Strategic Framework for Welsh Language Services in Health, Social Services and Social Care

The Welsh Government wants to strengthen Welsh language services in health, social services and social care to meet the care needs of Welsh speakers and their families or carers. This will improve the quality of their care and people’s experience of the service.

Health, social services and social care focus on caring for people as individuals and placing the user at the centre of that care. It is important for people working in these services to recognise that many people can only communicate their needs for care effectively through the medium of Welsh. Therefore services have a responsibility to meet these needs to ensure accurate assessments are carried out and effective care delivered.

We want to make sure that people working in health and social services recognise that receiving care through the medium of Welsh is essential for many people. If you are a Welsh speaker, being able to use your own language is a fundamental element of care - it is not an optional extra.

This issue is particularly important for people whose language may be affected by illness, for example, those who suffer from dementia often lose their second language, as do those who experience a stroke. It is also important to remember that some children under five years old can only speak Welsh.

Many people feel very vulnerable when using health and social services and placing the responsibility on them to ask for assessments and care through the medium of Welsh is unfair. We want the service to accept that responsibility and take a proactive approach to responding to people’s need for care in their own language.

We know that there is good work going on at present and many staff recognise that language is more than just words, ensuring they provide care through the medium of Welsh and English. However, all too often this happens by chance. We want to develop a more systematic approach, where it becomes standard practice for people who need assessment and care through the medium of Welsh to receive it, without having to ask.

The majority of actions in this strategic framework do not require additional resources – what they need is a different way of working. This approach asks organisations to make sure that they mainstream Welsh language services into all aspects of care.

The Minister for Health and Social Services and the Deputy Minister for Social Services asked an Independent Group to develop a three year strategic framework of practical actions to achieve this. The Welsh Government want Welsh speakers to be able to use the language in face to face situations during their care, for example, during words of comfort and reassurance, conversations about assessments, and in discussions about care and treatment options.
We would like your views on their proposals.

**What do we want to change?**
We want to improve the quality of care, by ensuring that those who provide services recognise that it is their responsibility to respond to people’s need or wish to be assessed and cared for through the medium of Welsh. We also want to ensure that people working in the service understand the importance of language as
- an integral part of a person’s cultural identity
- a fundamental part of a person’s care need, not an optional extra

We want Welsh language services to become an integral part of planning, commissioning, delivering and monitoring services. We want it to become a natural part of governance helping to create an environment where Welsh speakers feel comfortable and confident to use the language, if they wish to do so.

We want health and social service organisations to be responsible for providing Welsh language services for those who need them, rather than the present situation, where people have to ask for services in Welsh.

**What is the current situation?**
We know that there is much good work being carried out to meet the needs of Welsh speakers and Annex One of the Strategic Framework highlights some examples. However, more often than not this is due to individual staff goodwill, specific initiatives or even by chance, rather than a planned systematic approach to provide services. As a result of this, services are inconsistent and people’s care needs are often not met.

**Why are we proposing change?**
Many Welsh speakers can only express their care needs effectively through the medium of Welsh - for example, people suffering from dementia and people who have a stroke often lose a grasp of their second language. Children under the age of five can often only speak their first language.

In mental health services, language and communication is fundamental to therapy, therefore it is vital that patients receive care through the language they feel comfortable with, and confident in, to discuss personal and emotional issues.

We know that many people do not feel confident enough to ask for services through the medium of Welsh, even though that is what they want and need. Others don’t want to make a fuss, so don’t ask. We believe it is unfair to put the responsibility on the user to ask for services in Welsh. It is for service providers to recognise that this is a legitimate care need and respond to it proactively. In the Strategic Framework we have called this the ‘Active Offer principle.’
This way of working is not new to many organisations, but what we want to do is make sure that they accept this responsibility in a planned, systematic way, starting with priority services such as dementia and children’s services.

