maximises disability.

[145] **Catriona** mentioned independence. It is important to look at supporting a child to maximise their independence. There is a benefit for the whole of society, because, when the child grows up, if they are able to maximise their independence, they will not be as dependent on services. The cost of supporting that child or young person would be reduced as a result. So, everyone wins.

[146] **Ms Williams:** May I make a quick point on the rationing question? We do not have evidence, which is why we think that a task group is needed within the Welsh Assembly Government. The younger the child is, the less likely he or she is to see rapid change, because they grow so quickly. We have not clarified the position regarding very young children, have we, Cath? You had a story about a little boy in a buggy.

10.20 a.m.

[147] **Ms Lewis:** Yes. May I share that? The little boy is called Justin. He is two and a half years old and lives with his family in Llandrindod Wells. He has cerebral palsy, epilepsy and problems digesting food, which are significant problems. He receives support through the Team Around the Child based at Brecon children's centre. Justin's father has high praise for the team working at the centre, including the paediatricians, the occupational therapists and physiotherapists. The occupational therapists made a referral to ALAS 18 months ago for Justin to receive a wheelchair. The size of the chair was based on the measurements that the OT took at the time; however, he has since grown. Justin also has poor head control, and he has been given a temporary neck control support by Bobath, which they have put on the buggy that he is using, but it really does not meet his needs. He also has a hip problem and is awaiting an operation. The buggy does not give him as much support as a wheelchair and he is in constant pain. Justin's father tells me that a child who is the same age as Justin and has a similar disability to him was referred at the same time as him to ALAC in Cardiff. She received the chair within a few months, whereas Justin, because he has had to go through the centre in north Wales, has been waiting 18 months. Buggies may meet the needs of some children who are disabled, but a child like Justin, with the problems that he has—cerebral palsy and epilepsy—needs a chair that supports him.

[148] **Darren Millar:** The stark difference between the service in the north and the south comes through clearly there, and it is an important piece of evidence to have on record. So, thank you for that. We only have a few minutes left of this session, so I now turn to Lorraine Barrett.

[149] **Lorraine Barrett:** The question, to be honest, has probably been answered and covered, but I will ask it anyway. Do you think that wheelchair services should be organised on a national Wales basis or on a more localised basis?

[150] **Ms Williams:** Having a postcode lottery is obviously bad, but, for us, it is about centring on the child and ensuring that the right equipment is available. I imagine that there must be economies of scale on some aspects of manufacture, but we are not experts in that field. I do not know whether you have a view from your fora, Catherine?

[151] **Ms Lewis:** From what I pick up from the fora, it is more about the structure of the existing services and how the existing services operate, rather than starting from scratch and having centres throughout Wales. It is about how centres are run more than anything.

[152] **Lorraine Barrett:** My other question was about simplifying and improving the efficiency of the service. You have talked about it needing to be totally restructured and

considered in a more modern setting, given the needs of young people today, which were not there 40 years ago. We now have the general picture of what children in Wales need.

[153] **Peter Black:** From the surveys that you have carried out, can you tell us whether there are any parts of Wales that are worse than others?

[154] **Ms Williams:** We would be reluctant to answer. The survey went out very quickly when you called for evidence, and we had a high response rate, considering that it was the week before Christmas. So, a piece of work could be done on that, because it does seem, from the information that we have received, that there are areas that are worse than others, but it is difficult to extrapolate. That would be unfair to the service.

[155] **Peter Black:** It was worth asking the question.

[156] **Val Lloyd:** You refer in your evidence to the recommended protocols in the children's national service framework for wheelchair and specialised services. Do you think that that would result in an acceptable service if they were applied?

[157] **Ms Lewis:** I certainly think that it would be improved, because the NSF sets the minimum standards. From the information that we have received, from the self-assessment audit tool that the children and young people's partnerships must respond to, the maximum score that they could be given for this key action would be 6, but they are averaging about 3.3. So, they are nowhere near meeting all the targets. There are eight components for the key action within the NSF and for them to achieve a score of 3 shows that they have an intent to review and develop standard protocols for assessment and referral provision needs, and they have met four of the eight essential components of this key action. So, the key action is good because it sets a standard, but support needs to be given to local authority health trusts and Health Commission Wales because they all have a responsibility to meet the standard.

[158] **Val Lloyd:** Would you like to see any other standard used, or just an improvement on the current one?

[159] **Ms Lewis:** We have a good basis here. I understand that the national service framework is being reviewed at the moment, and I think that we could look at the standard as part of the review. At the moment, however, there is nothing more I can add.

[160] **Darren Millar:** Okay. We will now have the final question from Dai Lloyd.

[161] **David Lloyd:** May I confirm for the record what involvement, if any, Children in Wales has had in the Welsh Government's wheelchair review, and what you would like the review to achieve?

[162] **Ms Lewis:** Children in Wales has not played a direct part in the review. However, Children in Wales, as you are probably aware, was one of the founder members of the Disabled Children Matter Wales campaign, and a representative from that campaign participated in the first part of the review. That was Judith from Whizz-Kidz, who I believe has just given evidence to you.

[163] **Darren Millar:** If there are no further questions from Members and nothing that witnesses want to add, we can bring this part of the meeting to a close. I would like to thank the witnesses for their attendance; they have presented powerful evidence today. I am sure it will contribute a great deal to our inquiry and to the recommendations that we make. Thank you.

10.27 a.m.

Cynnig Trefniadol
Procedural Motion

[164] **Darren Millar:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).

[165] I see that the committee is in agreement.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10.27 a.m.
The public part of the meeting ended at 10.27 a.m.