What do you think?
Please feel free to make any comments on the draft Strategic Framework and Action Plans. However we would particularly welcome your views on the following questions:

1. Do you agree there is a need to strengthen Welsh language services?

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Please give your reasons:

BMA Cymru Wales supports the use and promotion of the Welsh Language in health, social services and social care – and in other aspects of public life in Wales. We believe the Welsh Language is an important component of Welsh cultural identity and can be the preferred means of communication for many people.

We also understand that individuals, who feel vulnerable for whatever reason, may take comfort in being able to speak their first or preferred language to clinicians and other healthcare staff – and that the ability to do this would improve their overall experience of receiving care.

However the consultation document states that ‘receiving care through the medium of Welsh is essential for many people’ – that is a very broad statement and while it may be ‘desirable’ it may not at the same time be ‘essential’ for many of those individuals.

It is obviously important for patients to express themselves effectively when in consultation with a doctor. The consultation states that ‘many people can only communicate their needs for care effectively through the medium of Welsh. Therefore services have a responsibility to meet these needs to ensure accurate assessments are carried out and effective care delivered’ – we feel that the evidence for this is not provided and therefore the extent of the problem across the whole NHS is unknown.

The document also states that ‘being able to use your own language is a fundamental element of care - it is not an optional extra’ this is a high benchmark to set for the NHS and would require application in both acute and non-acute settings which raises many complications for example for single handed ambulance crews.

The ability for a doctor to speak Welsh may be a legitimate consideration in some areas of Wales in the recruitment process but that does not merit it being a deciding factor everywhere. We believe that moves to strengthen the Welsh Language in healthcare should be balanced with the need to operate an effective and fully staffed service which addresses health needs of the local population on the basis of clinical need.

If the ability to use Welsh is a priority, or is seen from outside Wales to be a priority, our current problems with recruitment and retention of staff will be made significantly worse. The medical workforce in Wales relies heavily on doctors who are from outside of the UK and whilst some may wish to learn Welsh, others may be finding it difficult to learn English.

If the aim is to ‘improve patients experience of care’, Government efforts and investment would be better placed in tackling waiting times and filling staffing vacancies with the best professionals to deliver the best care. Whilst simultaneously promoting a positive image of the Welsh language, undertaking local recruitment initiatives, offering optional language training courses to staff (at convenient times and locations), creating professional networks and similar measures designed to create a cultural change including greater language awareness.
Today, the NHS is at breaking point, everyday we hear the same warnings. Imposing duties to offer NHS services in Welsh in a sector which in some areas is struggling to offer any service at all to its population is quite another.

We therefore support the Government’s vision to see the Welsh language thriving in all parts of Wales – however, we fundamentally believe that realising that vision requires the cooperation of individuals and communities, and certainly not by imposing duties and compulsion in the workplace.

The time, and financial situation, is not right for imposing language duties on NHS organisations aiming to deliver ‘world-class healthcare’, but which in reality are many light-years away from that.

2. Do you agree with the reasons for strengthening Welsh language services?

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Please give your reasons:

Please see above.

We believe that there is a need to promote / encourage the use of the Welsh language generally through cooperation and an environment of language awareness and appreciation. We agree that respect towards culture and language should and must be expected by all patients when accessing healthcare – and that this is not the same as expecting everyone to become bilingual or to learn a new language, rather it is dependent on attitude, behaviour and consideration.

In healthcare terms, provision should be made for those who can only effectively express themselves in Welsh rather than English (for example following a stroke, dementia etc) to be able to do so. However the extent of that demand on the NHS is unknown. We understand why a strategy or policy is needed to support these patients but it must be a measured response reflecting both current provision and gaps arising from demand. With stroke and dementia for example, these are essentially long-term care issues where it may be readily identifiable and desirable that the principal carers should be able to communicate in Welsh. However, what happens in the acute episode when the home calls the out-of-hours GP? How can that be delivered in Welsh without restricting the OOH service to GPs fluent in Welsh? These issues are not addressed by the document.

We know that there are already many healthcare professionals who are able to speak Welsh – to a greater or lesser degree. Accurate data on this would be extremely useful. If more Welsh speaking doctors are required to work in NHS Wales this would best be achieved by investing in local recruitment incentives and initiatives and by offering optional training at convenient times and locations but with no element of coercion, and by the positive promotion of the language throughout the sector.

In the UK Medicine is taught in the English language, and there can be potential issues around translations and fluency during a consultation in Welsh – especially where the patient is receiving care from a healthcare ‘team’ and multiple specialists for example who need to share information.

That said, Welsh-speaking members of the BMA reported that being able to converse in Welsh enhanced the doctor-patient relationship, and thus being able to speak ‘conversational’ Welsh if not clinical or analytic can be of benefit to both user and provider. However others reported that they have no need, or desire, to learn or speak Welsh as part
of their role.

Because there is no consensus on this, we maintain that ability in conversational Welsh, along with language awareness measures should not be imposed by duties on organisations or staff but should be part of cultural change initiatives and positive promotion.

One of our central concerns is that the plans will have a negative impact on recruitment and retention of medical staff in Wales.

The consultation makes reference to the planning, commissioning, delivering, governance and monitoring services in Welsh, however they are quite separate things and only the patient facing (i.e. delivery) of services should be considered here.

3. Do you agree with the proposal that health and social service organisations should be responsible for providing Welsh language services, rather than expect users and their families to ask for Welsh language services?

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<th>Yes I agree</th>
<th>No I don’t agree. x</th>
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No. We feel this that this largely unnecessary and will be hard to achieve. We question whether these proposals reflect the demand for services in Welsh in every part of the country.

The consultation states ‘We want health and social service organisations to be responsible for providing Welsh language services for those who need them, rather than the present situation, where people have to ask for services in Welsh’ it is unclear what problem is trying to be solved here, the case is not made as to why there is a problem currently with those who wish to have services in Welsh getting them and in what way care needs are not being met.

It will be impossible to deliver full Welsh language services in many smaller places of healthcare provision e.g. GP practices especially small or single handed ones; community clinics; and some community hospitals.

Likewise, and as mentioned above, the language needs of the local community must be taken into account, it would not be appropriate to offer the same level of Welsh language service provision across all parts of Wales if it is not needed.

However, we recognise that there should be adequate support for patients who can only effectively communicate their health needs through the medium of Welsh For patients whose preference it is to use Welsh when accessing NHS services, for the reasons cited, we not would support a strategy to deliver that by imposing duties on organisations and staff – there are other ways to increase the use of Welsh language in the NHS and to heighten awareness.

In relation to patients not feeling confident enough to ask for services through the medium of Welsh,
perhaps staff who can speak Welsh should be easily identifiable on their ID badges by showing flags of languages spoken – this works well in hotels all over the world and could apply not only to Welsh speakers.
4. Do you agree that the emphasis should be on strengthening Welsh language services among front line services, in order to improve the quality of care and user's experience?

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<th>Yes, I agree x</th>
<th>No, I don’t agree x</th>
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<td><strong>Please give your reasons</strong></td>
<td>Yes but not through these proposals for the reasons already given.</td>
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<td>Increasing the number of Welsh speaking front-line staff would be a very positive step - and would best be achieved through local recruitment and retention strategies.</td>
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<td>What is the use of being able to speak in any preferred language at the front-line if the services beyond that are falling apart because of lack of investment and severe staff vacancies?</td>
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<td>One of our central concern sis the impact of these proposals on recruitment and retention of staff.</td>
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5. Do you agree that the objectives outlined in section 7 of the Strategic Framework will lead to better services for Welsh speakers and their families?

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<th>Yes I agree</th>
<th>No, they will not.</th>
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<td><strong>Please give us your reasons</strong></td>
<td>No.</td>
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<td>Please see previous comments – filling staff vacancies would lead to better services.</td>
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<td>Investment in this will inevitably move resources and attention from other areas – something the NHS can ill afford - and would not represent value for money at the present time.</td>
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6. Do you agree with the actions outlined in the Action Plans?

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<th>Yes, I agree</th>
<th>No, I do not</th>
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<td><strong>Please give us your reasons</strong></td>
<td>No, for the reasons cited above.</td>
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<td>We maintain that local recruitment initiatives would best help to deliver the cultural change needed to better embed the language in healthcare delivery.</td>
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7. Is there anything else that should be included in the Action Plans?

The plan needs to be revised for the healthcare sector, with a consideration for the impact on recruitment and retention of medical professionals which is already a dire problem and perhaps targeting areas where there is a unmet need to offer healthcare services in Welsh – for example via local population audits / consultation - including for specific conditions and priority areas such as in the treatment and management of stroke or dementia and other mental health conditions. The care of older people should also be a consideration.
In consulting the medical profession about this consultation, here are a selection of the responses we received from our members across Wales:

“In 24 years and 10,000 patients in the eastern valleys I’ve only met one older person who spoke Welsh (uncomfortably). We are net exporters of doctors but recruitment and new blood suffers from erroneous perceptions from across the Dyke.”

“If anything will ensure the inability to appoint professional staff to Wales then this is it”

“I grew up in N Wales, and chose to return to N Wales to practise. However, I am in the small minority of Welsh doctors in N Wales. Indeed, many of my colleagues... are non-UK trained. If WG imposed some form of requirement to speak Welsh, it would worsen our already considerable recruitment and retention problems.”

“I have been in Wales since 1979 … I strongly support the widespread belief that we will induce collapse of the Welsh Health service if we hint at a requirement for Welsh.”

“I think the WG should be far more concerned with ensuring quality of service provision whether it be in health, education etc. And recruiting/retaining the best of the best irrespective of whether they speak Welsh. Re:mandatory translation of documents into Welsh this is a mushrooming industry and my experience of waiting for translation means service redesign / change are left waiting for ridiculous lengths of time.”

“I have never needed a translator for Welsh speaking patients, but Bengali, Chinese, Kurdish and Polish have all cropped up in my clinic.”

“I work at times in an area where there is a population who are 1st language Welsh speakers and it is very appreciated if you can converse in Welsh. So support for staff wanting to learn the language would seem sensible. Any compulsory requirement however would seem total madness”

“There is a need for change in the support provided to those wishing to learn but a compulsory requirement is totally wrong.”

“To compromise on the best candidates for future recruitment or slow care for other patients if a Welsh speaker insisted on a Welsh consult via language line with me would frankly be impossible to defend in an environment where patients are having operations cancelled and elderly frail patients are spending 24 hours on trolleys”.

### 8. Are there any other related comments you would like to make?

The concerns about the impact of these proposals on recruitment/retention cannot be emphasised enough.

Whilst Welsh language service provision for some patients, as noted above, is essential, and does need to be recognised and effectively supported, it should not be a one-size-fits-all policy. More work is needed to scope this.

A number of our members raised concerns about the ‘patient pathway’ for example if a patient needs an operation and received their consultations in Welsh everyone in the chain (pre-op area, ODP, Theatre Nurses, juniors and operators) would need to be fluent in ‘medical Welsh’ and understand the written word or have an exact translation – which aside from the cost implications runs patient safety risks. Obviously where a patient can only communicate in Welsh a translator should be used as is the case for many non-English speaking patients.

It is highly unrealistic not to anticipate additional resource requirements.
There is the risk that a doctor's limited Welsh may limit their understanding of the patient's needs and in trying to be helpful, there's a risk of clinical mistakes. We would welcome the GMC's thought on these proposals.

Consultation Response Form

Your name:

Organisation (if applicable): BMA Cymru Wales

email / telephone number: 029 2047 4646

Your address: 5th Floor, 2 Caspian Point, Caspian Way, Cardiff Bay, CF10 4DQ

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here: