WELSH IN THE HEALTH SERVICE: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales

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NOTES ON THE LANGUAGE OF THIS REPORT:

This is the English version of a report published bilingually. Where a quotation is taken from an English language source, it is presented in the original language in both versions of the report, to preserve the impact of the original and to facilitate easy reference to the original source for anyone wishing to carry out further research. Where quotations are drawn from bilingual sources, such as official Welsh Office publications, they are presented in their appropriate language in each of the two versions of this report. The vast majority of interviews for this report were conducted in Welsh. Where the spoken words of interviewees are quoted, this is done adhering as closely as possible to the exact wording used by the interviewees to preserve the impact of the original. For this reason, quotations from interviews are given in the original language, with translation into English where necessary in the English version of the report.

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Over recent years the Welsh Consumer Council has become increasingly involved in the debate on the role, status and use of the Welsh Language throughout Wales. This interest rests on the fundamental premise that language is a real consumer issue, in addition to being an issue of culture, politics, identity and of course communication.

The Welsh Consumer Council set about defining the consumer interest in language in its 1996 report, Welsh as a Consumer Issue. That report emphasised how and why the opportunities for using the Welsh language be considered from the view of the consumer. In general, service providers are well equipped to look after their own interests – the consumer by comparison is often weak.

It is this theme that is picked up in this report – Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales. While the report recognises that, in many instances, Welsh language service provision is about providing equal opportunities and ensuring a high quality, consumer sensitive service, it also identifies groups for whom service provision in the first language is a clinical necessity.

The report concludes that in the case of Welsh-speaking patients, there are instances when they cannot be treated effectively except in their first language, or in both their languages. This is especially true in the case of those receiving speech and language therapy, and for the following key groups:

- ❖ people with mental health problems.
- ❖ people with learning disabilities and other special needs.
- ❖ older people, and
- ❖ young children.

The report contains many recommendations and calls for a fundamental change of approach on the part of the NHS in Wales. The report also calls for greater leadership from the National Assembly itself. Most importantly, the report calls for a change of thinking. It must become clear that the responsibility for ensuring that the language used within the health service is one with which everyone is comfortable rests with service providers and not with consumers.

Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales is an authoritative piece of research. The author, Andrew Misell, presents a strong and well-argued case for change in the NHS in Wales. The report makes serious reading and demands attention from the highest level of government in Wales.

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BWRDD YR IAITH GYMRAEG
WELSH LANGUAGE BOARD

Chapter 1 - INTRODUCTION AND BACKGROUND

This project was begun on 10 August 1998 as a 6 month survey of the nature, extent and adequacy of the provision within the National Health Service (NHS) in Wales for Welsh speaking patients and their families. It forms part of the Welsh Consumer Councils' ongoing work to promote the Welsh language as a medium for accessing services in Wales, and is also part of the Council's ongoing commitment to securing the rights of vulnerable consumers, particularly in difficult and stressful situations as often encountered in the field of health care. On account of the short time available to complete the research work, this is in no way a comprehensive review. In spite of this, the author hopes that it does provide a clear and fair picture of the present situation of the Welsh language in the NHS in Wales.

This report arose in part from anxieties concerning the attitudes of some health care providers towards the provision of services in patients' chosen language(s), in particular the view that language specific provision is an added extra which can be included or dispensed with at will. It was felt also that the definition of quality of service was often very narrow, and that there was a definite need to give patient language choice its due consideration as a significant factor in the process of treating the "whole patient", in accordance with the latest Medical ideas. A revealing example of this narrowness of definition was seen at the beginning of the project in the response of one Community Health Council to an enquiry about Welsh language provision in the Health Service:

> "In general, I feel that patient concern about quality of services relates to clinical and care issues and that most people would not be aggrieved if staff, be they medical, nursing or administrative, were unable to converse in the patient's language of choice."

Contrary to this, it is the author's belief that we cannot differentiate so neatly between clinical and care-related questions on the one hand, and issues of language choice on the other. The evidence collected shows clearly that it is necessary to consider the whole range of needs which patients have, if they are to receive effective and successful treatment.

Various aspects of the NHS were looked at, covering a wide range of services provided in the home, in local surgeries, and in major hospitals. The aim was to look not only for faults and failings, but also for examples of good practice in different parts of the Health Service which could be transferred to other parts where provision is failing or in some way inadequate. It is not the author's intention to attribute blame to anyone or to search for scapegoats; rather, to look constructively at what is currently being done, and at what could be done within the staffing and resource constraints placed on the NHS. Neither is it intended to undermine or undervalue the dedicated work of the thousands of non-Welsh speaking staff working in the Health Service in Wales. It should be noted from the start that during the research for this report, nothing but praise was to be heard from health care users for the overwhelming majority of NHS staff, be they Welsh speaking or non-Welsh speaking.

Although some consideration was given to the various Welsh language policies and statutory Welsh Language Schemes which have been prepared by health care bodies, attention was devoted above all to the practical usefulness of the Welsh language provision which is available to consumers in reality. Whilst doing this, two main categories of Welsh speaking patients were identified:

(i) Those for whom Welsh language provision is a clinical need when they are receiving treatment; either because it is not possible to communicate effectively with them except in Welsh, or because their treatment deals directly with their language or speech faculties. Within this first category, 4 key groups were identified, and their particular needs and requirements are described in Section 7.2.

(ii) Those whom it is a matter of good practice to provide with services in their chosen language where that is possible.

At the end of the report, a number of practical and realistic recommendations are presented, based on a recognition of the complex nature of the linguistic situation in Wales and the genuine problems facing health care providers as they seek to provide appropriately for a bilingual population. The report focuses on the health sector but the study is relevant to other areas of public service. That is to say, there are lessons within the report for other sectors as well.

The survey carried out in March 1995 by NOP on behalf of the Welsh Language Board showed that there is substantial support in Wales for the increased use of Welsh in the public sector, with 83% of those questioned believing that every public body should be able to deal with people in Welsh and English. The aim of this report is to build on the basis of this goodwill towards the language, and move on towards a National Health Service which will be better able to respond to the linguistic needs of the people of Wales.

Chapter 2 - RESEARCH METHODS

A methodology was chosen for this project on the basis of social science research conventions, taking into consideration methods which have worked well in past Welsh Consumer Council Studies and adapting them to this particular field of research. The main emphasis was placed on seeking the opinions of ordinary consumers, and to a lesser extent the opinions and ideas of medical professionals and researchers and specialists in the fields of health care and/or language. This information was placed in the context of the corpus of research work already completed in the two fields of health care and language.

2.1 Desk Research

The desk research continued through most of the period of the project as more and more matter came to hand. A large number of official documents relating to the Welsh language, and to various aspects of health care, were looked at, including every statutory Welsh Language Scheme published by health care bodies so far. A number of articles and reports dealing with Welsh language matters but not directly with health care were studied, and vice versa several documents concerned with health care but not specifically with language questions. It is intended to transfer some of the lessons already learnt in other fields where language has been a topic of discussion, and also refer to current ideas regarding quality of health care and their relevance to any consideration of bilingualism in the NHS in Wales.

A comprehensive bibliography is to be found at the end of this report.

2.2 Contacts with Key Individuals and Institutions

The following bodies were contacted:

Age Concern Cymru

British Stammering Association

Canolfan Bedwyr, University of Wales, Bangor

Cefn (language rights movement based in Caernarfon)

Community Health Councils (every one in Wales)

Cymdeithas Ddeintyddol Gymraeg (Welsh speaking Dentists' Society)

Cymdeithas Feddygol Gymraeg (Welsh speaking Medical Society)

Cymdeithas yr Iaith Gymraeg (Welsh Language Society)

Federation of Welsh Young Farmers Clubs

Institute of Rural Health

National Carers Association

Mencap in Wales

Menter Cardiff

Menter Cwm Gwendraeth

Menter Hiraethog

Menter Maldwyn

Menter Taf Elái

Mercator (Information and Document Network for the Lesser Languages of the European Union)

Merched y Wawr

Mind Cymru

Mudiad yr Ysgolion Meithrin

National Schizophrenia Fellowship

PIGO - Committee for Bilingualism in Ogmore

Qualifications, Curriculum and Assessment Authority for Wales

Royal College of Speech and Language Therapists

Stroke Association

Urdd Gobaith Cymru

Welsh Language Board

Women's Institute

The following bodies were contacted by letter but did not respond:

Anglesey Community Health Council

Brecon and Radnor Community Health Council

Carmarthen / Dinefwr Community Health Council

Conwy Community Health Council

Derwen and Pembroke NHS Trust

Dyfed Powys Health Authority

Gwynedd Hospitals NHS Trust

Maelor Wrexham Hospital Trust

Montgomeryshire Community Health Council

North East Wales Community Health Council

Powys NHS Health Care Trust

Vale of Clwyd Community Health Council

In-depth, face-to-face interviews were conducted with the following 20 key individuals:

Arvind Bhatt, Minority languages researcher in the Leicester area.

Cefin Campbell, Director of Mentrau Iaith Myrddin

Eleri Carrog, Executive Secretary of the language rights movement Cefn

Dr Carl Clowes, Medical Director, Powys Health Care Trust

Dr Dorothi Clowes, Speech and Language Therapists Advisor in Wales

Elaine Davies, Freelance researcher and author in the field of social work

Karen Davies, Programmes Co-ordinator, School of Health Science, University of Wales, Swansea

Jeremy Evans, Research student, Welsh Department, University of Wales, Cardiff

Dr Dafydd Huws, consultant psychiatrist

Rhian Huws Williams, Head of CCETSW Cymru

Twm Jones, Mental health nurse in the Arfon area, and one of the founders of The Gwynedd Welsh-speaking Mental Health Workers Group

Professor Marilyn Martin-Jones, Professor of Bilingualism and Education, University of Wales, Aberystwyth

Siân Munro, Speech and language therapist and Head Lecturer, Faculty of Community Health Sciences, University of Wales Institute, Cardiff (UWIC)

Siân Pugh Davies, Midwife in Singleton Hospital, Swansea, and researcher into the Welsh language in the field of health care

Gwerfyl Roberts, Lecturer with Responsibility for Development Through the Medium of Welsh, School of Nursing and Midwifery Studies, University of Wales, Bangor

Mik Standing, Equality Officer, Disability Wales

Gwenan Thomas, Midwife in the Lampeter area and health care researcher at the University of Glamorgan

Dafydd Wigley, Member of Parliament for Caernarfon

Professor Colin Williams, Research Professor, Welsh Department, University of Wales, Cardiff

Hywel Williams, Cymad, Rural Resources Centre, Porthmadog

Telephone interviews were conducted with the following 4 key individuals:

Delyth Byrne, Welsh Women's Aid

Gareth Kiff, Former Chairperson of Cymdeithas yr Iaith Gymraeg

Elfrys Jones, Language Officer, North Wales Health Authority

Dr Glyn Williams, Research Centre Wales, University of Wales, Bangor

2.3 Interviews with Health Care Users and Staff

Between 19 October and 9 December, face-to-face confidential interviews were held with 43 people (in addition to the 24 key individuals named above).

Most of the interviewees were ordinary users of various parts of the National Health Service, although they also included a number of health care professionals and several retired former health care workers. Interviewees were questioned in an open-ended, semi-structured fashion about any particular experiences they wished to discuss, and also about their general experiences as Welsh speakers going through the health care system. A list of set questions was drawn up for these interviews to prevent them becoming directionless conversations, but not every interviewee was asked every question, as the intention was to encourage consumers to talk about their own personal experiences, rather than to collect data to analyse statistically. Health care workers and former workers were questioned about their experiences of using Welsh in their work, and also about their experiences as patients.

Interviewees were recruited in 3 main ways:

(i) An open letter was published inviting health care workers and users to take part in the project. This letter appeared in the following daily newspapers: The Western Mail, The Daily Post, South Wales Argus, South Wales Echo, South Wales Evening Post, and also in the two Welsh language weeklies, Y Cymro and Golwg. Versions of the letter were also sent to all the monthly Welsh language papurau bro, and to every weekly newspaper published in Wales. A short article about the project was published in Big Issue Cymru, and it received some coverage on the BBC current affairs radio programme Post Prynhawn.

(ii) The National Carers Association and the National Schizophrenia Fellowship agreed to distribute open letters explaining the project to all of their known Welsh speaking members, inviting them to take part. The mental health charity Mind Cymru provided a list of all their county organisers, and information about the project was sent to all of these to be passed on to members.

(iii) A number of people were contacted through personal networks, or following suggestions by interviewees already contacted by the two methods described above.

In addition to face-to-face interviews, 7 telephone interviews were conducted with health care users and staff. Detailed letters were also received from 4 people who were not personally interviewed discussing their experiences. A number of people who had previously contacted the Welsh Language Board in connection

with Welsh language provision in the Health Service were also contacted, and their permission was obtained to study their evidence to the Board.

It was noticed that the same themes tended to come up fairly consistently during interviews with patients and staff, and these are described in detail in Chapter 7: Discussion Topics.

2.4 Observation Work in Hospitals

As a small test of the extent to which the Health Service in Wales gives consumers the impression of welcoming the use of Welsh, observation work was carried out in the reception areas of 7 large general hospitals across Wales. During observation work the following things were looked at:

(i) The response of reception staff to simple spoken enquiries in Welsh.

(ii) The frequency, quality and clarity of bilingual signs.

(iii) The bilingualism or otherwise of pamphlets, information leaflets available to the public.

(iv) The bilingualism of posters and notices on noticeboards.

(v) To what extent Welsh language periodicals (magazines and newspapers) were available in the shop(s) provided for users and staff within the hospital premises.

2.5 Beaufort Research Questionnaire Survey

In addition to the qualitative research described above, the Beaufort Research company was commissioned to carry out a statistical study of consumers experiences of using the Welsh language in the National Health Service. This took the form of a questionnaire survey of 452 people, carried out in December 1998.

Chapter 3 - THE WELSH LANGUAGE AS A CONSUMER ISSUE

Until comparatively recently, the Welsh language, its importance and its future, were some of the most controversial subjects in contemporary Wales. The language was something one was either for or against; something that was either crucially important to any definition of Welsh identity, or a relic from the past which divided the population whilst adding unnecessarily to the cost of public administration. It has become increasingly obvious during the last ten years that a sea-change has occurred in the attitudes of the Welsh towards the Welsh language. In spite of the best efforts of some of the language's most zealous supporters, and some of its harshest detractors to reignite the flames of political controversy, the "language question" is no longer the hot potato it was for so many years. The NOP survey conducted on behalf of the Welsh Language Board in March 1995 showed that 77% of people questioned regarded the Welsh language as "an asset to Wales", with 88% seeing the language as "something to be proud of". It is clear by now that a broad consensus has developed, amongst Welsh speakers and non-Welsh speakers, in favour of the continued promotion of the language. It is vitally important for the future of the language and for the development of services provided through the medium of Welsh that this consensus is maintained, and a feeling is promoted amongst all people in Wales that Welsh is something that they can feel they have a stake in and take a pride in, whether they speak the language or not.

In this new, non-political, context it is particularly helpful and relevant to look at issues relating to the Welsh language from a consumerist viewpoint. By considering accommodation of language choice as simply part of a quality service to consumers, questions regarding Welsh-language provision can be removed completely from the cockpit of partisan bickering, and disentangled entirely from any arguments about nationality and definitions of Welshness. As Dr Dafydd Huws has noted, there are four main possible reasons for providing a service in Welsh:

(i) for the sake of the language

(ii) for the sake of the principle involved

(iii) for the sake of the service provider

(iv) for the sake of the consumer
(Roberts, G., 1997)

From a consumerist standpoint, the fourth and only the fourth of these reasons carries any real weight or relevance. The aim of Welsh language provision is neither to secure the future of the language, nor to uphold the principle of bilingualism, nor to ease the work of service providers; rather, it is to ensure appropriate provision for Welsh speaking consumers.

The Welsh Consumer Council standpoint on the Welsh language is outlined in the two documents Consumers and the Welsh Language (Welsh Consumer Council, 1993) and Welsh as a Consumer Issue (Welsh Consumer Council, 1996). In the first of these two, a neat summary of the Council's standpoint is provided:

> "In Wales, language is often seen as a political and cultural issue. That is, language is seen in the context of the status, history, rights and desires, and identity of groups of people. But one can also consider language as a consumer issue. That is, one can consider it in terms of choice, accessibility, and fairness to the individual." (Welsh Consumer Council, 1993)

At present, any attempt to use Welsh whilst accessing many services is likely to lead to one of two things:

(i) either discomfort, embarrassment and a frantic search for the member of staff who deals with such matters;

(ii) or at worst a personal confrontation between the service provider and the individual consumer.

Such experiences can only serve to reinforce the traditional tendency amongst many bilingual speakers in Wales to keep their Welsh exclusively for use with friends and family, and to turn to English in public and/or official situations. This problem is by no means unique to Wales, and has received some attention in Catalonia, another bilingual region with a history of linguistic tension and confrontation. In a recent policy document published by the regional government of Catalonia on the Catalan language, it is described how some people are unwilling to use Catalan when dealing with public bodies as they cannot be sure the language will be understood. On the other hand, if they use Spanish they can be sure they will be understood and will not be obliged to switch language or "establish a sort of below-the-surface argument with the civil servant attending him or her, an argument that is explicitly expressed through disfunctions in the interaction." (Generalitat de Catalunya, 1995).

As noted above, accessibility, choice and fairness to the individual is the context in this report within which is assessed the importance of any Welsh language provision. This same idea of accessibility and choice is incorporated in the Welsh Language Board guidelines for the preparation of statutory Welsh Language Schemes:

> "It should no longer be the case that Welsh speakers have to press for a service in Welsh... A request to use Welsh should become no more than making a choice."
> (Welsh Language Board, 1996)

In order for such a choice to be a genuine and realistic one, it must be one which is straightforward and convenient for every consumer, including those who are perhaps least able to express that choice clearly and confidently. The most eloquent and confident of consumers are unlikely to demand services in Welsh if they fear that doing so will lead to their being labelled as difficult customers, or that they will have to wait longer or receive a poorer quality of service because it is in Welsh. This, of course, is even more true in the case of consumers who are already lacking in confidence or in a vulnerable state. To a certain extent, we are all vulnerable consumers when we present ourselves at a doctor's surgery or a hospital since we are seeking help with an injury or illness, often to discuss quite sensitive and personal matters. Very few consumers are likely to feel able to demand their rights in such a situation, however confident they normally are. In addition to this, four key groups of health care consumers who are perhaps particularly vulnerable were identified during research, with that vulnerability being an ongoing condition. The four groups identified are:

(i) people with mental health problems

(ii) people with learning disabilities and other special needs

(iii) the elderly

(iv) young children

Patients from these four groups are often the least capable of demanding their right to communicate in their chosen language, but they are often amongst those with the greatest need to do so. In Section 7.2 of this report, particular consideration is given to the needs of these four groups. What is being done to meet the needs of the Welsh speakers amongst them, and what could be done to better provide for them.

Chapter 4 - THE WIDER CONTEXT - MULTILINGUALISM IN WALES AND THE WORLD

4.1 Bilingual Wales in a Multilingual Europe

The English language is all around us, and forms a daily part of almost all of our lives. Through the medium of a lively and attractive Anglo-American culture, English has risen from its humble beginnings to become a popular and powerful language, spread throughout the world by mass-communication media. As a result of this, largely unchallenged, supremacy there is a common tendency in the British Isles and other regions where English dominates, to see English speaking monolingualism as an unchanging norm. Along with this, a basic misconception has grown up among some English monoglots that bilingualism, or multilingualism, are uncommon and unnecessarily troublesome conditions. The reality is a little different, as the facts below demonstrate:

- It is estimated that 60-70% of the world's population live and work in two or more languages in their daily lives.
- Within the European Union (EU) of which the United Kingdom is an integral part, around 50 million people use a language in their daily lives which is not the official language of the country they reside in.
- In Spain, although Castilian (the language normally referred to as "Spanish") is the main state language, around 5 million people are able to speak Catalan and a substantial number speak Galician or Basque.
- Of all the countries of the EU, only Portugal has no territorial linguistic minority.

In light of these facts, Wales' bilingual situation does not appear half as unusual as it does when looked at from the point of view of English monolingualism as a norm. From this European standpoint, we are able to acknowledge the bilingualism of Wales as a wholly normal and natural situation to be accepted and welcomed, rather than as a problem to be wrestled with. And by acknowledging multilingualism as a norm, we can go on to counteract the effects of traditional misunderstandings about the nature of the mind of the bilingual speaker and the importance of his/her two languages in his/her thought processes:

> "There is a danger of treating the Welsh speaker as somehow two persons in one - a kind of oddity. Fundamental misconceptions can be avoided by understanding how knowledge of two languages can be controlled within a single complete and integrated person. Regarding one of the languages as a nuisance factor is incompatible with treating the client as an integrated and complete whole. Hence it is crucial that institutional and statutory frameworks recognise both languages as necessary and their use as a perfectly normal part of professional activity."
> (Bellin W. in Huws Williams, Rh., Williams, H. & Davies E.,1994)

4.2 Welsh Wales and English Wales

4.2.1 "Welsh speaking" and "non-Welsh speaking" Regions - Exploding the Myth

A common, but misleading, assumption is the one that there are in Wales such things as "Welsh speaking" and "non-Welsh speaking" areas. This assumption is incorrect and unhelpful in three main ways:

(i) It depends on a faulty logic which equates a numerical scarcity of Welsh speakers or a low percentage of them in the population with their complete absence.

(ii) It is based on old-fashioned and prejudiced ideas regarding the nature and extent of the geographical territory of the Welsh language; ideas which were never genuinely valid, and which are becoming increasingly meaningless each day. The commonest of these ideas is the belief that Welsh is the language solely of the elderly, rural dwellers, and of the north and west of Wales.

(iii) In the context of service provision, such assumptions can lead to a belief that the particular needs of Welsh speaking consumers can be ignored when planning services in some areas.

A brief look at the figures from the last Census, carried out in 1991, is sufficient to explode the myth that the Welsh language is confined to any particular part of Wales. In 1991, 18.6% of the Welsh population were recorded as being able to speak Welsh (508,098 people out of a total population of people over 3 years old of 2,723,623). Superficially at least, the figures do seem to confirm the belief that Welsh is mainly the language of rural north and west Wales - 55.7% of the 18.6% were to be found in the former counties of Dyfed and Gwynedd - but one has to look at the figures with greater care and in greater depth to see the true picture. By counting numerical totals of people in particular areas, one finds a rather different picture from the oversimplified one found by looking at percentages of the population. For example, although only 6.6% of the residents of

Cardiff are Welsh speaking, this small percentage of the population of the Capital actually adds up to around 18,000 people, ten times as many Welsh speakers as are to found in Caernarfon. Taken together, there are more Welsh speakers in Cardiff and Swansea (47,637) than in the whole of Anglesey (41,240). Even in the former county of Gwent, where the Welsh language is traditionally at its weakest, 10,339 people were recorded as being Welsh speakers in 1991, and Census counters did not find a single electoral ward which could be genuinely described as being entirely "non-Welsh speaking". Wyesham and St. Mary's (now in Monmouthshire) were the two least Welsh speaking wards in Wales, accounting for 14 Welsh speakers each (0.8% of the population of the two wards taken together).

On top of this, a further factor which should not be ignored is the unsettled and changing nature of the Welsh language's territory, as population patterns change and as attitudes to the language change also. If it was ever true that Welsh was the language of the rural north and west, that claim can certainly no longer be sustained. It is in the towns of the south-east that the growth of the language is to be seen at its most striking, in the form of flourishing Welsh medium schools and the continued growth of movements like the Urdd; and in the form of a considerably improved visible presence for Welsh in shops, offices and other public places. John Aitchison and Harold Carter's analysis of Census figures from the turn of the century up to 1991 has shows that the concept of a Bro Gymraeg or Welsh Gaeltacht as a bastion of Welshness in the middle of a sea of Anglicisation is increasingly irrelevant:

> "Past censuses have all drawn attention to the gradual break up of a once discrete and distinctive core area (Y Fro Gymraeg).... The decline in the heartland has a reciprocal in the resurgence that has been identified in the areas lying outside it."

These changes and the effects they are having were acknowledged in the introduction to the Welsh Language Scheme published in March 1998 by Gwent Health Authority, which serves an area where barely 2% of the population speak Welsh at present:

> "We recognise that there is a growing interest in Welsh in Gwent and that Welsh language schools are flourishing in some of the most anglicised areas. A new generation of Welsh speakers might assert their right to relate to the local NHS through the medium of Welsh. Many more might already do so if they were confident their query could be dealt with successfully in the language."

It appears, therefore that there is a need for a serious reconsideration of conventional ideas about the territory of the Welsh language. Users of the language are increasingly likely to be urban dwellers, to be young people, and to be speakers who have acquired the language outside of the home. To many such Welsh speakers, Welsh is a "second language" in as much as Welsh, in chronological terms, was the second language they learnt. But the meaning of the term "second language" should not be extended to infer that Welsh is somehow a secondary or second-rate language to them, or that it is any less central to their identity or a medium in which they are any less capable in than Welsh speakers who learned Welsh as their mother-tongue.

These changes are leading to the forming of new types of social networks which are very different from the old monoglot Welsh villages - urban networks of speakers living in an environment where Welsh will never be the main language of society:

> "Towns are cosmopolitan places where Welsh is inevitably brought face to face with English. It follows that it is much more difficult to live a life wholly Welsh in an urban area, and the larger the town the more difficult it is, regardless of the number of Welsh speakers."
> (Aitchison & Carter, 1994).

It is more relevant and more helpful these days to think of Welsh speaking individuals and families in the community, rather than to think of Welsh speaking communities. Apart from a few single villages, there are very few places in Wales where the community is thoroughly Welsh speaking. In many places Welsh speaking individuals and families are scattered across wide geographical areas, connected to each other by organised personal networks rather than traditional community networks. Some individual Welsh speakers may be quite isolated from each other and not a part of any genuine Welsh speaking society, and yet still be keen to access service through the medium of Welsh. This is particularly relevant when those who live in places such as Wyesham and St. Mary's, Monmouthshire, and unless we wish to say that the interests of the 28 of Welsh speakers in those two wards are unimportant, we cannot justify disregarding them by labelling these areas as "non-Welsh speaking".

In addition to this, it should be remembered that it is as individuals that patients approach the National Health Service for treatment, rather than as representatives of communities, and the needs and wishes of each individual patient are equally important. From this viewpoint, the linguistic

"Welshness" or otherwise of the region a patient is living in is wholly irrelevant when considering where provision should be made for him or her through the medium of Welsh. The point was acknowledged in the 1975 Welsh Office Circular on the Welsh Language in the National Health Service (see Section 6.2):

> "Relationships between those seeking and those providing service in Wales can often be assisted by recognising the importance of the Welsh language to those whose first language it is. This is self-evident in predominately Welsh speaking areas, and applies equally to many individuals living in English speaking areas."

The same point was acknowledged in connection with questions regarding provision of minority languages other than Welsh in the NHS Ethnic Health Unit's publication, Ethnicity and Health in England. In this booklet reference is made to the dangers of assuming that ethnic minority populations are only to be found in certain areas. By thinking like this, as happens in the case of Welsh, the needs of small minority populations may be ignored or neglected simply because their presence is not sufficiently obvious to provoke service providers to organise and plan to accommodate their needs:

> "The issue is important not just for health authorities with large black and minority ethnic populations, but also for authorities where the numbers are smaller and hence there is a risk that their needs will be overlooked. Relatively small minority ethnic populations can be the most isolated and disadvantaged in terms of access to health care." (Balarajan & Raleigh, 1995)

In interviews with health care staff, a working nurse, a retired former nurse and a hospital social worker all described their experiences of discovering the "hidden Welsh" in regions which are generally counted as being "non-Welsh speaking". All three spoke of the gratitude and appreciation of these people when they realised that a member of staff could communicate with them in their first language. This is the description given by the retired nurse of his experiences of coming across Welsh speakers after moving to work in a traditionally "non-Welsh speaking" area:

> "'Oedd llai o bobl, unigolion o dro i dro. 'Oedden nhw'n dod o'r pentrefi, yn enwedig yr hynafgwyr... O! o'n nhw'n falch bod nhw'n gallu cael cwrdd â rhywun oedd yn siarad Cymraeg. Achos, yn fewnol, yn wreiddiol, Cymry o'n nhw."
>
> "There were less people, individuals from time to time. They came from the villages, especially the old people... Oh! they were so glad they could be with someone who spoke Welsh to them. Because, internally, originally, Welsh was what they were."

On a more serious level, the working nurse described how she was called upon to calm down an elderly man who was trying to pull a drainage tube from his nose. All attempts to persuade him in English to leave the tube alone had failed, but by speaking to him in Welsh the nurse was able to quieten his anxieties and explain to him what the tube was for and why he had to leave it in his nose. It appears that it was entirely accidental that a Welsh speaking nurse happened to be in the same part of the hospital as the patient, and that there was no specific system for dealing with crises such as this one when they arose. "Oh, that foreign language," was the response of another nurse after the situation had been diffused.

Even more serious is the evidence given by the hospital social worker, as it suggests the linguistic needs of at least one elderly and confused Welsh speaking patient have been deliberately ignored and disregarded after care staff came to know of them. Whilst visiting the patient in her home to assess her after-care needs, the social worker noted that she was unwilling to communicate, and sat silently on her own. Another visitor happened to be in the house at the time, and he began chatting with the social worker, asking her in English where she came from and then whether she spoke Welsh. The social worker responded to the second of these two questions in Welsh, replying, "Ydw, wi'n siarad Cymraeg," ("Yes, I speak Welsh") producing an immediate response from the patient who began talking enthusiastically in Welsh. Apart from some members of her family who came to see her occasionally, the social worker was the only person who had spoken Welsh to the patient for some time. "Oh, that does happen sometimes," was the only response of her colleagues to the social worker's report of the incident, and as far as she knew nothing was done afterwards to meet the patient's communicational needs.

The simple truth is that there is not, and never has been, such a thing as a "non-Welsh speaking" area in Wales, and such old-fashioned ideas about the geographical territory of the Welsh language can only stand in the way of any attempts to increase and develop the provision of services through Welsh. Welsh speakers are to be found in all parts of Wales, and it is in some of the most Anglicised areas that the greatest growth of the Welsh language is to be found. There is therefore no point attempting to justify restricting Welsh language provision to certain parts of Wales. In accordance with its basic principles, the

Welsh Consumer Council supports an all-Wales attitude towards the provision of services in Welsh, respecting the rights and choices of consumers in every part of the country.

One other factor to which attention needs to be drawn is the fact that doctors' surgeries and hospitals, especially major hospitals, in comparatively "non-Welsh speaking" towns and cities often serve wider catchment areas where the use of Welsh is a great deal more common. The University of Wales Hospital, Cardiff, is the most obvious example of this, since, as a specialist centre for a number of treatments, it provides service to patients from all parts of Wales. This means that in addition to acknowledging the linguistic needs of their local catchment areas, the University Hospital and other similar institutions have to recognise linguistic patterns over far wider areas, which may be very different from the patterns found locally. This point was raised in the 1975 Welsh Office Circular on the Welsh language in the National Health Service (see Section 6.2):

> "With the increasing development of specialist services at selected hospitals there are few major hospitals in Wales which do not treat some patients who will be put more at ease by a conversation in Welsh or by listening to Welsh radio or television programmes."

4.2.2 Low Expectations

The effects of traditional assumptions about which parts of Wales Welsh is spoken in can be seen in the form of deeply rooted ideas about in which parts of the country one can and should expect to receive services through the medium of Welsh. Very broadly, the country is divided into north and west where one should expect Welsh language provision, and south and east where such provision should not be expected. The pattern seen consistently in interviews was that consumers living in areas identified in the popular mindset as being "non-Welsh speaking" had very low expectations as regards how much assistance they could get from the National Health Service in their chosen language. As a rule, consumers living in such areas have long since grown used to receiving services in English only, and are superficially satisfied with that. However, the evidence collected from interviews suggests that this tendency to accept services in English sometimes hides deeper desires for better Welsh language provision. For example, after stating very definitely that it would make no difference to him whether he was treated by a doctor who spoke Welsh or not, one patient from the south-east said without any prompting that perhaps he would feel differently if he were living further west.

Similar sentiments were expressed by another person who had recently moved from mid Wales to the south-east:

> "Efallai lle 'ron i'n byw o'r blaen baswn i wedi creu mwy o stŵr a mynnu gweld rhywun oedd yn siarad Cymraeg. Ond fan hyn, mae'n wahanol - Saesneg yw iaith y lle a dych chi yst yn arfer â fe."
>
> ("Maybe where I was living before I would have made more of a fuss and insisted on seeing someone who spoke Welsh. But down here it's different - the language of the place is English and you just get used to it.")

The comments of these two health care users were reinforced by a member of staff in a large hospital in the south-east who had recently moved from west Wales.

> "Wi'n gwybod pan fi'n mynd yn ôl at gartref, wi'n siŵr byddai fe yn wahanol gartref am ryw reswm... Wi'n credu achos bo' fi yn [yr ardal hon] wi yn tueddu i fod mwy Seisnigaidd mewn ffordd, ond unwaith wi'n mynd gartre mae popeth yn troi."
>
> ("I know that when I go home, I'm sure it would be different at home for some reason... I think because I'm in [this area] I tend to be more English in a way, but as soon as I go home everything changes.")

If the expectations of Welsh speaking consumers in some areas are very low, it appears that the expectations of many health care providers as regards how many Welsh speakers they are likely to be dealing with are even lower. In interviews with consumers, several cases were reported where health care providers had attempted to justify a lack of provision for Welsh speaking consumers by arguing that there were no Welsh speakers living in the area. One woman spoke of how her enquiry about getting a Welsh speaking health visitor for her child was answered by a member of staff. The worker said that she knew nothing about such things, adding, "There aren't many Welsh speakers in [this area]," and this in a county where more than 15,000 people are able to speak the language. Another woman who had recently moved from the north to the south told how a dentist's receptionist laughed when she enquired whether the dentist she was registering with could speak Welsh. To this woman it was a perfectly natural question about one of the professional skills of the dentist who would be treating her young children. To the receptionist it was an utterly ridiculous enquiry, and her response to it reflected the belief that the dental surgery was in a "non-Welsh speaking" area,

although it was in reality in a county with over 10,000 Welsh speakers. Another Welsh speaker had a similar experience when trying to find a Welsh speaking GP in an area where the Welsh language is traditionally weak:

> "Pan wyt ti'n mynd o gwmpas ac yn gofyn, maen nhw bron â chwerthin."
> ("When you go around asking, they almost laugh at you.")

Of course, it is very easy for monglot English staff in these "non-Welsh speaking" regions not to realise when they come across Welsh speaking patients, and for those Welsh speaking patients not to find out which members of staff they are dealing with who can speak Welsh:

(i) The English language is such a strong norm in some parts of Wales that speakers of other languages will not even consider the possibility of speaking their language with strangers. They know full well that to do so is to invite confusion, and possibly even suspicion and animosity.

(ii) The Welsh speaking Welsh do not have obvious physical features, such as skin colour or modes of dress which would distinguish them from the non-Welsh speaking fellow Welsh. They often do not either have distinguishing accents or names.

For both these reasons, it is all-important that an effective system of identifying and recording patients' choice of language is adopted (see Section 7.1 - Identifying a Patient's Chosen Language.)

Interestingly, it became clear during interviews the most vehement complaints about lack of Welsh language provision were coming from consumers in areas where the provision for Welsh speakers within the Health Service is at its most comprehensive, namely in Arfon and Llŷn. It is the natural strength of the Welsh language as a social medium in these areas, rather than any deliberate policy, which largely accounts for the easy availability of medical assistance in Welsh there. On the other hand, the same natural strength produces exceptionally high levels of expectation regarding how much should be available in Welsh. Some consumers from the north-west complained that a Welsh language service was not available every time they went to the hospital, something which Welsh speakers in the south-east would be unlikely to complain about, seeing it as entirely usual and to be expected. It is clear, therefore, that inconsistent experiences in different regions have led to a great inconsistency of expectations across Wales.

Chapter 5 - THE LANGUAGE OF MEDICINE - THE IMPORTANCE OF GOOD COMMUNICATION

The success of any medical diagnosis and course of treatment depends heavily on effective communication, and on a good relationship based on sympathy and mutual understanding between health care providers and consumers. The patient must be able to explain his or her symptoms and feelings to the practitioner who is treating him or her, and that practitioner must be able to understand and interpret what the patient is saying. As was noted in the Audit Commission report, What Seems to be the Matter: Communication Between Hospitals and Patients, "There are compelling human reasons for making sure communication with patients works well. Good communication can transform that patient's experience of hospital care, lessening the impact of what may be painful, difficult or anxiety provoking situations and decisions." (Audit Commission, 1993)

Of course in order to ensure good communication, there has to be a common language both the service user and provider can properly understand (unless a translator is used to intercede between the two parties). At present in the National Health Service in Wales, it is the patient who usually bears the responsibility for making sure that that common language is arrived at by using English. In her study of Welsh speaking pregnant women in the Glangwili Hospital catchment area, Gwenan Thomas described the guilt that one mother felt that she could not meet the linguistic needs of her non-Welsh speaking midwife because she found herself unable to speak English during labour. One theme which Thomas saw during her research was that it was the pregnant women who were expected to be responsible for speaking a common language that those around them were comfortable with. (Thomas, G., 1998)

On the other hand there is plenty of evidence to indicate the sort of improvement that can be achieved when the responsibility for finding a common language is removed from the shoulders of health care users and the onus placed instead on providers. This matter was raised in the 1975 Welsh Office Circular on the Welsh language in the National Health Service:

> "In a personal service concerned with the health of patients, the relationship between the service and individuals seeking advice or treatment must be close and intimate. Much depends on the establishment of confidence between those administering the service and those who seek it. In this, the skill and devotion of those who provide the service is paramount. However, relationships between those seeking and those providing the service in Wales can often be assisted by recognising the importance of the Welsh language to those whose first language it is...The evidence received by the Welsh Hospitals Board's Working Party convinced it of the value to the sick person of being able to use one's mother tongue in what can be perhaps a most disturbing and emotionally fraught situation." (Welsh Office, 1975)

This is supported by the conclusions of Gwerfyl Roberts after studying communication between nurses and patients in a large hospital in a traditionally Welsh speaking area:

> "Since the essence of nursing is the development of a close theraputic relationship between nurse and patient, the use of the client's native language can only enhance this relationship and the consequent quality of care that a patient receives." (Roberts, G., 1994)

During interviews, many patients said that they felt "mwy cartrefol" ("more homely / more at home") if their health care was provided in Welsh, and it was remarkable how many people used those exact same words - "mwy cartrefol" - to describe their feeling towards Welsh speaking staff. Both Gwerfyl Roberts and Gwenan Thomas have noted in their research this tendency to describe care provided through the medium of Welsh, and the staff who provide it, as "cartrefol" ("homely"). (Roberts, G., 1994) (Thomas, G., 1998) Set out below is a selection of some of the comments made in interviews by Welsh speakers and their families regarding the importance of the Welsh language to them in the context of health care:

> "'Os basa 'na ddoctor yn Gymro, baswn i'n gallu bod yn reit agos ato fo."
> ("If the doctor could speak Welsh, I would be able to feel quite close to him".)

> "'On i mor falch jyst i glywed rhywun yn siarad Cymraeg. Wna i byth anghofio hynny."
> ("I was just so glad to hear someone speaking Welsh, I'll never forget that.")

> "'Oedd un menyw [yn gweithio yn yr hospital] oedd yn Gymraeg, cleaner. 'Oedd hi'n grêt, o'ch chi'n teimlo mwy cartrefol."
> ("There was one woman [working in the hospital] who spoke Welsh, a cleaner. She was great, you felt more at home with her.")

> "Byddwn i'n fwy cyffyrddus 'sen ni'n gallu siarad Cymraeg 'da'n gilydd. Mae 'na ryw agosatrwydd sy'n gwbl wahanol pan wyt ti yn dy iaith gyntaf."
> ("I would be more comfortable if we could speak Welsh to each other. There's a certain intimacy which is totally different in your first language.")

"Mae'n bwysig i mi pan dw i'n sâl gael y Gymraeg, mae'n cysuro chi'n well yn eich mamiaith, tydi? Pan o'n i yn yr ysbyty tro diwethaf, buodd dau [aelod o staff] yna yn gallu Cymraeg a phan on i'n wael iawn un nos 'oeddan nhw ar y gwasanaeth. O, wyddoch chi beth, 'oedd yn braf cael bod yn eu cwmni nhw...' On i'n teimlo'n sâff efo nhw, yn Gymraeg!."
("It's important to me when I'm ill to get help in Welsh, you feel more reassured in "your" mother-tongue, don't you? Last time I was in Hospital there were two [members of staff] there who could speak Welsh and when I was very ill one night they were on duty. And you know, it was lovely to be in their company... I felt safe with them, in Welsh!")

"'Oedd e'n licio'r nyrsys oedd yn siarad Cymraeg...' Oedd e'n closio atyn nhw. 'Oedd e'n gallu ymlacio efo nhw."
("He liked the nurses who spoke Welsh... He became quite close to them. He could relax with them.")

On the other hand, a number of patients described how a communication gap opened between them and medical staff because they were not given the opportunity to express themselves in Welsh as they wished to do:

"Wi'n ffaelu explaino i'r doctoriaid beth sy'n bod arna i yn Saesneg."
("I can't explain to the doctors what's wrong with me in English.")

"Pan ych chi'n gweud beth ych chi eisiau a pwy siort o help ych chi eisiau, mae'n rhwyddach i mi wneud e'n Gymraeg."
("When you are saying what you want and what sort of help you want, it's easier for me to do it in Welsh.")

"Mae hi gymaint haws i siarad yn Gymraeg efo'ch problemau chi. Yn y Gymraeg mae gynnoch chi ddiffiniadau o wahanol fathau o boen, a does gynnoch chi ddim, a dweud y gwir, yn Saesneg sy'n naturiol, oni bai eich bod chi'n Sais naturiol."
("It's so much easier to speak Welsh when discussing your problems. In Welsh you've got definitions of different sorts of pain, which you won't have naturally in English, unless you are a natural English speaker.")

In the same way, one woman described her experience while visiting an elderly relative of hers in hospital:

"Daeth yr arbenigwr efo'i haid o feddygon ifanc yn gofyn cwestiynau iddi hi, ac roedd hi'n ateb pethau'n anghywir. Wedyn dwedodd hi, "On i ddim deall gair oedd o'n ddeud.""
("The specialist came round with his flock of young doctors, asking her questions, and she was answering them wrongly. Afterwards she said, "I didn't understand a word he said."")

A similar picture to that presented by patients was to be found when talking to bilingual health care workers about the importance of Welsh in their work. Here, for example, are the comments of one experienced nurse:

"Mae rhai pethau allwch byth â chyfieithu. Allwch byth â chyfieithu teimladau pobl... Ych chi'n gwybod beth ych chi'n feddwl yn eich iaith eich hunan."
("There are some things you can never translate. You can never translate people's feelings... You know what you mean in your own language.")

Two other nurses went so far as to claim that they had been able to make better diagnoses by being able to communicate with patients in their first language:

"A deud y gwir, dach chi'n cael mwy o wybodaeth ganddyn nhw, y rheini sy'n siarad Cymraeg. Maen nhw'n agor eu hunan allan yn fwy yn Gymraeg."
("To tell you the truth, you get more information from the one's who speak Welsh. They open up more in Welsh.")

"Wi'n gwybod o acen y claf fod e'n siarad Cymraeg, a wi'n gweud, "Ych chi'n siarad Cymraeg?" a maen nhw'n gweud "O, ydw, "a wi'n cael cymaint mwy o wybodaeth allan o'r claf pan wi'n gweud 'na.""
("I know from a patient's accent whether he speaks Welsh, and I'll ask, "Do you speak Welsh?" and I get so much more information out of the patient when I ask them that.")

The obvious implication of the remarks is that if bilingual staff are able to get better information from Welsh speaking patients, then non-Welsh speaking staff are unable to obtain such good information from the patients on account of the communication gap between them. Some Welsh speaking patients are therefore not receiving as good a service from the National Health Service as they should, because the Health Service does not provide them with an opportunity to describe their condition in their first language. This goes along with the comments of Neil Wooding of the NHS Wales Equality Unit at the launch in December 1998 of the Unit's report on health care provision for minorities in Wales:

"To communicate service through one language only could deny the chance to some people whose first language is not English to get proper access to health care." (Turner, R., 1998)

One other thing that became clear during interviews was that there are two main factors which are likely to increase the importance of language choice in the minds of Welsh speaking patients and their families:

(i) If the period of any illness is an extended one requiring long-term care. For example, in the case of cancers or other ongoing illnesses.

(ii) If discussion and counselling are an important part of any treatment provided.

This point is particularly relevant to the field of mental health care and psychiatry, where talking is a major part of any treatment (see Section 7.2.1 - Mental Health). There are also other kinds of treatment, particularly those which are particularly severe or painful, which require considerable discussion between consumer and provider, and may require considerable professional counselling if the patient is to come to terms with the nature and effects of the treatment. In connection with this, it is interesting to note the comments of one woman who had undergone severe surgery on her face:

> "Wnaiff [iaith] ddim gwahaniaeth i fi. Saeson dw i 'di cael yn consultants ar hyd yr adeg. Ond wedi dweud hynny, 'on i'n dod i weld y meddyg i lawr yn fan hyn wedyn, fy meddyg i fy hun, ac 'oedd hi'n braf cael siarad yn Gymraeg efo fo. Mewn ffordd, 'oedd o'n helpu siarad yn y Gymraeg. Y counselling oedd yn braf yn Gymraeg."
> ("Language makes no difference to me. I had an English speaking consultant right through. But after saying that, afterwards I started going to see the doctor here, and it was good to be able to speak Welsh with him. In a way it helped to be able to talk in Welsh. It was the counselling that was good in Welsh.")

Chapter 6 - BASIC PRINCIPLES

6.1 CCETSW's Five Principles

In 1994, Elaine Davies on behalf of CCETSW (Central Council for Education and Training in Social Work) set out five principles regarding language choice for social workers in Wales:

" • A client has the right to choose which language to use with a worker.

• Language is an essential part of a person's identity.

• A person can express feelings more effectively in a chosen language.

• Giving a client real choice regarding use of language is the essence of good practice.

• Denying this right is a way of oppressing a client."
(Davies, E., 1994)

These principles originated from some of CCETSW's deep-seated anxieties at the way Welsh speakers were being disadvantaged by services which were planned with no regard for language choice as a significant factor. CCETSW as an institution was very much ahead of the pack in the field of raising language awareness as an important issue when dealing with vulnerable clients, and a number of CCETSW publications on the subject were referred to when preparing this report.

6.2 1975 Welsh Office Circular on the Welsh Language in the National Health Service in Wales

This Circular was published in March 1975 by the Health and Social Work Department of the Welsh Office under the full title Welsh Health Service Circular (Interim Series) The Health Service and the Welsh Language. It is particularly interesting as one of the first official documents to look specifically at the importance of language choice in the context of health care. Published some 18 years before the 1993 Welsh Language Act, the Circular includes a number of key points which were later included in the Welsh Language Schemes which came in the wake of the Act. Although copies of the Circular were sent when it was published to every Health Authority, Family Practitioner Committee, County Council, District Council, and Community Health Council in Wales, and also to the Welsh Health Technical Services Organisation, it is very difficult to find any firm evidence as to what effect the document had on attitudes to Welsh language provision at the time. It appears unlikely that the Welsh Office did any follow-up monitoring work. The principles of the 1975 Circular are as valid today as they were when it was published and reference is made to a number of the points raised in the Circular in various places in this report, where relevant and appropriate.

6.3 The Patient's Charter, a Charter for Patients in Wales 1996

The Charter states:

"You can expect the following...

• To be given information, as far as possible in English and Welsh."

This is confirmed in The Patient's Charter - Services for Children and Young People in Wales:

"Your doctor, nurse or health visitor will explain any treatment, as far as possible in English and Welsh.

6.4 1998 White Paper on the National Health Service in Wales/Putting Patients First

This White Paper on the National Health Service in Wales was presented to Parliament in January 1998. Although there is no specific mention in it of language choice or Welsh language provision, it does raise a number of points which are relevant to any discussion of the Welsh language and health care. In the same way as the report Changing Childbirth, published by the Department of Health in 1993, Putting Patients First foresees a National Health Service where the unique personal needs and wishes of individual patients are increasingly placed at the top of any list of priorities when planning and providing health care. "Patient-centred care" is the new motto, as can be seen from this piece from the white paper:

"Services should be designed around the patient so that, consistent with other values, the NHS delivers the quality of treatment and care that patients and carers need, in the way they want it."

And further on in the document, under the heading Defining Quality:

"Increasingly user-orientated definitions [of quality of health care] have been applied which also recognise the importance of people's needs and expectations... Patients want to be seen quickly in conditions which respect their privacy and dignity and to be cared for by staff who understand their needs and concerns as individuals."

From the standpoint of the Welsh Consumer Council, this commitment to tailor services to suit consumers' needs and wishes is to be warmly welcomed. Our argument now would be that, in order to be relevant to contemporary Wales, this commitment has to include within it a commitment to expand definitions of quality of service to include language choice.

The White Paper also looks at the quality and adequacy of information given to patients regarding their condition and their treatment:

> "If patients are going to be equal partners in their health care, they need clear, comprehensive and personalised information about the risks, benefits and treatment options for their conditions."

As all information, be it verbal or written, depends on language to be conveyed, if we are serious about improving the information given to patients we cannot afford to disregard language as an important factor. In order for information to be adequate and of the best possible standard for every patient, it must be presented as far as possible in the language the patient best understands. This is particularly relevant when it comes to discussing sensitive and emotional matters relating to serious illnesses of the body and the mind. Note the use of the term "personalised information" in the above piece from the white paper, the word "personalised" suggesting something especially adapted for the individual patient.

6.5 Statutory Welsh Language Schemes

The basic principle of any Welsh language provision are laid out in the Welsh Language Board's handbook, Welsh Language Schemes - Their Preparation and Approval in Accordance with the Welsh Language Act 1993, where particular attention is given to the rights and needs of vulnerable consumers:

" • offering the public in Wales the right to choose which language to use in their dealings with the organisation;

• recognising that members of the public can express their views and needs better in their preferred language;

• recognising that enabling the public to use their preferred language is a matter of good practice, not a concession;

• and that denying them the right to use their preferred language could place members of the public at a real disadvantage

These principles are relevant to all public services, but are particularly appropriate for organisations providing services to people who are in vulnerable situations, such as services involving counselling and care."
(Welsh Language Board, 1996)

Chapter 7 - DISCUSSION TOPICS

No research project develops in a vacuum, and every researcher has his or her own expectations as regards which subjects are likely to prove significant as the research goes on. This project has its origins in a number of anxieties of the Welsh Language Board and the Welsh Consumer Council regarding the inadequate nature of the current provision for Welsh speaking patients, and from a desire to find out how much basis there is for those anxieties. Analysis of a number of the subjects discussed during the confidential interviews with consumers and staff and/or in the 24 interviews with key individuals, and/or which came up during the desk-based research. Some of these subjects are ones which were expected before the research began to come up, but the majority of them are subjects to which the author's attention was drawn during interviews by consumers and staff.

7.1 Identifying a Patient's Chosen Language

Every Welsh Language Scheme adopted by NHS Trusts in Wales includes a commitment to establish each patient's chosen language during the patient's first contact with the Health Service. It is usually intended that this will be done by asking GPs to record language choice and transfer that information to any NHS Trust when referring the patient. The evidence collected whilst writing this report strongly indicates that this is not happening. In the survey conducted by Beaufort Research in December 1998, 88% of respondents said that they had never been asked when visiting a doctor's surgery or hospital whether they would prefer to speak Welsh. Amongst respondents from one region (the north-east) the percentage of negative answers rose to 95%. The same picture was found in the evidence given by patients and staff in interviews, evidence which suggests that identifying patient language choice is continuing to take place in an accidental and ad hoc fashion, if it is taking place at all. If the picture is a correct one, then it is a major cause for concern, since all arrangements for providing Welsh-medium services are dependent for their effective operation on one simple action - the identification and recording of every patient's language choice. Unknown needs cannot be met; and provision cannot be made for the Welsh speaking patient who has not been identified as a Welsh speaker.

In interviews, very few patients could remember being questioned as to their chosen language by a member of staff. According to the testimony of both staff and consumers, both sides will depend almost entirely on a variety of accidental and unreliable methods to identify which language any one patient would prefer to speak. One thing which all these methods have in common is that they are based to a large extent on old-fashioned and static ideas about what sort of people from which sort of areas can speak Welsh:

(i) In traditionally Welsh speaking regions, such as Dwyfor and Caernarfon, there is a tendency for staff and patients to assume that Welsh will be the medium of discussion. As one interviewee said:

"'On i'n cael y teimlad yn ysbyty [un dref] bo' nhw'n siarad Cymraeg â chi os on nhw'n gwybod bo' chi'n siarad Cymraeg neu beidio," meddai un person.
("I got the feeling in [one] hospital that they would speak Welsh to you whether they knew you were a Welsh speaker or not.")

(ii) In other areas, staff said that they often depended on hearing patients speaking Welsh with their families, and a number of patients said that this was how they thought staff had identified their chosen language. Although this method is fairly effective, it does not work in the case of those who come to the doctor's surgery or hospital on their own, or who do not receive visitors whilst staying in hospital. It should not be forgotten either that 28% of Welsh speakers either live alone or are the only people in their household who speak Welsh. Such people are far less likely than others to be overheard speaking Welsh to relatives.

(iii) A number of health care users and staff said that they tend to ask people which language they speak after asking them where they come from originally. If the other person originates from a traditionally "Welsh speaking" area, one can then move on to ask whether he or she speaks Welsh. The flaws in this method become obvious when one remembers that around half of Welsh speakers live in areas which are traditionally regarded as being "non-Welsh speaking".

(iv) Staff may also depend on such things as accent and the way a patient speaks English. As many non-Welsh speaking people from Wales have strong Welsh accents, and many Welsh speakers speak English with little trace of a regional accent, this method is not particularly reliable.

(v) Some staff look to see if a patient has a particularly Welsh name. Although this sometimes works, it cannot be relied on. It is common enough these days for non-Welsh

speaking parents to give their children traditional Welsh names, whilst many native Welsh speakers have very English-sounding names.

(vi) Gwenan Thomas' research revealed that some people believe they can spot whether other people are "Welsh-looking" or "English-looking", although no one could explain exactly how this worked. As one women interviewed said:

> "Sain gw'bod beth sy'n wahanol, ond ti'n edrych [ar rywun] a meddwl Saesnes yw honna,"
> ("I don't know what's different, but you look [at someone] and think she's English.")
> (Thomas, G., 1998)

(vii) Gwenan Thomas has also described the attempts some of the women she spoke to had made to reveal the language choice to medical staff and to change the language of conversation from English to Welsh by attaching occasional Welsh words or phrases to English sentences. The success of this method depended to a large extent on the sensitivity of staff to what the women were doing, and if the method did not prove successful at the first attempt the women were likely to give up. (Thomas, G., 1998) Gwerfyl Roberts has also described subconscious attempts by nurses and patients to change the language of a conversation by throwing a few Welsh words into a conversation being conducted in English. (Roberts, G., 1994)

(viii) Some staff said that they tried to find out which school children are attending when they come in as patients, to see whether it is a Welsh-medium school; and in the field of speech therapy, it can be seen from referral forms whether a child is attending a Welsh-medium school. Although this method is much more dependable than many others, it is of little help to Welsh speaking children who are outside the Welsh-medium education system.

(ix) One former nurse said that she used to look at records of patients' religion to see if they belonged to a Welsh speaking denomination.

Depending on methods like those listed above often leads to uncertainty and missed opportunities to communicate in Welsh, as two people testified in interviews:

> "Cawson ni'n cyfeirio gyda'r hwyr at yr ysbyty, a gweld meddyg. 'Oedd hyn i gyd yn digwydd yn Saesneg, mi ddarganfyddon ni wedyn fod y meddyg oeddan ni wedi bod yn siarad efo fo, 'oedd o'n siarad Cymraeg. Ond doeddan ni ddim yn gwybod hynny tan ar ôl. Fallai fod ychydig bach yn ei acen, ond dydy acen ddim yn arwydd da bob tro."
> ("We were referred late at night to the hospital, where we saw a doctor. All this happened in English. We discovered later that the doctor we'd been speaking to did speak Welsh. But we didn't know until afterwards. Maybe there was something in his accent, but accent isn't a good indicator every time.")

> "Bues i'n gweld y nyrs 'ma unwaith yr wythnos am wythnosau, misoedd efallai. I gael treatment. Sawl tro mi fuodd bron i mi ofyn iddi oedd hi'n siarad Cymraeg. 'O'n i ddim yn siŵr am ei hacen hi, ond 'oedd hi'n dod o dre ddigon Cymreigaidd. Eto i gyd, dych chi byth yn gwybod."
> ("I was seeing this nurse once a week for weeks, months maybe, to have treatment. A few times I almost asked her whether she spoke Welsh. I wasn't sure about her accent, but she came from quite a Welsh speaking town. Then again, you never can tell.")

One thing which became obvious during interviews was that it was those people who had an inherent interest in other people, their business and their personal history, who found it easiest to find out who spoke Welsh. For people like this, enquiring about the language of some one they have only just met is entirely natural, since they already make a habit of questioning strangers about their backgrounds and their life stories. A small number of health care consumers who had rarely if ever had trouble identifying which staff and patients around them spoke Welsh, and who had rarely had any problems using the language afterwards with the Welsh speakers they had identified. A number of factors were characteristic of this group of consumers, namely that they were without exception middle-aged men who had had some experience of public life, and who were well used to dealing with a wide range of people. For example, one interviewee of this sort stated:

> "Yn uniongyrchol, pa fi'n cwrdd â pobl â wi'n 'neud ymdrech mawr i wybod pwy ŷn nhw, o ble maen nhw'n dod a beth yw eu hiaith."
> ("Straight away, when I meet people, I make a great effort to find out who they are, where they're from and what their language is.")

For the less confident and less naturally sociable, it's not so easy. For a number of reasons, patients may be reluctant to ask the staff treating them whether they speak Welsh:

(i) A feeling that English is the usual language of the institution. This is especially true of regions which are traditionally considered as "non-Welsh speaking", and the feeling is reinforced by such things as monolingual English signs and English only greetings by staff.

(ii) A fear of appearing troublesome or being seen as making a political stand.

(iii) A fear of annoying staff and a desire to please them. In an interview, one member of medical staff spoke of how many Welsh speaking patients do not insist on speaking Welsh even if the option is available to them, preferring to leave the choice of language in the hands of the staff treating them:

"Dydyn nhw ddim eisiau mynd off ar y wrong foot efo rhywun maen nhw eisiau i helpu nhw." ("They don't want to get off on the wrong foot with someone they want to help them.")

(iv) A fear of making staff who may be non-Welsh speaking feel uncomfortable by questioning them about language. For example, one health care user said:

"Roedd y therapist yn wych - arbennig o alluog. 'O'n i'n pendroni trwy'r amser trwy'r amser am ofyn i hi oedd hi'n siarad Cymraeg, achos 'o'n i'n amau bod hi. Ond 'o'n i'n ofni byddai hi'n meddwl wedyn bo fi'n credu bod hi ddim yn ddigon da i fi os oedd hi'n ddi-Gymraeg. Ddywedais i ddim byd yn y diwedd a fe wnaethon ni'r cyfan yn Saesneg."
("The therapist was great - very capable. I was wondering all the time should I ask her if she spoke Welsh, because I thought she might do. But I was worried she'd think I though she wasn't good enough for me if she didn't speak Welsh. I didn't say anything in the end, and we did everything in English.")

(v) A fear of being seen as stupid because of the perceived imperfection of their English.

(vi) A feeling that they should not have to ask especially for Welsh language provision:

"Pan ych chi'n gofyn 'Do you speak Welsh, Ych chi'n siarad Cymraeg,' ych chi fel 'sech chi yn teimlo islaw... Ych chi'n teimlo fel 'sech chi'n gorfod begian."
("When you ask "Do you speak Welsh? Ych chi'n siarad Cymraeg?" You feel as if you're somehow below them... You feel as if you're having to beg.")

At least one NHS Trust is currently introducing a system to ensure that a sticker noting that a patient wishes to speak Welsh will be placed on his or her case notes or medical records. Another Trust is also considering using stickers like this, in addition to noting language choice on the plaque above each hospital bed showing the patient's name, and giving each patient a bracelet to wear coloured according to language choice. Understandably, some anxieties have arisen as to how appropriate it is to label patients in this manner. In the same way, evidence was heard that some Welsh speaking staff in one area have express an unwillingness to wear badges showing that they speak Welsh. One person even went so far as to compare such badges with the yellow stars which Jews were forced to wear in Nazi Germany. Although such anxieties are very understandable, it has to be acknowledged that there is an undeniable need for formal methods of recognising which patients and which staff are Welsh speaking - for the convenience of both parties, and most of all for the benefit of patients. As old social networks break up, and people move more and more from region to region, it is no longer sufficient for us to depend on methods of language identification based on knowing who's who and where they come from. It is very difficult to see how Welsh speaking staff and patients can be expected to be able to identify each other without some sort of clear visual system of badges and/or signs and coloured stickers. No such system of noting patients language choice needs to stigmatize any one if it is presented as part of a comprehensive system for noting various individual needs that staff should know about. For example:

(i) Language choice, be that Welsh, English or any other language.

(ii) Vegetarian, Kosher, Halal diet etc.

(iii) Standard drugs not to be administered.

Another question which arises naturally from any consideration of how patients' language choice is identified is what use is then made of any such information after it is collected. Even in the institutions where some effort is made to deliberately record language choice, it is not clear to what extent those records are referred to when planning treatment. The impression one generally gets is that this also takes place in an ad hoc fashion. Interestingly, a recent survey by the NHS Wales Equality Unit and the Commission for Racial Equality showed that the way in which most health care bodies make use of staff skills in other minority languages is just as ad hoc as in the case of Welsh. (NHS Equality Unit & Commission for Racial Equality, 1998) This

goes along with the general tendency in many areas of work to undervalue workers' bilingual skills and to fail to take full advantage of them.

7.2 Four Key Groups

As noted above, during the research for this report, four key groups of vulnerable consumers were identified, and these deserve particular attention:

(i) People with mental health problems: The serious pain and disturbance which arises from a mental illness can sometime be worsened if the patient does not have an opportunity to discuss his or her feelings and experiences in his or her chosen language. Since the aim of any mental health care is to restore the normal balance of the mind, the Welsh language (or any other language) cannot be ignored as a factor if it forms a significant part of the normal life and thought processes of any patient.

(ii) People with learning disabilities or other special needs: The difficulties which face people in this situation can be intensified if they are obliged to communicate in their second language. There is significant anecdotal evidence that Welsh speakers with learning disabilities do respond better to stimulus in their first language.

(iii) The elderly: In general, every one of us is likely to increase our use of health care services as we get older. Amongst the older generation of NHS consumers there is a small but significant group from strongly Welsh speaking areas who never fully learned English. These people may suffer genuine distress and confusion when obliged by illness or frailty to move from their normal Welsh speaking environment to a medical institution where English is more generally used. In addition to this, a number of fully bilingual Welsh speakers do revert to using only their first language, particularly after suffering a stroke or during a period of dementia.

(iv) Young children: Young children are also frequent Health Service users, and of all NHS consumers, they are the most likely to be monolingual Welsh speakers.

These are the same four categories of health care users described in the 1975 Welsh Office Circular on the Welsh language in the National Health Service (see Section 6.2):

> "Relationships between those seeking and those providing the service in Wales can often be assisted by recognising the importance of the Welsh language to those whose first language it is... [This] has particular relevance to certain groups of patients - the young and the elderly - who in some cases may have difficulty in making their wishes known in a second language - and to the mentally ill and the mentally handicapped." (Welsh Office, 1975)

7.2.1 Mental Health

Of all the medical fields studied during the research for this report, it is probable that this is the one where the need for proper provision in the patient's chosen language can be most clearly seen. As any treatment for mental illness involves bringing the patient back to his or herself and restoring the normal balance of the mind, it is hard to see how that can be achieved without first understanding the nature of the norm to which one is seeking to return. For the patient whose normality is a Welsh speaking one, treatment in English will not necessarily be appropriate or helpful. In an interview, one member of the family of a mental health care user gave a simple description of the importance of language to that person:

> "Pan fydd e yn ei isymwybod, Cymraeg yw ei iaith e."
> ("When he's in his subconscious, Welsh is his language.")

A similar opinion was to be had from another person when talking of his own experiences of receiving health care (see Section 6.2):

> "Mae mynegi teimladau yn rhan fawr o'r peth ac yn Gymraeg 'wyt ti'n teimlo'n naturiol... Nid mater o ba mor hawdd ydy i wneud hynny yn Gymraeg neu Saesneg. Nid mater o ba mor alluog ydy rhywun yn ieithyddol ydy o - beth sy'n naturiol, lle y mae'r integrity, lle mae'r cyflawnder naturiol ydy o mewn gwirionedd."
> ("Expressing feelings is a big part of it, and in Welsh you feel more natural... It's not a matter of how capable some one is linguistically - it's about what's natural, where your integrity is, your natural wholeness in fact.")

These points, made by health care consumers, were reflected by the psychotherapist Dr Dilys Davies in her assessment of the importance of language in her work:

> "Language is an example of the set of rules which gives form and meaning to our experience. Our language is thus an intrinsic part of our sense of self or personality... If you speak another language, the way your constructs are formed and the way you construct yourself and the world are different because the cultural

> context in which they are embedded is different. If psychotherapy is about exploring meaning systems, there is a need to represent or symbolise a person's experience not ignore it." (Davies, D., unpublished draft)

On the other hand, substantial evidence was found regarding what can happen when mental health care providers, for whatever reason, fail to provide for Welsh speaking patients in their language of choice. In one case the family of one patient had to be called into hospital to comfort him as he was rambling in Welsh and staff were unable to find another Welsh speaker to talk to him. Another person described his experience of taking a very unwilling mentally ill person to hospital. After much discussion, the man was persuaded to go to hospital but was bitterly disappointed upon arrival when he was told there were no staff there at the time who could talk to him in Welsh. "'Oedd o'n teimlo'n enbyd o ddiymadferth," ("He felt terribly helpless") was his companion's description of his reaction to the situation.

A member of the family of one patient went so far as to claim that he was returning home from periods of care in hospital severely confused, having been obliged to use both English and Welsh there even though he was used to using Welsh all the time. Most serious of all, was one case where a mentally ill patient who was either unable or unwilling to speak any language other than Welsh, was kept for a period of several weeks in a psychiatric hospital where there was not one Welsh speaking member of staff available to talk to him. In this case, the patient's family were the only people he was able to communicate with. One nurse described the situation at the time:

> "He can't communicate his feelings to staff... He is improving but there's not a lot we can do, because if you think about the role of a psychiatric nurse, a lot of it is to do with communciation and it's a bit hard when you can't communicate."

Evidence was also collected from families about the way in which some Welsh speaking mental health care users occasionally insist on speaking English when discussing their problems. It seems that some first language Welsh speakers feel that they are able to de-intensify the situation they are in, and stand somewhat outside themselves, by turning to their second language. This was confirmed in interviews with several patients' family members, who described how they had refused to speak Welsh at certain times as a means of distancing themselves from their families and/or from themselves. One woman described how her husband would usually discuss his mental illness in English as he somehow felt more comfortable discussing something so personal in a language which was to him essentially an official and impersonal one.

> "Wi'n meddwl fod e'n gosod rhywfaint o bellter, rhyw fath o godi wal rhyngoch chi a'r rhai agosa' atoch chi os dych chi'n defnyddio'r Saesneg. Yn y Gymraeg ych chi'n hollol eich hunan, ac mae amddiffynfa lawr on'd yw hi? Mae Saesneg yn iaith ffurfiol ac allanol." ("I think he was establishing a certain amount of distance, somehow building a wall between yourself and those closest to you by speaking English. In Welsh you are totally yourself, and all your defences are down, aren't they? English is an official and external language.")

Credai'r wraig hon hefyd fod teimladau ei gŵr ynglŷn â'i salwch wedi'u plethu'n ddyrys â'i deimladau am iaith:

> "'Oedd e'n teimlo'n gryfach yn y Saesneg; 'oedd e'n teimlo gwendid yn y Gymraeg. Fel on i'n dweud, 'oedd e'n teimlo fod e wedi cael ei israddio amser 'oedd e'n blentyn oherwydd [ei fod yn siarad] y Gymraeg. Ac wedyn... mae teimlo eich bod chi wedi'ch israddio oherwydd y salwch, neu'r mae'r salwch yn gysylltiedig â rhyw deimlad o fod yn waeth na phobl eraill, ac mae cymhlethdod yr iaith yn creu problemau eraill... 'Oedd e'n teimlo'n fwy cadarn, yn fwy siŵr o'i hunan mewn sefyllfa mor ofnadw ac ansicr, yn teimlo bod sgitsoffrenia arnoch chi ac yn ei ofni. 'Oedd e'n well gyda fe bod yn Saesneg."

This woman also thought that her husband's feelings about his illness was also related to his feelings about language.

> "He felt stronger in English, and felt weak in Welsh. As I said, he felt inferior when he was young speaking Welsh. And then.... feeling inferior because of your illness, or worse than everybody else, and the complication of language causes further problems... He felt stronger, and more sure of himself in a terrible situation, feeling schizophrenic and scared. He preferred to be English".

However, in every such case looked at, the patient's family members said that he or she had later returned to speaking Welsh, and that that change had usually assisted the treatment process. For example:

> "Roedd un nyrs Cymraeg yn [y clinig], a daeth hwnnw wedyn i'r tŷ... Dw i'n gwybod bod hynny

> wedi bod yn help mawr iddo fe ail-gydio yn y feddyginiaeth... 'On i'n gweld [y claf] wedi ymlacio mwy achos fod e'n Gymraeg... mwy naturiol."
> ("There was one Welsh speaking nurse in [the clinic], and came to the house later on. I know that that really helped [the patient] to start taking his tablets again... I could see [the patient] was more relaxed because the nurse spoke Welsh... more natural")

As described below in the section looking at speech and language therapy (see Section 7.3 below), in a situation like this one, the bilingual worker is an invaluable asset to the Health Service. In a situation where a patient, for any reason, is switching between two languages, it is the bilingualism of the workers, rather than his or her ability in any one language, which is the key skill. A bilingual worker can cope easily with this sort of code switching by a patient, changing his or her own language according to the wishes of the patient in a way which would be impossible for a monoglot worker. The bilingual worker is also more likely to understand a patient's need for switching codes at various times, and to notice the different sorts of subjects the patients chooses to discuss in the two different languages.

Section 13(2) of the 1983 Mental Health Act stipulates that if any patient is being assessed to see whether he or she can be compelled to enter hospital, the patient should be interviewed by a social worker in a "suitable manner". This point is reinforced in the Code of Practice published under Section 118 of the Act. In Paragraph 2.11 of the Code it is stated that the term "suitable manner" means that the patient and the social worker must be able to understand each other's language. If they do not, the services of a translator should be called upon, or a social worker who understands the patients' language should be found to perform the assessment or to help with it. Although it is possible to argue that none of this is relevant to bilingual speakers in Wales since almost all of them understand English, the question which needs to be asked in the context of language and mental health care is what exactly is meant by the word "understand". If a confused Welsh speaking patient, on top of all his or her other problems, is obliged to communicate in his or her second language because that is the only language of the worker assessing him or her, it is perfectly reasonable to question if it's really possible to establish a deep and genuine understanding between the patient and the assessor. In this matter, one experienced psychiatrist expressed his firm opinion that he had come across some patients he would not have been able to properly assess if he had not been able to speak Welsh with them:

> "Dw i'n meddwl bod hi'n gwbl annheg ar y cleifion.... Yn anffodus, y bobl sydd ddim yn siarad Cymraeg, maen nhw'n tueddu i gredu bod eu hasesiad nhw yn ddigonol, wel dw i ddim."
> ("I think it's totally unfair on the patients. Unfortunately, the people who don't speak Welsh, tend to believe that their assessment is adequate, well I don't.")

A number of bilingual mental health care staff did testify that attitudes to Welsh in the field have improved during the last 10 years, in traditionally Welsh speaking regions at least. At the same time, more and more people are beginning to demand treatment in Welsh although it still remains difficult to persuade some Welsh speakers with mental illnesses to insist upon their right to this. The cruel irony of this situation is that while mental illness may intensify the need for help through the medium of Welsh, at the same time it often deprives the sufferer of the confidence necessary to demand such help. The quotation below illustrates the lack of confidence of one long-term mental health care user, who saw herself at fault rather than her care provider because she desired assistance in Welsh but was unable to get it. This is a classic example of the assumption by staff, and the acceptance by patients, that it is health care users rather than providers who should be responsible for ensuring a common language is used in any communication:

> "Efallai bo' fi' hunanol, ond byddwn i'n hapusach yn siarad Cymraeg."
> ("Maybe I'm selfish, but I would be happier speaking Welsh.")

The same lack of confidence was to be seen in another interview with a family member of a mental health care user, who was being kept in hospital for a prolonged period. "Trueni na fyddai mwy o staff yna i siarad Cymraeg 'da fe," ("It's a shame there aren't more staff to speak Welsh to him,") was this relative's only comment, who then refused to discuss the matter any further.

It seems that there are two reasons for this lack of confidence:

(i) The traditional reluctance to complain of many Welsh speakers, particularly to complain about medical services.

(ii) The reluctance of the families of mental health care users to draw attention to themselves and to the fact that there is mental illness within

their family. In interviews, more than one person said that they had found this tendency not to talk about mental health problems to be stronger amongst Welsh speakers than amongst non-Welsh speakers. More than one interviewee said that they thought there was a greater stigma attached to mental illness in Welsh speaking society than in the wider community as a whole, and that Welsh speaking families were more likely to refuse to acknowledge that a family member had such an illness. A member of a schizophrenic family saw the need to hide mental illness as a wider pattern of unease and unwillingness to admit to problems within the Welsh community. "As a community we are under great pressure... and I think that we are scared of anything that will rock our hold on our future. Stigma is attached to mental illness and probably more so within the Welsh speaking community. We don't admit to alcohol or drug problems. We don't admit to problems and mental health is one of them."

The question which naturally follows on from this is that of whether this unwillingness within the Welsh speaking society to acknowledge a mental illness is causing Welsh speakers to make less use of mental health services than they could do. Another possibility which has to be considered is that any tendency to avoid formal mental health care service in this way could be increased by a feeling that such services do not provide for the particular needs of Welsh speaking patients. It is interesting in this matter to draw a comparison with the situation of ethnic minorities in England, where the evidence from hospital admission, local GPs' surgeries and community surveys tends to suggest that people living in England but born in Asia are less likely to suffer psychiatric illnesses than people born in England itself. This situation and its possible implications were discussed in the NHS Ethnic Health Unit's publication, Ethnicity and Health in England:

> "It is not known whether these patterns reflect genuinely lower levels of mental illness, or differences in detection rates: they could reflect the reluctance of Asians to report mental health problems, or language and communication difficulties making it harder for GPs to recognise such problems when they arise. It is possible therefore that there is an element of unrecognised and untreated mental ill-health in this ethnic group... It has been suggested that there may be a considerable unmet need for psychological support among black and minority ethnic people, that many may not be getting the type of service they require, and that some are seeking it outside the NHS... Access to mental health care may be limited by restricted opportunities and insensitive services... The difficulties of diagnosing illnesses like schizophrenia in people of different cultural backgrounds, and in those for whom English is not the first language, undoubtedly account for some of the ethnic differences in levels of diagnosed disease." (Balarajan & Raleigh, 1995)

According to Dr Dinesh Bhugra, Senior Lecturer at the Institute of Psychiatry in London, the comparison in Wales with ethnic minorities in England is very appropriate. Speaking at the Conference of the Psychotherapy Section of the British Psychological Society in Gregynog in June 1998, Dr Bhugra stated, "In Wales the pattern for Welsh speakers seems to be following that of ethnic minorities even in areas where Welsh speakers form a native majority." (Dubé, S., 1998) During the same conference, Dr Dilys Davies spoke of her experience of working in a region where more than 60%[Caerfyrddin/Dinefwr] of the population was Welsh speaking, but only around 10% of patients receiving psychotherapy were Welsh speakers. Dr Davies described this experience in the context of the present crisis in agriculture:

> "People like farmers are not coming into the service and one possibility is that they don't suffer emotional stress - that the Welsh speaking population is an enlightened one. But a cursory look at my own family show's that's not true. A whole range of emotional disorders is apparent in rural Wales as is shown by the high suicide rate among Welsh farmers. There are huge projects in England to deliver counselling for different cultures like Asian and Afro-Caribbean but a total absence of similar schemes in Welsh speaking Wales, and people like farmers are being missed out completely." (Dubé, S., 1998)

The impression Dr Davies also got during her work was that the percentage of Welsh speakers was likely to be higher on the general psychiatric wards, where patients were more likely to receive physical and chemical treatments, than the percentage amongst outpatients, who received "talking treatments" more often. This again coincides with the pattern found in ethnic minorities in other countries. For example it is noted in Ethnicity and Health in England:

> "There is also compelling evidence of ethnic differences in access to psychotherapy service. African-Caribbeans are less likely to make voluntary contact with health services suggesting that such services may be

> unsatisfactory or inappropriate to their needs." (Balarajan & Raleigh, 1995)

Dr Davies has offered her own analysis of the reasons for the scarcity of Welsh speaking psychotherapy patients in the part of Wales she was working in:

> "A service set up by English speakers for English speakers with complete disregard for the cultural context."

At present, it is very difficult to conduct meaningful research into patterns of access to psychotherapy in Wales, since mental health statistics are not currently collected for Wales as a distinct area - statistics for England and Wales are collected in a manner which allows analysis of the experience of the "Welsh" or Welsh speakers as a distinct group. Equivalent research in other countries has shown that different ethnic groups do have different patterns of referral to psychotherapy services, and that there is a tendency on the whole for minorities and underprivileged sections of society to receive less psychological help.

During the research for this report every NHS Trust in Wales which provides mental health care and which has prepared a statutory Welsh Language Scheme was contacted by post to enquire about their arrangements for dealing with Welsh speaking patients with mental health problems. Of the eight Trusts who received letters, four responded. Of these four:

- One said that it had no policy of noting language choice, but that there was one Welsh speaking Consultant available to patients who wished to discuss their problems in Welsh.
- One acknowledged that it had a serious problem of a lack of Welsh speaking staff, and said that it was at the time setting about noting for which jobs within the Trust the ability to speak Welsh was either "essential" or "desirable".
- One said that she usually assesses a patient's chosen language when they first meet - she had also tried to solve the problem of lack of Welsh speaking staff by adopting a team dimension.

"Because of a shortage of Welsh speaking staff in some locations within our mental health services, the staff who are available ensure that someone who speaks Welsh is on duty at all times. Within the community teams, work patterns are organised to ensure that clients who wish to receive services through the medium of Welsh can do that."

- One said that it was taking all possible steps to ensure a Welsh-medium service to those who desired one, including asking for assistance from staff in other areas within the Trust region if insufficient Welsh speaking staff were available in any one area. It was also stated that the Trust was currently introducing a system of stickers on the covers of patients' notes indicating language choice.
- According to a spokesperson for one Trust, nursing staff were currently responsible for noting language choice, but the Trust was also in the process of reviewing its Welsh Language Scheme in preparation for a merger with another Trust as part of the government's reorganization of the NHS in Wales. As part of this review, the question of language choice had been noted as one which needed to be discussed "to ensure that language choice is continually recorded."
- Two of the Trusts noted that they had already established, or were in the process of establishing, Welsh language classes for staff, with the intention of increasing the number of Welsh speakers within the workforce.

Amongst the encouraging developments in the field of mental health care in recent years, was the establishment of the Gwynedd Welsh speaking Mental Health Workers Group in 1995. The Group now co-operates with various public and voluntary bodies in the fields of language and health to promote the use of Welsh in mental health services. It also works to promote the learning of Welsh amongst non-Welsh speaking experienced mental health workers, and to increase the recruitment of Welsh speakers into the profession. During 1998, The Group began the task of conducting a survey of how many bilingual mental health workers are within the Gwynedd Community Health Trust and what their jobs are. A spokesperson for the Group expressed great satisfaction with Gwynedd County Council's scheme to sponsor Welsh speakers to qualify as social workers, suggesting that a similar scheme to attract Welsh speaking nurses to retrain as mental health nurses could be very beneficial.

7.2.2 People With Learning Disabilities and Other Special Needs

Whilst researching the needs of this category of health care consumers, two types of people in particular came to light, namely adults with severe learning disabilities and children with special needs.

7.2.2.1 Adults With Severe Learning Disabilities

Of all Health Service consumers it is likely that those with severe learning disabilities are amongst the most vulnerable:

(i) Since they are often unable to express their own wishes and depend on others to speak for them.

(ii) Since they often have to depend on other people to plan their lives and make key choices on their behalf.

(iii) In the case of Welsh speakers with serious learning disabilities, it can be difficult for workers to identify the language choice of a person who is largely unable to speak.

Regarding the third of the above 3 points, a certain amount of evidence was found that less sensitive staff are sometimes disregarding the possibility of language choice for Welsh speakers with learning disabilities by assuming that a person who cannot speak does not have a preferred language. The experience of bilingual workers in this field, and the testimony collected in interviews with families, show irrefutably the dangers of ignoring the language choice of those without the power of speech. One person described the experience of a member of her family with a severe learning disability, who had recently returned from a long period of residential care when he had been cared for almost entirely through the medium of English:

> "Ddwy flynedd yn ôl nawr aeth e mas i'r gymuned...'Oeddwn i'n pwyso pryd hynny i wneud yn siŵr fod e'n mynd yn ôl i awyrgylch Cymraeg, achos mae'n dal i gofio'r geiriau Cymraeg. 'Oedd y nyrs oedd gyda fe, Saesneg oedden nhw, ond 'oedd 'na un oedd yn digwydd bod yn yr ysbyty ac 'oedd hi'n dod a siarad Cymraeg, ac 'oedd hi wastad yn dweud bod e'n ymateb yn well."

("Two years ago he went out into the community... I pressed at that time to make sure he would go back to a Welsh speaking atmosphere, because he still remembers things like Welsh words. The nurses he had were English speaking, but there was one who happened to be in the hospital who would come to speak Welsh to him, and she always said that he responded better.")

In this case, a bilingual nurse was sufficiently perceptive and sensitive to realise the linguistic needs of a person with very limited powers of speech.

Insufficient evidence was collected to enable drawing any definite conclusions concerning this group of particularity vulnerable consumers, and it is clear that significant further research needs to be carried out into their needs and the way they are met by the Health Service and other public bodies.

7.2.2.2 Children With Special Needs

Firm evidence was found (see Section 7.3 below) that a substantial number of medical practitioners in several parts of Wales are continuing to tell some parents not to speak Welsh to children with learning disabilities for fear of further disadvantaging them. Evidence was collected concerning two cases where the happiness of families had suffered greatly after health professionals advised parents not to speak Welsh to their children, on the basis of the argument that they had special needs which could be worsened by having to cope with two languages. In one case, the mother of one child switched overnight from speaking Welsh with him to speaking only English to him and to her other child. By now, these two children are the only members of their large extended family who cannot speak Welsh, and so feel particularly isolated when the family gathers together and they are unable to understand most of the conversation going on around them. In the other case, one couple's relationship broke down on account of the tension which developed after a health care practitioner advised them not to speak Welsh to one of their children. One of the parents was determined to continue speaking Welsh to the child, while the other wanted to follow the practitioner's advice. The child himself was in the strange position of hearing one of his parents speaking English to him whilst still speaking Welsh to his siblings, leading once again to feelings of isolation and separateness.

Although the difficulties which non-Welsh speaking staff encounter when treating Welsh speaking children have to be acknowledged, it is wholly unacceptable for the providers of services to such children and their families to insist that they should alter the language of their home for their convenience. This is a clear example of the widespread tendency to place all responsibility for ensuring a common language on the shoulders of patients and their families, rather than on the providers of care. The suggestion that speaking Welsh to a child could intensify any special needs he or she already has originates from a basic misunderstanding of the nature of language and bilingualism. It also does not take into consideration the emotional and psychological implications for the child as a family member if the language spoken between him or her and his or her parents is English whilst the rest of the family continues to speak Welsh.

7.2.3 The Elderly

Although not every elderly consumer is necessarily a vulnerable consumer, it is true that old age does sometimes effect the ability of some people to express their wishes and demand their rights as consumers. These things can become even more difficult if the elderly consumer is obliged to do it in his or her second language. In the context of health care, old age may also bring with it various sorts of illness and frailty, meaning that older people are amongst the most frequent users of the National Health Service.

During research work, three main categories of older Welsh speaking consumers were identified who may encounter problems if obliged to discuss health matters or receive treatment through the medium of English only:

(i) Those who have never fully mastered English, generally because it has been a fairly unnecessary language for them. These people have lived most of their public and private lives through the medium of Welsh in communities where English was used only occasionally. They may suffer genuine discomfort and confusion if obliged by illness or frailty to move from their Welsh speaking environment into health care institutions where they may be expected to use English as their main means of communication. Whilst speaking during an interview about the experiences of one elderly member of his family, one man gave a neat, one-sentence verbal picture of this sort of patient:

> "Mae o'n 80 oed, ac mae ei Saesneg o yn eitha bratiog, achos dyna ydy o."
> ("He's 80 years old, and his English is pretty ropy, because that's just how he is." Lit. "because that's what he is.")

Although such people only form a small part of Welsh speaking society by now, their linguistic needs are very genuine and serious consequences may follow if they are disregarded.

(ii) Perhaps more common are elderly Welsh speakers who are more or less fully bilingual, but their second language is starting to deteriorate as they age. This process is known as "language attrition", and its effects have been widely studied and recorded. For example, one woman in her eighties described her own experience of feeling her grip on English gradually slackening, although she was a professional who had worked most of her life in English:

> "Dw i ddim mor barod 'nhafod ag ydw i yn Gymraeg, ac mae hwnna'n beth newydd i mi. Wrth gwrs, dw i sbel dros 'mhedwar ugain, ac dw i'n siŵr fod o'n digwydd i bawb."
> ("I'm not so quick to respond as I am in Welsh, and that's something new to me. Of course, I'm a little over eighty by now, and I'm sure it happens to everyone")

The same woman described how her late husband would "ymbalfalu am y geiriau yn Saesneg" ("grope for the words in English"), although he too was an educated person, and had had wide experience of public life in both English and Welsh. This testimony was supported by the comments of a retired doctor who spoke of his own extensive experience of working in various hospitals:

> "Be' dw i'di sylwi'n fwy na dim yw taw'r plant, sy ddim wedi siarad lot o Saesneg, a'r henoed sy 'di anghofio lot o'i Saesneg yw'r mwyaf pwysig i gael y Gymraeg drosodd iddynt nhw. Mae 'na lot o bobl yn meddwl trwy gyfrwng y Gymraeg - mae eu meddyliau nhw i gyd yn Gymraeg, fel maen nhw'n cyfieithu yn eu pen os oes rhaid iddyn nhw siarad yn Saesneg. A dw i'n meddwl, fel bod pobl yn mynd yn hŷn maen nhw colli'r modd i wneud hynny yn hawdd."
> ("What I've noticed more than anything else is that it's the children, who haven't spoken much English, and the elderly, who've forgotten a lot of the English, they are the most important when it comes to using Welsh. A lot of people think in Welsh - all their thoughts are in Welsh so that they have to translate in their heads if they have to speak English. And think, as people get older they lose the ability to do that.")

(iii) Those who have suffered a stroke and in the wake of that are able to communicate only in their first language. Two people described in very similar terms what happened when elderly members of their families had strokes:

> "Mi gâth 'nhad strôc, a mi oedd o wedi colli ei leferydd, ac 'oedd yn rhaid iddo fynd i'r ysbyty am gyfnod o fisoedd. Mi oedd 'na nyrsys di-Gymraeg yn gofalu amdano fo'r rhan fwyaf o'r amser...'Oedd o yn ei saithdegau ac wedi treulio ei oes yn siarad Cymraeg... Mi oedd o allan o'i gynefin, mi oedd 'na afiechyd mawr wedi'i oddiweddyd o."
> ("My father had a stroke, and he'd lost his speech, and he had to go into hospital for several months. There was a non-Welsh speaking nurse looking after him for most of the

time... He was in his seventies and had spent his whole life speaking Welsh... He was out of his natural environment, and this terrible illness had overtaken him.")

"Mae hi'n 91, mae hi'n Gymraes iaith gyntaf, ac mae'r Gymraeg yn haws iddi hi fel mae'n mynd yn fwy methedig... Mae hi'n eithaf rhwystredig, mae hi'n cymysgu, mae hi wedi cael sawl strôc. Mae hi'n ffindo fe'n rhwystredig iawn. Wi'n ei chlywed hi'n siarad Cymraeg â'r staff a dyn nhw ddim yn deall gair o Gymraeg... Fe gâth hi strôc iawn yn ddiweddar, a buodd rhaid iddi fynd i'r ysbyty... Ac 'oedd hi, yn wir yn anhapus iawn ar adegau nag oedd 'na wasanaeth yn Gymraeg iddi, ac 'oedd hi'n rhwystredig iawn. Oedd e ddim gymorth o gwbl iddi wella. Ac 'oedd hi'n dioddef o iselder, a lot o hynny oedd y ffaith pan oedd hi'n byw yn ei fflat ei hunan, 'oedd hi'n byw 90% neu ragor o'i bywyd hi yn Gymraeg. 'Oedd bod yn fethedig, yn cael trafferth gyda'i lleferydd achos 'oedd hi wedi cael y strôc mawr 'ma, a ddim yn gallu siarad Cymraeg 'da pobl...wel, 'oedd yn ergyd greulon iawn iddi."
("She's 91 and she's a first language Welsh speaker, and she finds Welsh easier as she becomes more frail. She's quite frustrated, she gets confused, she's had several strokes. She finds it very frustrating. I hear her speaking Welsh to the staff and they don't understand a word of Welsh. She had a very bad stroke recently and she had to go into hospital. And she was really very unhappy at times. It didn't help her at all to get better. And she was suffering from depression, and a lot of that came from the fact that when she was living in her own flat she used to live 90% or more of her life in Welsh. Being disabled, having trouble with her speech, and not being about to speak Welsh with people - well, it was a cruel blow to her.")

On the whole, the simple fact of the matter is that elderly Welsh speakers are likely to feel a great deal more comfortable and more at home whilst receiving treatment if they are permitted to communicate, at least some of the time, in the language through which they live. Regarding this, the testimony of two workers in two different hospitals is worth quoting from. The first of these workers was a nurse, the second a member of the kitchen staff:

"Yn enwedig 'da'r hen bobl... 'Oedd 'na ddwy ar y ward lle 'on i, yn siarad Cymraeg, ac 'on nhw'n falch bod rhywun yn gallu [siarad Cymraeg]. Daeth y person hyn lan o casualty, wi'n credu oedd hi jyst wedi [clywed] 'n acen fi a wedodd hi'n syth "O, chi'n siarad Cymraeg," a wedodd hi "O, diolch byth am 'ny.""
("Especially with the old people... There were two women on the ward where I was, and they were glad that someone could [speak Welsh]. This person came up from casualty, I think she'd just [heard] my accent and she said straight away, "Oh, you speak Welsh," and she said, "Oh, thank goodness for that.")

"Mae 'na rai o'r hen bobl sy'n dod mewn, maen nhw yn siarad Cymraeg. A mewn ffordd os ydyn nhw'n gwybod bod rhywun yn siarad Cymraeg, maen nhw ddiolchgar am 'ny. Chi'n gwybod, ambell waith maen nhw'n siarad i nyrsys yn Cymraeg a dyw'r rheini ddim yn gallu deall nhw, a mae'r nyrsys yn dod ataf fi wedyn achos maen nhw'n gwybod bo' fi'n gallu siarad Cymraeg... A chi'n gwybod, ambell waith mae hen bobl, maen nhw'n confused a ddim yn deall bod nhw yn [yr] ysbyty, meddwl efallai bod nhw gartref a maen nhw'n siarad i rywun sy' yn y teulu mewn ffordd, maen nhw ddim yn deall [taw] yn yr ysbyty maen nhw a siarad gyda nyrsys... Pan maen nhw'n gweld fi, neu pan mae rhywun yn dod i ymweld, maen nhw'n dweud, "Mae hon yn siarad Cymraeg." Mae fel 'sen nhw'n falch, a gwên ar eu hwyneb."
("Some of the old people who come in speak Welsh. And in a way if they know that someone speaks Welsh they're grateful for that. You know sometimes they speak Welsh to the nurses and the nurses don't understand them, and the nurses come to me then because they know I can speak Welsh. And you know sometimes old people are confused and don't know they're in hospital, they might be thinking they're at home and speaking to a member of their family. They don't understand that they're in hospital and talking to nurses... When they see me, or when someone comes to visit, they say, "This women speaks Welsh." It's as if they're glad, and they have a smile on their face.")

More than one person spoke of how they been obliged to become ad hoc translators between an elderly member of their family and hospital doctors, and one nurse described how she would intercede between elderly patients and non-Welsh speaking doctors:

"Wi'n credu bod yr hen [bobl] yn falch iawn, achos 'on i'n gallu gweud beth 'on nhw'n feddwl yn well nag 'on nhw'n gallu gweud yn Saesneg.

> 'On i'n gallu gweud, "She is saying. This is what she's saying to you.""
> ("I think the old [people] were very glad, because I could say what they meant better than they could say it in English. I could say, "She is saying. This is what she is saying to you.")

One woman described clearly the serious communication gap that she observed between non-Welsh speaking doctors and a family member:

> "Mae'r arbenigwyr geriatrics i gyd yn ddi-Gymraeg. Aeth fy mam-yng-nghyfraith oedrannus i mewn i ['r ysbyty lleol]. "Daeth yr arbenigwr efo'i haid o feddygon ifanc yn gofyn cwestiynau iddi hi, ac roedd hi'n ateb pethau'n anghywir. Wedyn dwedodd hi, "On i ddim deall gair oedd o'n ddeud.""
> ("The geriatrics specialists are all non-Welsh speaking. My elderly mother in law went into [the local] hospital. The specialist came round with his flock of young doctors, asking her questions, and she was answering things wrongly. Afterwards she said, "I didn't understand a word he said."")

Another man spoke of the very positive experience he had in one hospital, where staff went to considerable trouble to ensure a certain amount of Welsh-medium care was provided for a member of his family. This man explained why he thought it was so important that the hospital had gone to such trouble:

> "Mae o'n 80 oed, ac mae ei Saesneg o yn eitha bratiog, achos dyna ydy o. Pan oedd o'n wael iawn efo niwmonia 'oedd o'n tueddu i fod yn colli gafael ar eu synhwyrau a dim ond y Gymraeg 'oedd o'n siarad. Os na fyddai rhywun Cymraeg ar y ward ar yr adeg yna, fydden nhw ddim yn gallu deall beth 'oedd o'n ddweud. Heb y Gymraeg fydden nhw ddim yn gallu dehongli'r sefyllfa. Hynny yw byddai'r holl geriach 'oedden nhw'n rhoi yn sownd ynddo fo wrth gwrs yn rhoi darlun meddygol, ond beth fydden nhw ddim yn neud oedd rhoi darlun o sut 'oedd o'n teimlo a beth 'oedd o'n ceisio ddweud wrthyn nhw."
> ("He's 80 years old and his English is pretty ropy, because that's just how he is. When he was very ill with pneumonia he tended to lose his grip on his senses and he would only speak Welsh. If there wasn't someone on the ward at that time who could speak Welsh, they wouldn't able to understand what he was saying. That is, all the equipment they were hooking him up to would of course give them a medical picture, but what it wouldn't do is give a picture of how he was feeling and what he was trying to tell them.")

7.2.4 Young Children
(See also 7.3 Speech and Language Therapy and 7.4.1 Health Visitors)

Like the elderly, young children are some of the most consistent users of the Health Service. Along with the elderly, they are also one of the groups of consumers who are most likely to be monolingual Welsh speakers. Of course, when monolingual Welsh speaking consumers come into contact with non-Welsh speaking providers, there is a very basic communication gap which cannot be easily bridged. Attending hospital or a doctor's surgery can be a frightening enough experience for many young children, but it will be significantly worsened if the child is obliged to go through the whole process in an alien linguistic environment:

> "It is confusing and frightening especially for children who may speak only Welsh at home, to be prodded around by someone with whom they cannot communicate." (Eira Rowley of the Welsh Society for Nurses, Midwifes ac Health visitors, quoted in Walford, J., 1995)

As noted in the introduction to this report, during research two basic categories of Welsh speaking patients were identified. These two categories can be used to divide up the testimony collected in interviews concerning Welsh speaking children and their experiences of health care:

(i) Those for whom Welsh language provision is a clinical need during treatment, usually because they cannot be effectively communicated with except in Welsh. For example, one man spoke of the communication difficulties which arose when he took his ten year old daughter to hospital after she had injured herself in an accident:

> "'Oedd pobl [yn yr ysbyty] yn garedig iawn, ond 'oedden nhw ddim yn sylweddoli. Roedden nhw'n gofyn cwestiynau iddi hi oedd hi ddim yn eu deall... 'Oedd y cwestiynau'n astrus ond 'oedden nhw hefyd yn Saesneg, ac ail iaith i [fy merch] yw Saesneg. Ac wrth gwrs, 'oedd hi ei gael yn anoddach i deall y cwestiynau 'na byddai hi yn Gymraeg."
> ("The people in the hospital were very kind, but they didn't realise. They were asking her questions she didn't understand... The questions were complex but they were also in English, and English is a second language to [my daughter]. And of course she was finding it more difficult

to understand the questions than she would in Welsh.")

(ii) Those for whom it is a matter of good practice to provide with services in their chosen language where that is possible: One example of this was related by a woman who described her experience of taking a young girl to hospital after an accident. This is an example of a situation where Welsh was not essential for the completion of the treatment, as the girl in question was fully bilingual. Rather, it shows how Welsh language provision can be good practice, in that by using Welsh staff were able to quieten a patient's fears and make her feel more at home after a very distressing incident:

> "Naeth un o'r plant syrthio a torri ei braich. Es i â hi i children's casualty, ac 'oedd 'na nyrs 'fan 'ny oedd yn siarad Cymraeg. Cyn hynny 'oedd y plentyn yn weddol hysterical...' oedd hi erioed wedi bod yn yr ysbyty o'r blaen, ac 'oedd mewn stad uffernol... Ond daeth y nyrs 'ma ac 'oedd hi'n clywed ni'n siarad Cymraeg, a wedodd hi, "O, ti'n siarad Cymraeg," a wedodd hi, "Ydw" trwy'r dagrau i gyd... Dechreuon nhw gael sgwrs ac ymhen dim 'oedd hi wedi cael jab a plastr ac 'oedd hi lot, lot, lot hapusach. Naeth e wahaniaeth mawr.""
> ("One of the children fell and broke her arm. I took her to children's casualty, and there was a nurse there who spoke Welsh. Before that the child was fairly hysterical... She'd never been in hospital before, and she was in a terrible state... But this nurse came along and she heard us speaking Welsh, and she said, "Oh, you speak Welsh," and she said, "Yes ," through all the tears... They started to chat and in no time at all she had a jab and a plaster and she was a lot, lot happier. It made a great difference.")

One thing which has been a cause of particular anxiety to a number of the people interviewed is the practice of allocating non-Welsh speaking nurses and therapists to visit Welsh-medium schools. A letter was received from one parent, describing his son's experience with a non-Welsh speaking health visitor:

> "Mae fy mab yn uniaith Gymraeg ac yn mynychu ysgol Categori A (cyfrwng Cymraeg). Serch hynny, ymwelydd iechyd uniaith Saesneg a ddaeth i'r ysgol i'w asesu. Dim ond trwy lwc y gallodd ei fam fod yn bresennol ac felly fe fedrodd gyfieithu rhwng y ddau. Pwy a ŵyr pa fath o asesiad a fyddai wedi ei dderbyn heb hynny."
> ("My son is monolingual Welsh and attends a Category A school (Welsh-medium). In spite of that, it was a monolingual English health visitor who came to the school to assess him. It was only by luck that his mother could be there and so she was able to translate between the two of them. Who knows what sort of assessment he would have received without that.")

Problems were also reported in one school when sight tests were conducted. Children were asked to identify the letter "u". During these, the children pronounced the letter giving it it's Welsh sound (similar to a long "ee"), causing the non-Welsh speaking nurse to believe that they had mistaken the letter for an "e". Evidence was collected also about the somewhat clumsy attempts of some bilingual staff to translate the words of various tests for children from the original English into Welsh. In one case, a hearing test depended on the ability to differentiate between English words with similar sounds which were presented in pairs. The words were translated into Welsh on the spot whilst conducting the test, but since the test depended on similarity of sounds in English the effectivness was lost entirely when the words were translated into very different sounding Welsh ones - "dog" may sound like "hog" or "log" in English, but "ci", "twrch" and "boncyff" are fairly easily differentiated in Welsh.

Although it is generally children of primary school age or younger who come to mind when discussing those who have difficulties using English, one secondary school teacher described the problems some of her pupils encounter when communicating in English:

> "Mae ein hysgol ni yn ysgol Gymraeg, ac maen nhw wedi penodi nyrs ardal sy ddim yn gallu siarad Cymraeg. Ac mae lot fawr o'n disgyblion ni yn lot mwy cartrefol yn Gymraeg... Er bod nhw'n oedran ysgol uwchradd..... Mae rhai ohonyn nhw'n Gymreig iawn, dyn nhw ddim yn gyffyrddus yn y Saesneg."
> ("Our school is a Welsh-medium school, and they've appointed a district nurse who doesn't speak Welsh. And an awful lot of our pupils feel at lot more at home in Welsh... Although they are of secondary school age... Some of them are very Welsh, and they're not comfortable in English.")

Although these points concerning health care workers being allocated to schools are particularly relevant to regions where Welsh is traditionally strong, and the pupils therefore less likely to be used to speaking English, one should not ignore the large number of Welsh-medium schools in areas where Welsh, and

Welsh language provision by the Health Service, are traditionally weak. In several areas where the Welsh language has not been traditionally strong for some time, the new generation of children going through Welsh-medium education means that the percentage in the population of young people between 3 and 15 years old who speak Welsh is often a great deal higher than the percentage of Welsh speakers in the population in general. Looking at the counties of Flintshire, Caerphilly, Blaenau Gwent and Torfaen as examples, we see that the percentage of Welsh speakers between 3 and 15 years old is more than double the general percentage, and a similar trend is to be seen in the populations of the counties of Cardiff and Rhondda Cynon Taff:

	All Welsh speakers 3 years and older (%)	Welsh speakers 3-15 years (%)
Blaenau Gwent	2.2	5.5
Cardiff	6.6	11.6
Caerphilly	6.0	14.6
Rhondda Cynon Taff	9.0	16.9
Flintshire	13.5	28.6
Torfaen	2.5	5.4

If these statistics come to be expressed in the future in the form of an increasing demand for health care services through the medium of Welsh, it is clear that is will be necessary to significantly reassess established ideas about how much Welsh language provision is required for children in several regions. This was acknowledged in the introduction to Gwent Health Authority's Welsh Language Scheme where only 2% of the population speak Welsh at the moment:

> "Rydym yn cydnabod fod diddordeb cynyddol yn y Gymraeg yng Ngwent a bod ysgolion Cymraeg yn ffynnu yn rhai o'r ardaloedd mwyaf Seisnigedig. Fe allai cenhedlaeth newydd o siaradwyr Cymraeg fynnu eu hawl i ymwneud â'r GIG lleol drwy gyfrwng y Gymraeg. Mae'n bosibl y byddai llawer mwy yn gwneud hynny petai ganddyn nhw hyder y gallai eu hymholiad gael ei drin yn llwyddiannus drwy gyfrwng yr iaith".
>
> ("We recognise that there is a growing interest in Welsh in Gwent and that Welsh language schools are flourishing in some of the most anglicised areas. A new generation of Welsh speakers might assert their right to relate to the local NHS through the medium of Welsh. Many more might already do so if they were confident their query could be dealt with successfully in the language.")

7.3 Speech and Language Therapy

There are two main reasons why this is one field where it is particularly relevant to look at the issue of Welsh language provision:

(i) It is area of work in which language and its use are essential and integral elements.

(ii) Approximately two in every three speech therapy patients are children, one of the four key groups of vulnerable consumers named above. In response to enquiries, two Community Health Councils (Ceredigion and Pembrokeshire) listed speech therapy as one of the particular fields where the issue of Welsh language provision has arisen, noting especially the needs of young children in this regard.

The work of speech therapists is extremely varied, and it often involves complex aspects of speech defects and it is difficult to see how they can be effectively treated in a bilingual patient without reference to both the patient's languages. For example, in the case of Receptive Phonological/Grammatical Disorders in children, a patient has trouble understanding the ambiguous ways language is sometimes used in things such things a metaphors, sarcasm and jokes. In a similar way, children with Semantic/Pragmatic Difficulties are unable to master the rules and conventions of conversation, and may introduce irrelevant statements and fail to spot the signals given by other people that they should speak or stop speaking. These two disorders are obvious examples of speech-related problems which involve to a large extent an understanding of social and cultural conventions which vary between linguistic communities.

In 1990, the need for bilingual therapy for bilingual patients was recognised in the Royal College of Speech and Language Therapists' Professional Code of Conduct:

> "One of the most optimistic findings which comes from the latter day literature is that bilingualism in a child or adult is an advantage and rarely a cause or exacerbating feature of any disability. Thus, the good speech therapist must use both (all) the languages which clients use or are exposed to in their daily lives to differentially diagnose the language impairment and to counsel and remediate. A decision not to use the facility of the client's two (or more) languages and possibly work in the client's less

> developed language because it is the one shared by the therapist, cannot be clinically upheld." (Royal College of Speech and Language Therapists, 1990)

This was reinforced on a practical level by one parent who spoke about his child's dyspraxia:

> "Mae'n ychydig bach o jôc bod chi'n asesu plentyn Cymraeg yn Saesneg ar gyfer therapi iaith.... Mi fyddai'r synau'n cael eu plethu, peth fel "bydd" a "byth"... ac ych chi angen cymorth penodol... Yn amlwg, mae plentyn Cymraeg dan anfantais."
> ("It's a little bit of a joke trying to assess a Welsh speaking child in English for language therapy... The sounds used to get mixed up, things like "bydd" and "byth"... and you need particular help... Obviously, a Welsh speaking child is at a disadvantage.")

In this case, it is clear that the child needed treatment from a therapist who could at least recognize and differentiate between the sounds of the Welsh language.

On a more serious level, there is a certain amount of evidence that some speech-impaired patients have been treated unsuccessfully, or even received the wrong treatment, because there were no Welsh speaking staff available to work with them. In one case, a patient was obliged to take part in a course of treatment which worsened his condition because non-Welsh speaking staff believe that the mixture of swear-words and Welsh he was speaking was simply meaningless jargon. The patient was in fact attempting to explain in Welsh that the treatment was unsuitable. In another case, a patient's course of treatment in an English hospital was ended when staff decided his speech could not be restored, but when the same patient was moved to a hospital where he could be treated through Welsh it was found that his speech defect was one which could be successfully treated.

On a different level, testimony was recorded about the personal and emotional effect of providing monolingual English speech therapy for patients who have grown used to communicating mainly through Welsh. In the particular case looked at, it was reported how an elderly women received intensive speech therapy after an accident which affected her speech. No enquiries were made as to what was her first or preferred language before beginning the therapy, which was performed in English with some success. When the women saw her son for the first time after this course of treatment she greeted him in English - the first time ever she had spoken that language to him.

The 1991 Welsh Consumer Council report, Speech Therapy and Children in Schools, showed that there was a serious lack of speech therapists in Wales, and that as part of this there was shortage of therapists able to practice in Welsh. According to the most recent Welsh Office statistics, on 31 March 1998 there were 275 speech therapists employed by the National Health Service in Wales (229 whole time equivalent), as well as 36 auxiliary workers of various sorts (27 wte). This is a substantial improvement since 1988, when there were 144 therapists working in Wales (wte). In 1989 Enderby and Davies looked at the workloads of speech therapists and at therapy needs within the population, and came to the conclusion that 26 speech therapists are needed for every 100,000 people. This gives a required total of 754 therapists for the Welsh population of 2.9 million people - more than 3 times the present total (wte). Statistics recording how many of these are able to practice in Welsh are not kept centrally, and it would be necessary to conduct a comprehensive survey of all of the 20 NHS Trusts in Wales which employ speech therapists to see to what extent Welsh language provision is available in this field. However, even though the relevant statistics have not yet been centrally collected, the shortage of suitable speech therapists for Welsh speaking school children is an obvious problem which a number of public bodies are very aware of. According to a spokesperson for the Welsh Language Board, approximately two out of three counties in Wales do not have even one speech therapist who is sufficiently fluent to practice through the medium of the language; and comments and complaints about this shortage feature strongly in the correspondence received by the Board's Education Department. On the whole, the Welsh language provision in this field is very inconsistent, depending to a large extent on where the patient happens to live

In the face of this shortage, two things are clear:

(i) Just as in all other medical fields, there is a need to attract more bilingual students to qualify as speech therapists. To this end, significant work has been carried out in Gwynedd, going into Welsh-medium schools to advertise speech therapy to students as a possible career choice. Open days have also been held in training centres for students from schools and tertiary colleges, with a presentation by a newly-graduated therapist about the nature of the training and the job itself. Health care bodies in Gwynedd, with the assistance of the Welsh Office, have also sponsored a number of local students to study speech therapy. As a result of this, Gwynedd now produces more speech

therapists than can be employed in the region. On an all-Wales level, a Welsh Language Steering Group has been established to look at training in Welsh language speech therapy for those who are currently studying to become speech therapists (pre-qualificational training). A Specific Interest Group has also been created to look at Welsh language training for those who are already working as speech therapists (post-qualificational training). The Steering Group is also looking into the possibility of establishing a resource centre for Welsh speaking therapists. In addition to this, a draft questionnaire is being prepared asking Welsh speaking therapists about such things as how many Welsh speaking clients come to them for treatment, how much training they have received to deal with these clients, and how much they would like to receive.

(ii) Just as in every other medical field, there is a need for effective arrangements to ensure the services providers are aware which patients need Welsh-medium speech therapy, and to ensure that bilingual therapists are placed with patients wherever possible. Regarding this, it is worth referring to the Welsh speaking therapist sharing arrangement which has been established between the counties of the former county of Gwent - Caerphilly, Blaenau Gwent, Torfaen, Monmouthshire, and Newport - where there is a serious shortage of therapists able to practice in Welsh. This sort of co-operation between counties is essential if we are to address the increasing need for Welsh language provision where it has not traditionally been available, and is to be strongly recommended to other regions where there is a shortage of Welsh speaking therapists.

There is no denying that bilingual therapists are a valuable asset to their employers, and it can be argued that as many as possible of them should be recruited, whatever the percentage of Welsh speakers is in the region served. The reasons for this are simple enough

(i) As the figures for various counties quoted in Section - 7.2.4 Young Children show, local patterns of Welsh speaking are changing dramatically, with a significant increase in Welsh speakers aged 3 to 15 which may have long-term effects on patterns throughout the entire population over time. As in all other fields, the provision of Welsh-medium services cannot, therefore, be sensibly based on present demand.

(ii) If a bilingual therapist conducts a clinic, there is no need to organize particular staff to treat Welsh-and English speaking patients separately, as a bilingual practitioner can deal with both groups of patients with equal ease. A bilingual therapist can also switch between the two languages as required when dealing with individual patients, rather than having to call on additional help to treat one of them or being obliged to ignore one of them. In this bilingualism is the skill which makes the bilingual therapist so valuable, rather than the ability to use any one language. For example, evidence was collected concerning one stroke patient who was mixing Welsh and English words together, producing such oddities as "dinio" (combination of the English word "dinner" and its Welsh equivalent "cinio"). This was a problem the bilingual therapist was able to recognize immediately in a way that a monoglot person would not be able to do. It was also reported by one bilingual therapist that some bilingual stroke patients may speak one language and write in the other; a situation which again requires the assistance of a bilingual practitioner.

As in the case of health visitors (see 7.4.1 below), it is clear from the evidence collected that the attitudes of speech therapists to the Welsh language are often viewed as being as important as their abilities in the language in the minds of their Welsh speaking clients. Whilst many Welsh speaking consumers, particularly in the south-east, are willing to accept that a comprehensive Welsh language service cannot be easily provided every time, many people have been angered by the negative attitudes of medical staff to the language. One can refer for example to the recent testimony of Caryl Parry Jones as reported in the Welsh language weekly Y Cymro, concerning her experience of taking her child before a speech assessment panel:

> "Roedden nhw'n bobl alluog, sensitif, ond heb ddeall dim am y Gymraeg. Y cwbl oedden nhw am wybod oedd faint o Saesneg oedd ganddo - cons˝rn mawr am hynny - ac awgrymu ein bod ni'n ei symud o'i ysgol Gymraeg i ysgol gynradd Saesneg ."
> ("They were capable, sensitive people, but they didn't understand anything about Welsh. All they wanted to know was how much English he knew - they were very bothered about that - and suggested that we move him from his Welsh school to an English-medium primary school.")

Although some difficulties are bound to arise when a monolingual Welsh speaking child comes into contact with a service which is provided through English, it is wholly unacceptable for service providers to claim that it is the child's language which is the problem rather than any inadequacies of the service. This is a clear example of a service provider insisting that consumers should adapt to suit the service, instead of the service being adapted to respond appropriately to the needs of consumers. It also shows an old-fashioned and Anglocentric attitude towards bilingualism and minority languages - the sort of attitude for which there should be no place in a modern Health Service. Bilingualism is generally recognised by now as being advantageous to children, there is therefore no reason why it should be seen as a disadvantage to a child with a speech defect.

7.4 Care in the Home

Although many Welsh speakers accept to a large extent that they will have to use English when visiting the doctor's surgery or the hospital, a far more uncomfortable experience for many is having to change the language of their household in order to accommodate a non-Welsh speaking health worker who is providing a service in the home. This difficult situation can be even further worsened if that worker displays negative attitudes towards the usual language of the household.

7.4.1 Health Visitors

In all the discussion conducted with consumers, one issue which was raised with remarkable regularity was the question of non-Welsh speaking health visitors treating and assessing monolingual Welsh speaking children. Almost all interviewees who had young children spoke of having problems of one sort or another with health visiting services, and many other people described unpleasant experiences which friends or members of their families had had.

The Beaufort Research survey conducted for this report showed that only 27% of the respondents who had seen a health visitor would usually use Welsh with him or her. This means that 73% of Welsh speakers either chose to or are obliged to use English when receiving health visitor services in their homes. It is hardly surprising therefore, that health visitors were noted in the 1997 Community Research Project carried out by Cardiff University on behalf of the Welsh Language Board, as one of the groups of key individuals who may have a negative impact on patterns of use of Welsh in the community. (Williams, C. & Evas, J., 1997)

The evidence collected shows that Welsh speaking consumers face two main problems when dealing with non-Welsh speaking health visitors:

(i) The practical problem that a monoglot Welsh child and a monoglot English health visitor have no common language between them. Effective two-way communication is therefore not possible. This creates particular problems when the health visitor is trying to conduct language and understanding tests on the child.

(ii) A problem of a different nature is that which has arisen with some non-Welsh speaking health visitors; their negative and insulting attitudes and comments when dealing with Welsh speaking families. As noted below, some have gone as far as trying to influence parents to raise their children as monoglot English speakers.

Attention was drawn to the first of these two problems in 1995 by Eira Rowley of the Welsh Society for Nurses, Midwifes and Health visitors:

> "If Welsh is the child's first language and the health visitor does not speak it, any development test you do will be null and void because they just do not respond the same when their mother is having to translate... It has led to children being labelled slow."
> (Walford, J., 1995)

And in response to an enquiry in September 1998, the Chief Officer of one Community Health Council confirmed that it continued to be a cause for concern in her area:

> "There are often particular areas of concern e.g. speech therapists, health visitors etc., whose day-to-day contact with children (first and often the only language at a young age is Welsh) and the elderly (some of whom revert to first language after strokes etc.) can be hampered to a language barrier to communication."

Evidence was collected in interviews with parents on two situations which show the kind of difficulties that can arise when health visitor services are not planned bearing the needs of monolingual Welsh speaking children in mind. The two situations are described below in brief:

(i) A health visitor went to a family in order to conduct an intelligence test on a young child based on recognition of illustrations of different objects on cards. The test was conducted in Welsh but difficulties arose because the test had been planned in English on the basis of a vocabulary that an English speaking child would

be likely to know by a specific age. For example, a picture of a duck was presented - although the word "duck" is comparatively easy to say, a Welsh speaking child is not as likely to be able to say "hwyaden" or Chwaden."

(ii) A non-Welsh speaking health visitor had learnt the necessary Welsh vocabulary to conduct the same kind of intelligence test described above but problems arose when the child started giving answers which whilst correct, did not conform to the "standard" answers that the health visitor had. The mother of the child had to interject after the child had been marked incorrect for naming a picture of a boat as "bad."

In all the interviews with consumers, health visitors were the only section of non-Welsh speaking medical practitioners that people said they were ready to refuse their service. That was done in all cases as consumers did not believe that non-Welsh health visitors could make a correct and safe assessment of the health and intellectual ability of their Welsh-only children. One person explained that it was easier to demand a Welsh speaking service for his child than for himself:

> "We asked for someone Welsh speaking in the case of a health visitor and not in the case of the midwife... It makes it easier to ask because we are not doing so for 'selfish' reasons."

On the whole it was educated and confident consumers from a middle class background that tended to do this, and that is not surprising when considering the nature of the system which allocates health visitors to families. Because families are not asked whether they would prefer to have a bilingual health visitor, if a family is to receive a service in Welsh they often have to refuse personally any monolingual English health visitor when they arrive at their home. This, of course, is a very unpleasant experience for the health visitor and also for the family, because it turns a matter which should be purely administrative to a personal confrontation on the doorstep. In the worst example encountered, one woman said that she had had to argue for 20 minutes with a non-Welsh speaking health visitor sent to her home before receiving a promise that a bilingual health visitor would be sent the next time.

In order to avoid such personal confrontation, there are strong arguments for asking families what language they speak at home before allocating a health visitor to them. To do that, the Health Trusts would have to recognise the Welsh language as a valuable professional skill amongst their staff, and as a valid consideration when allocating staff to clients.

Considerable waste of linguistic skills are seen at present because language is not considered when allocating health visitors to specific families. Present services tend to go against language choice. The reason for this is that individual health visitors are linked to surgeries, and service specific regions. This means that a team dimension is more difficult, and if there isn't a Welsh speaking health visitor within the practice, it isn't easy to provide a Welsh service to the residents.

While a number of Welsh speaking families will receive a second-rate service for their children because of communication difficulties between the child and the health visitor, it is likely that some health visitors do not use their bilingual skills to the optimum because they have been placed with monolingual English families that do not need Welsh language provision. Bearing this in mind, giving consideration to language when planning health visitor services could be of benefit to clients and staff alike; the clients would have a better chance of receiving the Welsh language service they desire and staff would have a better opportunity to practice their bilingual skills and therefore develop professionally.

Worst of all, there is evidence that some health visitors put pressure on parents to change the language they use with their children from Welsh to English. Cases of this were encountered in traditional 'non-Welsh speaking' regions and also within regions where Welsh speakers form the majority of the population. One young mother described her incredulity when one health visitor challenged her for speaking Welsh to her child:

> "Daeth hi i'r tŷ, ac 'oedd hi'n siarad gyda fi am sbel fach, rhyw bum munud. Wedyn clywodd hi fi'n siarad Cymraeg gyda'r babi, wedodd hi, "Oh, what language is that you're speaking?" Wedais i taw Cymraeg oedd hi, wedodd hi, "Is that right? It's not relevant," a beth arall wedodd hi?, "Not relevant" a "Won't it harm his ability to pick up English?" Nes i ddim dweud unrhyw beth ar y pryd, oherwydd o'n i mewn cymaint o sioc."
>
> "She came to the house and spoke to me for about five minutes. She then heard me speak Welsh to the baby and said: 'Oh what language is that you're speaking?' I said that it was Welsh and she said 'Is that right? It's not relevant' and what else did she say, 'Not relevant' and 'Won't it harm his ability to pick up English.' I didn't say anything at the time because I was in a state of shock."

Gwenan Thomas recorded a similar example during her research into the experiences of pregnant women

in the catchment area of Glangwili hospital. A mother talked about her experience when a health visitor came to the house to see her two year old child:

> 'I don't think Ifan understands a lot of English, he didn't when the health visitor came. So she said that we should be speaking English to him, or that we would have big difficulties later on and that he wouldn't develop properly.' (Thomas,G, 1998).

Of course, such old-fashioned and mistaken attitudes to bilingualism and minority languages is totally unacceptable, especially among health care professionals. Perhaps some parents will be confident enough to disregard such baseless advice, but for the less confident and less experienced, it is likely to lead to confusion and uncertainty during a difficult and very important period in their lives.

7.4.2 Ongoing Care in the Home

When researching the subject of care in the home, another point raised by some Welsh speaking consumers is what happens when a member of their family is suffering from a long-term illness and has to receive ongoing care at home. Although it was not possible to research very widely in this field, what little testimony was collected from consumers tends to reinforce what was said by others about health visitors (see 7.4.1 above), specifically that there is a lack of consideration for language needs, and the non-Welsh speaking are being allocated to Welsh speaking families with no enquiries being made as to whether the family would prefer a Welsh speaker. As in the case of health visitors, families then have two equally unsatisfactory options: either to accept the non-Welsh speaking worker and forfeit their right to language choice; or to face a personal confrontation with the individual worker when he or she comes to the house, and turn him or her away on the doorstep.

In an interview, one woman described her own experience of trying to secure Welsh-medium cancer care at home for her father:

> "Fi ddaru ei gyfeirio fo [at y gwasanaeth gofal cartref], a nes i ddeud bo fi'n teimlo bod hi'n bwysig iawn fod o yn cael nyrs Gymraeg. A rhywun Saesneg sy wedi dod i'r tŷ... O be' dw i'n wybod amdan 'yn rhieni, dw i'n gwybod y basen nhw wedi bod yn hapusach efo rhywun Cymraeg. Mae'n anodd iawn, dw i'n meddwl, pan wyt ti mewn sefyllfa o fod yn glaf, 'wyt ti i ddechrau efo'r imbalance of power... Mae 'na ddigon i boeni amdano heb orfod creu annifyrrwch. Dan ni'n teimlo weithiau bo' chdi'n mynd i greu annifyrrwch, neu bo' chdi'n cael dy labelu fel person anodd.... Os dw i'n mynd i'r tŷ, a'r nyrs yno, wel mae'r tri ohonon ni'n gorfod siarad Saesneg. Mae o'n creu rhyw sefyllfa sy ddim yn normal... Dw i ddim yn gyfforddus - mae 'na ryw deimlad bod ni i gyd yn ffalsio. Dydy o ddim yn naturiol."
> ("It was me who referred him [to the service], and I said that I felt it was very important that he had a Welsh speaking nurse. But it was an English speaker who came to the house... From what I know about my parents, I know they would have be happier with a Welsh speaker. It's very difficult, I think, when you're in the situation of being a patient, you start with an imbalance of power... There's enough to worry about without creating unpleasantness. We feel sometimes that you're going to create unpleasantness, or that you'll get labelled as a difficult person... If I go to the house and the nurse is there, well the three of us have to speak English. It creates some sort of abnormal situation... I'm not comfortable - there's some sort of feeling that we're all being deceitful. It's not natural.")

The same woman went on to describe how the family felt that it was their responsibilty to make the service provider feel comfortable, rather than the provider making them as consumers feel at ease whilst receiving the service:

> "Pan wyt ti'n derbyn gwasanaeth, y peth sy'n bwysig ydy bo' chdi'n teimlo'n esmwyth, bo' chdi'n teimlo'n hapus efo pwy sydd yn dod i dy weld ti, a bod nhw yna i dy gefnogi di, yn hytrach bo' chdi yna i neud iddyn nhw deimlo'n gyfforddus. A weithiau dw i'n meddwl mai dyna'r sefyllfa: pan maen nhw'n dod i dy gartref di bo' chdi'n gorfod neud ymdrech i neud iddyn nhw deimlo'n gyfforddus, oherwydd bo' chdi'n ymwybodol bod nhw'n gwybod bod chi i gyd wedi gorfod newid eich iaith oherwydd bod nhw yna."
> ("When you're receiving a service, the important thing is that you feel at ease, that you feel happy with who's coming to see you, and that they are there to support you, rather than you being there to make them feel comfortable. And sometimes I think that's what happens: when they come to your home, you have to make an effort to make them feel comfortable, because you're aware that they know that you've had to change your language because they're there.")

A similar experience has been described recently by Rhian Huws Williams, Head of CCETSW Cymru, who also offered her own analysis of what happened:

> "I recently lost my mother. During the last weeks we were given the support of a truly delightful Macmillan nurse. She had excellent skills for providing support for both my mother and ourselves as a family. Unfortunately, however, she did not speak Welsh, and so during this traumatic period the language used in the bedroom where we as a family gathered around our mother, often had to switch to English. This did not cause much trouble and, yes it did succeed. However that is not the point. Speaking English meant we weren't completely ourselves. Therefore I would argue that, despite the excellent service we received, it was not fit for a purpose as far as our family was concerned and especially my mother. The nurse did not have all the necessary skills required in this situation." (Roberts, G., 1997)

The little evidence collected about ongoing care in the home supports what consumers said about health visitors (see 7.4.1 above) and the evidence from pregnancy and midwifery (see 7.5 below). These three areas show clearly that more attention and better preparation is needed to meet people's needs where possible.

7.5 Pregnancy and Midwifery

This is a field where the contact between the consumer and the Health Service is one which continues for several months during one of the most important periods in the client's life. In 1993, in the report Changing Childbirth, the Health Department's Expert Maternity Group acknowledged the importance of the period of pregnancy and birth in the lives of women, and set out an agenda for ensuring that pregnancy and birth were not only safe experiences, but also positive and life-enriching ones. According to Changing Childbirth, care should be planned around the mother, responding to her particular needs. This "woman-centred care" is described in the report's opening sentence:

> "1.1 Every woman has unique needs. In addition to those arising from her medical history these will derive from her particular ethnic, cultural, social and family background. The services provided should recognise the special characteristics of the population they are designed to serve."

According to a recent study by a midwife working in west Wales, this is not happening:

> "In an era of woman-centred care, choice and empowerment, many women in Wales are being oppressed and disempowered. The lack of language sensitivity, oppression and disempowerment affects the quality of care and may have repercussions on the outcome of pregnancy." (Thomas, G., 1998)

Gwenan Thomas, a midwife from Lampeter, studied 23 Welsh speaking women from Carmarthenshire and south Ceredigion, chosen at random by Thomas' colleagues from amongst the Welsh speakers in the Glangwili Hospital catchment areas who had given birth in the previous 6 months. Of these 23, all but 2 spoke Welsh as their first language. Thomas did not find any kind of feeling amongst the women that they were using the Welsh language in order to make a stand on principle or for any nationalistic reasons; rather, she came across varying patterns of using the language to differing degrees in the home, the workplace and when socialising as a natural communication medium. There was a large group who were able to speak English well but said that they preferred to use Welsh; the others all considered themselves to be fully bilingual and had no language preference. Although not every one of them spoke Welsh with her husband or partner, all of the women used Welsh with their child/children.

The 23 women had very varied experiences of Welsh language provision or the lack of it. Some of the women who did get a certain amount of service in Welsh described the variety of positive feelings they felt when receiving that service:

(i) Relief: "Fel mae'n digwydd wedyn, Cymraes naeth ein derbyn ni fewn i'r ward. O'n i'n poeni am fynd mewn, ond pa siaradodd hi Gymraeg a ni roedd rhyw rhyddhad."
("As it happened, it was a Welsh speaker who welcomed us into the ward. I was worrying about going in, but when she spoke I felt some sort of relief.")

(ii) Feeling more at home : "Mae siarad Cymraeg yn grêt, hela ti i deimlo'n gartrefol."
("Speaking Welsh is great, it makes you feel at home.")

(iii) Greater confidence in the midwife : "Unwaith oedd y ferch [y fydwraig] Gymraeg wedi rhoi ateb i fi roeddwn i'n gwybod fod popeth yn iawn. Roeddwn i'n hapusach, roedd real ffydd 'da fi ynddi. Alle hi ddim dweud celwydd wrtho fi yn Gymraeg."
("As soon as the Welsh speaking [midwife] had answered me. I knew everything was alright. I was happier, I really trusted her. She couldn't lie to me in Welsh.")

"Fi'n siŵr oedd y ffaith bod [y fydwraig] wedi

siarad Cymraeg wedi 'neud gwahaniaeth. Wel, 'oedd 'da fi ffydd ynddi straight away."
("I'm sure that the fact that [the midwife] had spoken Welsh made a difference. I trusted her straight away.")

(iv) Greater confidence in themselves : "Fi'n gryfach yn Gymraeg, mwy eofn ac yn well yn Gymraeg."
("I'm stronger in Welsh, more fearless and better in Welsh.")

"Fi'n nerfus un Saesneg, ond yn Gymraeg fi mwy relaxed a mwy confident."
("I'm nervous in English, but in Welsh I'm more relaxed, more confident.")

The opinion of some staff that they could get better information from patients by speaking Welsh to them was noted above in Chapter 5 - The Language of Medicine. That testimony is backed up in a very negative way by the confessions of some women questioned by Gwenan Thomas who said that they had failed to ask about some things they wanted to know, because there was no opportunity for them to do so in their chosen language. The testimony of these women shows that important information is not being transferred between staff and patients because of a fundamental communication gap. According to Thomas' study, it is the pregnant women rather than the staff who are deemed to be responsible for bridging that gap, something they do not always feel able to do:

"Fi'n teimlo fy mod i'n gallu cael fy mhwynt drosto yn haws yn Gymraeg na pan wi'n siarad Saesneg, falle swn i ddim yn cael pethau drosto mor glir yn Saesneg. A hefyd ma'r teimlad weithio o deimlo yn dwp o siarad Saesneg. Falle wedyn ma fe'n rhywddach peidio gweud dim."
("I feel I can get my point across easier in Welsh than when I'm speaking English. Perhaps I wouldn't put things so clearly in English. Also, I sometimes feel stupid when I'm speaking English. Perhaps then it's easier just to say nothing")

"Ti'n gwybod beth ti'n meddwl yn Gymraeg, a falle bod ti ddim yn gallu cymharu fe yn Saesneg. Ti'n gorfod meddwl dwy waith beth ti'n mynd i weud yn Saesneg. Wedyn ma fe [am] bell waith yn rhwyddach i beidio gofyn y cwestiwn o gwbl."
("You know what you mean in Welsh, and you might not be able to do the same thing in English. You have to think twice what you're going to say in English. So it's easier sometimes not to ask the question at all.")

These experiences all run completely contrary to the principles set out in Changing Childbirth, as can be seen from Chapter 2 of that document, Appropriate Care:

"The Expert Maternity Group believes that the first principle of the maternity services should be:

The woman must be the focus of maternity care. She should be able to feel that she is in control of what is happening to her and able to make decisions about her care based on her needs, having discussed matters fully with the professionals involved." Also relevant in connection with this is Sub-heading 3.6 Making the Best Use of Services:

"3.6.2 Providers must ensure that the woman is seen as the focus of care and that her views and needs are respected. When women have more complex needs, or they find it difficult to articulate them, care must be taken to create a genuine opportunity for the woman to explain her views and concerns."

The communication gap between Welsh speaking mothers and non-Welsh speaking staff is seen at its most extreme during the period of the actual birth. In an interview, one mother of a young child spoke of how she had completely lost the ability to speak English when giving birth. And this in spite of the fact that she was an educated woman who could normally speak English to a high standard:

"Nes i ddim siarad Saesneg o gwbl trwy'r genedigaeth. O feddwl yn ôl, tasai [fy ngŵr] ddim wedi bod yna baswn i wedi cael lot mwy o drafferth, a basai hynny wedi bod yn anodd. Dw i ddim yn meddwl baswn i wedi gallu siarad Saesneg i safio 'mywyd 'on i mor focussed ar jyst y genedigaeth, fel 'doedd 'na dim byd arall. Ac yn aml 'oedden nhw jyst isho ateb "ie" neu "na". Bydden nhw'n gofyn i mi, "Do want a drink of water," ac 'o'n i'n deud [wrth fy ngŵr], "Na, deud wrthi hi bo' fi'n iawn." Basai wedi bod yn haws, siŵr o fod i ddeud "No" yn Saesneg, ond y ffaith oedd bo' fi'n deud "Na, deud wrth i hi bo' fi' iawn" neu bo fi ddim isho fo neu beth bynnag. 'Oedd o'n fwy o eiriau [yn Gymraeg], ond 'oedd o'n haws."
("I didn't speak English at all during the birth. Thinking back, if [my husband] hadn't been there I would have had a lot more trouble, and that would have been difficult. I don't think I could have spoken English to save my life - I was so focused on the birth, there was nothing else. And often they just wanted a "yes" or "no"

> answer". They would ask me, "Do you want a drink of water," and I would say [to my husband] in Welsh, "No, tell her I'm alright." It would have been easier just to say in English "no", but the fact was that I was saying it in Welsh, "No, tell her I'm alright," or that I didn't want it or whatever. It was more words [in Welsh] but it was easier.")

In Gwenan Thomas' study, another mother described her experience of having to use her husband as an interpreter between herself and her non-Welsh speaking midwife during the second period of labour, even though the two women had been happily speaking English to each other only a short while before. This mother spoke of the guilt she felt that she could not respond to the needs of her midwife by speaking English to her. One theme which Thomas clearly identified during her research was that it was the pregnant women who generally shouldered the responsibility for speaking a language which those around them were comfortable with, a firm indication that the service was being provided in a way which was convenient for the provider rather than being suitable for the consumer.

As found during the research into midwifery and health visitor services for this report, Thomas noticed that no consideration was given to women's language choice when allocating midwives to them, although a number of them would have preferred a Welsh speaking midwife:

> "Sadly, despite identifying the attributes of being able to speak their chosen language, none of the women considered they had a choice in the matter. They were never offered the option of having a Welsh speaking midwife. Furthermore, very few women, for fear of repercussions, would ever consider making such a request." (Thomas, G., 1998)

This was reinforced by the comment of one woman:

> "Wel, ti'n disgwyl gorfod siarad Saesneg, yn wyt ti? 'Sdim dewis."
> ("Well, you expect to have to speak English, don't you? There's no choice.")

The women on the whole saw themselves a "lucky" or "fortunate" if they got a Welsh speaking midwife through the existing system. This again goes contrary to the principles set out in Changing Childbirth:

> "2.2.1 The service will need to be flexible and responsive to the individual needs of families being served, and women must be able to choose who they want to provide their maternity care."

As in the case of health visitors (see Section 7.4.1 above) many of the problems encountered arose from the simple fact that no one thought to ask the mother-to-be in which language she would prefer to speak. In an interview, one father gave a very clear example of this as he described his experience of dealing with maternity services:

> "Y peth cyntaf sy'n digwydd, mae'n debyg, yw bod yr Ymddiriedolaeth yn rhoi bydwraig bersonol i ni. Doedd 'na ddim unrhyw fath o ystyried anghenion ieithyddol yn rhan o hynny, felly cathon ni fydwraig ddi-Gymraeg wedi'i rhoi. 'Oedd hi'n wych o fydwraig, dim cwynion o gwbl amdani, mae hi wedi dod yn ffrind personol i'r teulu. Ond pwynt oedd bod dim ystyriaeth i'r ochr ieithyddol wedi cael ei neud. Ac wrth gwrs unwaith mae'r person yn troi fyny ar y drws, fedrwch chi ddim yn hawdd iawn wneud dim byd amdan y peth wedyn."
> ("The first thing that happens, it seems, is that the Trust gives you a personal midwife. There was no consideration of any kind of language needs, so we were given a non-Welsh speaking midwife. She was an excellent midwife, I have no complaints at all about her - she's become a personal friend of the family. But the point was that no consideration was given to the language side of things. And of course once someone turns up at the door, you can't easily do anything about it then.")

As in the case of health visitors, when a non-Welsh speaking midwife comes to the house, the Welsh speaking mother or family have a simple choice between accepting her unquestioningly or facing the possibility of a personal confrontation on the doorstep by turning her away. This could be avoided if maternity care providers were prepared to ask mothers about their language choice before allocating them a midwife. In order to do this, providers would have to acknowledge the importance of speaking Welsh as one of the professional skills midwifes may use when dealing with pregnant women.

By not allocating Welsh speaking midwifes with Welsh speaking pregnant women, one of the key communication skills of bilingual midwifes is being wasted. If Welsh speaking women are obliged to accept the services of non-Welsh speaking midwifes, it seems likely also that a number of bilingual midwifes are being allocated to monoglot English women who have no need of Welsh language provision which they cannot take advantage of. One of Gwenan Thomas' recommendations was made on the basis of her having a "named midwife" who

speaks the same language. In order to be realistic, this option will have to be offered to women in a way which makes it totally clear that it is in no way "special treatment", and that the service provider in no way regards offering such an option as an inconvenience or a burden. It will not always be possible to offer a Welsh speaking midwife to every Welsh speaking mother, but the present situation could be considerably improved upon simply by recognising language as one of the key factors to consider when allocating midwifes to pregnant women. It would then be possible to act on the basis of the recognition wherever that is practical. Interestingly, Gwenan Thomas research shows that of the 52 midwives and auxiliary nurses working in maternity services in the region studied, 27 speak Welsh, representing 51.9 % of the total. This corresponds fairly well to the percentage of Welsh speakers in the general population of Carmarthenshire, 54.8%, suggesting that it would be possible to go quite a way towards meeting the linguistic needs of pregnant women in the area on the basis of the present level of Welsh speaking staff.

All this is wholly consistent with the principles set out in Changing Childbirth, for the planning of maternity services:

Chapter 3 Accessible Care, Sub-heading 3.1 Assessing Local Needs

> "3.1.2 The [Expert Maternity] Group believes that local population profiles should be refined so that the purchaser can accurately assess the characteristics of the child-bearing population. For example, the ethnic mix and the number of teenage, unsupported, homeless, or older mothers will need to be assessed. Purchasers should ensure that services specifications reflect any particular needs identified." (In the context of the National Health Service, local Health Authorities are the "purchasers", and Trusts and practitioners such as GPs are the "providers").

7.6 Independent Practitioners - General Practitioners (GPs), Dentists and Pharmacists

Of all sections of the National Health Service in Wales, it is probably here that the Welsh language provision is at its most ad hoc and inconsistent. According to the evidence collected from consumers, the ease or difficulty with which one can find a bilingual GP, dentist or pharmacist is determined to a large extent by where you live and whom you know.

The nature and extent of Welsh language provision among independent practitioners is very difficult to measure because there are so many pharmacies, GP surgeries and dental surgeries throughout Wales.

In addition, the status of these independent practitioners, in relation to the Welsh Language Act, is unclear and there is uncertainty about whether or not the situation will change after the formation of Local Health Groups.

The Health Authorities have committed themselves in their Welsh language schemes to encourage, support and facilitate the use of Welsh by these practitioners in their delivery of health services. It is not yet clear, however:

1 To what extent the Health Authorities have been implementing these commitments and how successful they have been;

2 What expectations the Authorities have in relation to the use of Welsh by practitioners;

3 What influence the Authorities have on this matter in practice.

There can be no doubt that this is an area that needs some immediate attention. This is the sector with which most consumers have contact and present inconsistencies and deficiencies mean that there is a big gap in Welsh language provision within the health service.

7.6.1 General Practitioners

General practitioners are the first and most important point of contact with the NHS for a large number of patients. Very often, it is in the GP's surgery that the contact between the individual patient and the Health Service is at its most personal and sensitive. Looking at the work of GPs is therefore an essential part of any health care for Welsh speakers. Since the contact between the GP and the patient is so close and personal, the importance of language cannot be denied. In an interview, one former GP described the reaction of a number of his new patients when he took over from a retiring local GP in a traditionally Welsh speaking area. Upon meeting their new doctor for the first time, several patients expressed their great relief that he could speak Welsh.

Since they are so numerous, and their surgeries so widely scattered throughout Wales, it is extremely difficult to carry out any kind of representative research into the role of GPs in Welsh language provision in the field of health care and into their attitudes towards the Welsh language. What little evidence was collected strongly suggests receiving service from your GP in your chosen language is something which still very much depends on a number of accidental factors, especially where you

live. In the most strongly Welsh speaking areas of the north-west, it is fairly easy to find a Welsh speaking GP, or at least to find a practice where there is at least one Welsh speaking doctor. Moving into the more linguistically mixed regions of the north-east and mid Wales, it is increasingly necessary to depend on word of mouth information about which doctors speak Welsh. In the south-east, a determined and purposeful hunt is required in order to find a Welsh speaking GP, and even where Welsh speaking doctors are available, their language skills are not generally advertised.

Lists of Welsh speaking GPs and dentists are available from Bro Taf and Gwent Health Authorities (including also pharmacists and opticians in the case of the Bro Taf list). In addition to this, every Health Authority publishes a list of GPs in the Authority area, describing their particular skills, including language skills, in addition to their gender etc, and these lists are available in public libraries. If the consumers interviewed are typical of the general population, very few people are aware of the existence of such lists or know where to find them. If such lists are not better advertised, those who wish to find a Welsh speaking GP will be obliged to continue depending on word of mouth and local knowledge. This may work perfectly well for some people, but it can prove exceptionally difficult in areas such as Gwent and Glamorgan where the Welsh speaking population is dispersed and individual speakers often have little regular contact with other Welsh speakers.

Even if GPs don't speak Welsh, there are a number of other things that can be done to show sensitivity to the needs of Welsh speaking patients, for example:

- Making sure that bilingual staff are available at surgery receptions;
- Ensuring that bilingual posters and leaflets are displayed;
- Providing bilingual forms;
- Noting language preferences when referring patients to hospitals or social services

Another point which came up during research is that surgeries where Welsh speaking doctors work need to be ready to deal with Welsh speaking patients and make arrangements for them. For example, one person described how he visited a surgery where he knew there was a Welsh speaking doctor in order to register. He explained to staff that he was keen to register with a Welsh speaking doctor, but staff refused to register him with this particular doctor, claiming that he had to register with the practice as whole. In addition to this, he was warned that he could not be certain of seeing the Welsh speaking doctor every time he wanted to unless he was willing to wait longer than usual. This person did not feel that the reception staff had any kind of understanding or sympathy for his situation, and he left the surgery feeling "hollol wirion. Debyg bod nhw'n meddwl mai rhyw fath o activist dw i, sy'n creu stŵr am y Gymraeg ymhob meddygfa yn [y dre]." ("Totally stupid. They probably think I'm some sort of activist, who kicks up a fuss in every surgery in [this town].")

7.6.2 Pharmacists

Since a substantial number of people often approach their pharmacist first of all for basic health advice, there is a definite need to look carefully at the part played by these key practitioners in Welsh language provision. In the statistical year 1996-97, more than 37 million prescription items were dispensed by pharmacists in Wales - an average of 12.2 for each person in the country - and it is clear, therefore, that pharmacists are one of people's main points of contact with the Health Service. (Welsh Office, 1997). As in the case of GPs, it did not prove possible to carry out detailed research into the work of this group of practitioners, and much more research work is needed before any definite conclusions can be drawn.

Interestingly, the survey conducted by Beaufort Research for this report showed that Welsh speakers are more likely to use Welsh with their pharmacist than with their GP or when attending hospital. 43% of respondents said they usually spoke Welsh when using their local pharmacy, compared with 33% who usually used Welsh with their GP. Of the people who had received treatment in hospital, only 19% said they would usually use Welsh when doing that. All this strongly suggests that Welsh speakers are very willing to use Welsh when discussing health matters if they have clear opportunities to do so.

7.6.3 Dentists

The contact that dentists have with the public is not normally as regular as that of GPs and pharmacists. On the other hand, that contact tends to be at its most frequent during childhood and old age, when many consumers are at their most vulnerable. A dental surgeon in a hospital sometimes undertakes an operation that affects the shape and look of a face, and where great sensitivity and communication is needed to ease the patients worries.

It did not prove possible to carry out detailed research into the work of dentists in Wales, and a great deal more research is required before drawing any conclusions. It is acknowledged that there is a serious

shortage of dentists in Wales, and that most patients are glad to find any sort of dentist who accepts NHS patients, let alone find one who speaks Welsh as well.

7.6.4 Opportunities for Independent Practitioners to Learn Welsh

A substantial number of staff who provide health care needs in the community have taken steps to learn Welsh and to use it in their work. But one basic problem which has arisen because of the position of GPs, dentists and pharmacists as independent practitioners within the NHS is that they have to make their own arrangements for learning Welsh, unlike many staff within NHS Trusts who often have classes arranged for them. According to Dr Chris Walker, a GP who started learning Welsh after moving from England to Anglesey, more doctors would be more willing to attend Welsh language courses if it weren't for financial and time pressures:

> "There is plenty of encouragement for hospital doctors to learn Welsh in terms of study leave and so on, but GPs have to make their own plans." (Clark, L., 1997)

Considering the frequent and personal nature of the contact GPs, dentists and pharmacists have with the public, it is certainly worth considering how they could be better assisted to gain the language skills that would enable them to better provide for Welsh speaking consumers.

7.7 Accident and Emergency Services - Ambulance and Paramedical Services

During the research for this report, three main issues arose specifically related to emergency ambulance services in Wales:

(i) The importance of employing ambulance drivers and paramedics who can deal with Welsh speaking emergency patients in their first language.

(ii) The extent to which one should expect the ambulance service to be able to deal with emergency telephone calls in Welsh.

(iii) The importance of local geographical knowledge and sufficient understanding of the Welsh language to be able to record Welsh place names with complete accuracy and to pass that information on just as accurately and correctly.

These three questions will be looked at one at a time, although they are to a large extent bound up with each other:

(i) Questions regarding the importance of employing bilingual staff are equally relevant to the ambulance service as to any other part of the NHS, and possibly more so since ambulance crews often come into contact with patients soon after they have suffered a severe trauma, such as a road accident. In such circumstances it may be extremely comforting for some to be able to converse naturally in his or her first language.

As in all other parts of the Health Service, the problems of recruiting skilled bilingual staff to some jobs have to be acknowledged. Ideally, any vacant posts will be filled by suitable staff who are drawn from the local community and so know the area and its needs, and problems are likely to arise if bilingual staff from other areas are brought in, on account of their lack of local geographical knowledge.

(ii) Another equally difficult to solve question is to what extent one should expect the ambulance service to be able to deal with emergency phone calls in Welsh. As one might expect, the vast majority of emergency callers do use English when phoning for an ambulance. However, in this as in every stressful and painful situation, there are a substantial number of Welsh speakers who would choose to convey the relevant information in their first language if given the chance.

Up until 1 April 1998, when all of Wales' regional Ambulance Trusts were merged into a single body covering the whole of Wales, only one of the then existing Trusts - the North Wales Ambulance Trust - had prepared a statutory Welsh language scheme. That particular Scheme did include a clear commitment to deal with emergency calls which came in in Welsh in the same language:

> "The Central Control Room which receives emergency '999' calls will adopt a team approach to dealing with emergency calls in Welsh. Arrangements will be made to deal with Welsh speaking callers."

Information has also been obtained that the former West Wales Ambulance Trust was operating an equivalent policy of keeping at least one Welsh speaker on duty in the Accident and Emergency Control Room at all times to respond to emergency calls in Welsh. The new all-Wales Trust published its draft Welsh Language Scheme in March 1999. This draft Scheme states that "the Control Centres that

receive emergency 999 calls will adopt a team approach to dealing with emergency calls in Welsh". In response to an enquiry, a spokesperson for the new Trust said that the ability of its Control Centres to deal with calls in Welsh was "extremely limited", apart from the two Control Centres in Caernarfon and Rhyl, on account of the difficulty of recruiting Welsh speaking staff elsewhere. At present, the extent of Welsh language provision in the various local Control Centres is a more or less accurate reflection of the linguistic make-up of the communities their staff are drawn from, and so is very inconsistent from area to area. It seems likely that improved technology and networking Control Centres will enable staff in Centres where there are no Welsh speaking staff to transfer calls to other Centres where Welsh language calls can be received. However, another factor which has to be considered is the difficulties which could arise from transferring a call, for example from Pontypool to Caernarfon, on account of the local geographical knowledge required to direct an ambulance correctly to its destination (see point (iii) below).

(iii) The question of ensuring adequate local geographical knowledge and sufficient understanding of the Welsh language to record place names correctly is an entirely practical one, and is to do with the operation of an effective service which responds effectively to patients' needs. This is particularly relevant to rural areas where houses can be inaccessible and difficult to locate, and direction signs are sometimes scarce.

Evidence was collected from two areas in Wales that ambulances have reached their destination late either because of a lack of local geographical knowledge, or because of an inability to deal with Welsh place names. In one particularly worrying case, it was heard that a patient's life had been put in serious danger when a non-Welsh speaking telephonist mistook the Welsh house name "Wern" for the English number "one". Since there was no house with the number one on the street where the caller lived, vital time was wasted as the ambulance drove up and down the street looking for a non-existent house. It seems that the ambulance crew eventually found the house by asking a local resident who was able to clear up the confusion between "Wern" and "one". The patient described in a interview how he had been lying half-conscious on the floor and had heard the ambulance siren go past several times.

> "Wn i ddim faint o amser aeth heibio, ond i fi roedd fel hyd dragwyddoldeb, cyn i'r ambiwlans stopio'r tu allan i'r tŷ."
> ("I don't know how much time went by, but to me it was like eternity, before the ambulance stopped outside the house.")

He went on to claim that he had suffered permanent damage to his heart, although this could not be firmly attributed to the long wait before the ambulance arrived.

As in all parts of the National Health Service, it is not necessary for all members of staff to become fluent in Welsh. However it is clear that there are some workers for whom a basic understanding of some elements of the language is essential in order for them to carry out their duties properly, and amongst these workers are those who are responsible for recording and transferring important information about patients. If a patient has a Welsh name or address, it is wholly unacceptable if it cannot be recorded correctly. Only a little language training is required to make sure that key staff are familiar with spelling and pronouncing the Welsh names they come across.

The question of local geographical knowledge is not one which is confined to Welsh place names either. Paul Flynn M.P. recently drew attention to cases of confusion where ambulances had been sent to Newport, Pembrokeshire, instead of Newport, Gwent, two towns with the same name but around a hundred miles apart. As ambulance services are centralised, serious consideration has to be given to the implications of controlling ambulance services from outside the areas they are operated in.
(Flynn, P., 1998)

7.8 Non-clinical Matters

During research, a number of aspects of health care were looked at which do not pertain directly to the work of medical and nursing staff, but which are in spite of that, very relevant to any discussion about the Health Service in Wales. These are concerned with permitting patients who are staying in hospital for any period of time to continue as much as possible their normal intellectual, cultural and religious activities.

A long stay in hospital is a monotonous and fairly boring experience for many people, and because of this the provision of some means of passing time pleasurably in the patient's chosen language is extremely important. The way in which many patients said they felt "mwy cartrefol" ("more at home") when able to speak Welsh with staff was described above in

Chapter 5 - The Language of Medicine, and the same is true to a certain extent as regards opportunities to watch television, listen to the radio or read newspapers and magazines. This matter was referred to specifically in the 1975 Welsh Office Circular on the Welsh language in the Health Service:

> "With the increasing development of specialist services at selected hospitals there are few major hospitals in Wales which do not treat some patients who will be put more at ease by a conversation in Welsh or by listening to Welsh radio or television programmes."

Further on in the same document it is stated:

> "Facilities should be provided for patients who wish to receive Welsh language broadcast services and to attend religious, cultural and leisure activities organised through the medium of either language according to demand."

7.8.1 Radio and Television, Magazines and Newspapers

A number of NHS Trusts do specifically acknowledge in their Welsh Language Schemes that they do have a responsibility to ensure residential patients' access to Welsh language radio and television channels; and in two Welsh Language Schemes specific mention is made of the need to provide such things as books, audio and video tapes, and children's toys and games in the patients' chosen language. The question of providing Welsh language television is not always a simple one, especially if there is only one television set available to a large number of patients, many of whom may not want to watch Welsh language programmes. Radio is a simpler matter, since patients can listen to it through headphones. Regarding this, in addition to ensuring that Welsh language radio stations such as Radio Cymru can be received, attention needs to be given to the question of how many Welsh language programmes it is practical and desirable to broadcast on internal hospital radio stations.

There is a need also to ensure that Welsh language periodicals, such as Golwg, Yr Herald Cymraeg and Y Cymro, are easily available in hospital shops and on the trolleys which are taken round the wards. During observation work, in only one hospital of the seven visited were Welsh language periodicals available and on display in the shops provided for staff, patients and visitors. Without further research, it is not possible to say if the situation is any better as regards trolley services to wards.

7.8.2 Religious Provision and Chaplaincies

After serious questions arose during one interview about the lack of a Welsh speaking medical chaplain, the main religious bodies dealing with the provision of Catholic and Protestant chaplains in Welsh hospitals were contacted.

The two quotations below show how important Welsh language provision in this field can be to some patients. One comes from a chaplain, the other from an experienced doctor:

> "Dwedwch bod chi'n Eglwyswr neu efallai'n Ymneilltuwr clasurol Cymraeg, a chithau ar eich awr olaf, mi fyddai fo'n drwsgl pe byddech chi'n cael rhywun oedd ddim yn medru'r Gymraeg." ("Say that you're an Anglican or maybe a classic Welsh speaking Non-conformist, if you were at death's door it would be awkward if you were to have someone who didn't speak Welsh.")

> "Mae 'na ddigon o bobl yng Nghymru sydd yn byw eu bywyd bob dydd trwy'r Saesneg ond bod eu profiad ysbrydol nhw yn gwbl uniaith Gymraeg... A dyna pam mae llawer o bobl yn gwybod bod Duw yn siarad Cymraeg, bod Duw yn siarad Wrdw, Swahili a Hindi a falle bod e'n siarad Saesneg ond dyn nhw mor sicr. Falle bod e, ond dyn nhw ddim yn siŵr. Mae'r cyd-destun ysbrydol i gyd yn yr iaith Gymraeg." ("There are plenty of people in Wales who live their every day lives in English but their spiritual experiences are completely monolingual Welsh... And that's why a lot of people know that God speaks Welsh, that God speaks Urdu, Swahili and Hindi and maybe he speaks English but they're not so sure about that. Maybe he does but they're not sure. The spiritual context is entirely in the Welsh language.")

Like most other National Health Service staff, hospital chaplains are salaried Trust employees, and when researching into any shortage of Welsh speaking chaplains, the same two challenges are faced as when looking, for example, at the shortage of Welsh speaking doctors:

(i) To ensure that enough qualified Welsh speakers apply for posts when they become available.

(ii) To ensure that NHS Trusts acknowledge the need for Welsh speaking chaplains and act on the basis of that acknowledgement by

  (a) either appointing bilingual chaplains.

  (b) or assisting non-Welsh speaking chaplains to master the language.

(c) or making sure that it is possible to find a Welsh speaking chaplain quickly and easily when one is required.

Points (ii)(b) and (ii)(c) are particularly relevant to full-time chaplains; in the case of part-time chaplains there is more room for flexibility and for the use of a team dimension to ensure that Welsh language service is available for those who want it. According to a spokesperson for the Union of Welsh Baptists, some non-Welsh speaking chaplains already do this informally by appointing a Welsh speaking minister to take a few sessions in the hospital. In the same way, an Anglican priest described how he is occasionally called into his local hospital:

> "Dw i'n cael achlysuron yn codi lle y dw i'n cael galwad ffon yn hwyr y nos neu'n gynnar y bore, a "Look, we've got a Welsh speaker, can you come in and do last rites," neu "Can you come and talk to them." A dach chi'n falch o neud, felly, ond mater o hap a damwain ydy o."
> ("I get occasions arising where I get a phone call late at night or early in the morning, and they say, "Look, we've got a Welsh speaker, can you come in and do last rites?" or "Can you come and talk to them?" And you're glad to do it, but it's a matter of chance.")

According to a spokesperson for the Catholic Archdiocese of Cardiff, although there is not a single full-time Welsh speaking Catholic chaplain in any hospital in Wales, there is a substantial pool of bilingual priests and nuns who are ready at any time to visit patients. According to the spokesperson, it is NHS Trusts which bear the main responsibility for ensuring religious provision for Welsh speaking patients: "The crucial thing is that the hospital makes sure that a priest, or anyone who can speak the language, is contacted."

A letter to the Church in Wales enquiring about Welsh speaking Anglican chaplains was passed on by the Church to the Managing Trust Chaplain of the University Hospital of Wales, Cardiff. He had no comment to make on the subject of Welsh language for patients and referred the author to the Trust's Welsh Scheme, stating that "the matter of providing appropriate support for patients through the medium of Welsh is a matter for the Trust who is the employer and not the Church." In response to this, it should be noted that neither University Hospital of Wales' Welsh Language Scheme nor the equivalent Scheme of any other NHS Trust, have anything to say specifically regarding chaplaincy services, apart from general statements about ensuring appropriate levels of Welsh speaking staff.

The key point when looking at the provision of Welsh speaking chaplains is the same key point as when one looks at any other aspects of Welsh language provision in the field of health care, namely that a Welsh language service should be offered as a norm without the patient having to make a special request or pressurize the service provider in order to receive it. As in all other parts of the Health Service, making sure that a Welsh speaking patient can see a Welsh speaking chaplain if he or she so wishes, depends on an effective set-up to record language choice, to pass that information on as the patient goes through the system, and to act on the basis of the information as far as possible. This is particularly important when one remembers that many people request the services of a chaplain during their final illness, when they are at their most vulnerable and helpless.

7.9 The Trouble with Forms

Although every Welsh Language Scheme prepared by health care bodies in Wales contains a commitment to provide Welsh language forms, problems are still occurring in connection with some forms. This seems to be due to two main factors:

(i) Although there is an official commitment to produce Welsh language forms, the production process has not yet been completed (possibly because of technical difficulties). For example, in the case of prescription forms, the Welsh Office has stated that the machines presently used to produce the forms do not allow the printing of bilingual text, although it is intended to remedy this at some point in the future.

(ii) Although Welsh forms are available, staff are not aware of their availability and do not know where to find them. This is especially true of large and bureaucratic organisations where information is slow to circulate, but can occur even within individual offices where not all staff are aware in which cupboard Welsh language materials are kept. In addition to this, there is a substantial body of anecdotal evidence that Welsh language letters and forms are being ignored by a number of public bodies because individual staff do not know what to do with them. In interviews, more than one patient complained that he or she had been given bilingual forms in hospital but had been urged by Welsh speaking staff to fill them in in English because there was a danger they would not be properly processed if completed in Welsh. It is clear in this regard that there is a need to raise staff awareness, both among Welsh

speakers and non-Welsh speakers, about which things are available to consumers in Welsh, and about what one should do when a client fills in a form in Welsh.

The situation is at its most problematic in the case of forms used for patients to consent to undergoing surgery. This issue was raised in the 1975 Welsh Office Circular on the Welsh language in the Health Service:

> "The Secretary of State has decided that 'Consent to Treatment' forms, which have to be completed by patients, should be bilingual." (Swyddfa Gymreig, 1975)

In spite of this, two major complaints are still arising in connection with this type of forms:

(i) That they have to be specially requested, and are sometimes stored inconveniently and separate from the equivalent English forms.

(ii) That some doctors are refusing to sign them if they are filled in in Welsh only, and are insisting that patients who wish to fill in the Welsh version also fill in the English version. The reason usually given for this is that non-Welsh speaking doctors are unwilling to accept responsibility for treatment by signing a form they don't understand.

In an interview, the above two points were raised together by one patient:

> "Ffurflen uniaith Saesneg. Ddaru mi ofyn am un Gymraeg. Wel, yr argraff bod chi'n creu fuss i ddechrau. Wedyn oeddan nhw'n ffonio rownd, ces i'r argraff bod nhw'n ffonio rownd y wardiau eraill i ofyn os oedd ganddyn nhw gopi o'r ffurflen yna. Tua ugain munud neu hanner awr wedyn, ddaru nhw ei ffindio fo. Oedd y meddyg wedyn yn gwrthod llofnodi'r un Gymraeg... oni bai mod i hefyd yn llofnodi'r un Saesneg."
> ("Monolingual English form. I asked for a Welsh one. Well, first of all there's the impression that you're making a fuss. Then they phoned round, I got the impression they were phoning round the other wards to ask if they had a copy of the form. About twenty minutes or half an hour later, they found it. The doctor then refused to sign the Welsh one... unless I also signed the English one.")

Although doctors' anxieties in this regard are entirely understandable, there should be no problem if a patient signs a Welsh form, or the Welsh side of a bilingual form, provided there is something on the Welsh document noting in English that it is an official and authorised translation of the equivalent English document. It is perhaps worthwhile referring at this point to the Welsh Blood Service as an example of a health care establishment which has taken steps to ensure that all its leaflets and forms are bilingual, and to make sure that non-Welsh speaking staff know how to deal with forms filled in in Welsh. Since the layout of the Welsh and English versions is exactly the same, and since filling in the forms mostly involves ticking boxes, they can be easily checked by staff in whichever language they are filled in. In an interview, one new blood donor described his surprise and satisfaction at what happened when he filled in a Welsh language form and presented it to a non-Welsh speaking member of staff:

> "Fel arfer, dych chi'n disgwyl tipyn o ffws, neu o leiaf fydd rhaid i chi ateb llwyth o gwestiynau gwirion am y Gymraeg a pam ych chi'n ei siarad hi a pethau fel 'na. Ond, na - dim ffws, dim trafferth, dim cwestiynau dwl, 'Oedd e'n grêt, y fath ryddhad."
> ("Usually, you expect a bit of a fuss, or at the very least you'll have to answer a load of stupid questions about Welsh and why you speak it and things like that. But, no - no fuss, no bother, no stupid questions. It was great, such a relief.")

According to this donor, the bilingualism of the Blood Service is so thorough that the service's computers are able to keep records of postal addresses in Welsh, contrary to the practices of a number of bodies of translating the information into English even when the client has given it in Welsh.

7.10 Language, Dialect and Terminology

Amongst the key steps noted in the White Paper Putting Patients First towards developing effective systems for sharing health care information quickly, efficiently and safely, is the need for "a common language to enable consistent meanings to be attributed to words, terms and data." (Welsh Office, 1998) Although the White Paper is referring chiefly in this regard to the need to standardize the Health Service's English terminology, a number of Health Care practitioners have referred to the exact same need in connection with the Welsh language. For example, in a recent survey of north Wales midwives, 80% of respondents said they considered the creation of Welsh midwifery terms as either "quite important" or "very important". (Roberts, G., 1998)

As in many technical and scientific fields, there has not been, up until now, any substantial body of

official Welsh terms for use when discussing health care. There have been several recent attempts to make up for this lack of officially recognised terminology:

- In 1986, the University of Wales Press published Medical Terms.
- In 1995, Termau Nyrsio a Bydwreigiaeth: An English -Welsh Dictionary of Nursing and Midwifery Terms was published as a joint project by two members of the staff of the University of Wales, Bangor - Gwerfyl Roberts of the School of Nursing and Midwifery Studies, and Delyth Prys of the Welsh Terminology Centre which is part of the University's School of Education.
- The Welsh Terminology Centre has also established contact with Termcat - the Catalan Standardisation Centre in Barcelona - and with Canolfan Bedwyr, another establishment within Bangor University which advises translators on the clarity of official Welsh documents.
- Also part of the Welsh Terminology Centre's work has been the establishment of an electronic discussion group concerned with all kinds of Welsh terminology, including medical and nursing terms. This can be reached on the Internet: http://www.mailbase.ac.uk/cgi-bin/lists/welsh-termau-cymraeg.
  The discussion group can be contacted by e-mail: welsh-termau-cymraeg@mailbase.ac.uk
- As part of the Bilingual Initiatives in Midwifery project at Bangor University's School of Nursing and Midwifery, a Midwifery Terms Group has been set up to co-operate with the Welsh Terminology Centre and with clinical midwifes. The aim is to secure the co-operation of language specialists, computer specialists, and subject specialists to create a store of standardised terminology which can be easily accessed by electronic means. The Terms Group also maintains contacts at the NHS Centre for Coding and Classification in Loughborough, and the possibilities of coding Welsh terms in order to use them in a computerised data base, in the same way as is now done with English terms, are being looked at.
- During the research for this report, the author was contacted by Dr Eluned Lee, Medical Co-ordinator at the Gwynedd Community Health Trust Department and Contraception and Sexual Health, concerning work currently in progress to create a dictionary of Welsh sexual health terms. Dr Lee said that the lack of useful Welsh terms in this field had come to light during her time as an "agony aunt" for Cylchgrawn y Cofi Bach, a Welsh language magazine for young people in the Caernarfon area.
- The Welsh Academy Dictionary, published in 1995, is always a valuable resource to fall back on, although its bulk and weight make it unsuitable for use in many situations.

One consistent factor which has to be faced when trying to introduce Welsh language terminology to any field is that consumers are sometimes very reluctant to adopt it, seeing it as a false and invented language. Although this is perhaps somewhat disappointing from the standpoint of developing the Welsh language and expanding its areas of use, if we are looking at the question of Welsh language health care terminology from a consumerist standpoint, then this situation has to be acknowledged and accepted as it is, rather than being seen as a problem. As Dr Dafydd Huws has noted, there are four possible reasons for providing a service in Welsh:

(i) For the sake of the language.

(ii) For the sake of the principle involved.

(iii) For the sake of the provider.

(iv) For the sake of the consumer.
(Roberts, G., 1997)

If any of the first three of these is considered the most important, then there is no reason for not seizing every opportunity to use and disseminate the new Welsh terminology; but if it is the fourth one which is uppermost in the mind, then there is a need for caution. According to the testimony collected in several areas, one thing that is certain to keep Welsh speakers from using their Welsh in official and public situations is the fear that their own Welsh isn't good enough; i.e. it fails to reach some theoretical standard of what Welsh should be. An interesting example of this came up in a number of interviews with health care consumers, when several people insisted quite definitely that they found it easier to discuss health-related matters in English than in Welsh because they didn't have sufficient vocabulary to talk about such a subject in Welsh. It became clear through questioning these people in greater depth that when they said they

preferred to use English what most of them actually meant was that they used a few English words within otherwise Welsh sentences. This usually happened when it was necessary to refer to an illness or a form of treatment by its formal English title, and no consumers seemed to have any difficulties using Welsh when it came to describing the symptoms which they themselves were experiencing. In spite of this, a number of people saw this sort of speech as "English". As one experienced doctor noted when discussing this subject:

> "Mae 'na boendod efo Cymry Cymraeg os ydyn nhw'n defnyddio unrhyw un gair o Saesneg bod eu Cymraeg nhw ddim digon da."
> ("There's worry with Welsh speakers that if they use a single word of English that their Welsh isn't good enough.")

As described in Section 8.2.1 Producing Bilingual Material, there is a definite need for new terminology to be comprehensible and clear. If it is not both of these things, its use is likely to be confined to a small number of people who take a special interest in such things. Terminology must also not become an additional burden on Welsh speaking patients who are unfamiliar with it. One thing which is obvious is that there is a need to increase the confidence of Welsh speakers in order for them to use their Welsh publicly, and this will never be achieved unless it is made clear to people that they are welcome to use whatever sort of Welsh which is natural to them. The function of any statutory Welsh Language Scheme is not the maintenance of the Welsh language in all its spotless purity; rather, to open the way for consumers to communicate in their preferred language and at the level at which they are most comfortable. The natural lack of confidence which many consumers feel when using their Welsh in official situations will never be overcome, if they feel they are being expected to conform with a style of Welsh which is overly formal and academic. There certainly is a place for Welsh terminology in every part of the Health Service, but only to the extent that it will be of benefit to the service's consumers.

7.11 Cultural Sensitivity

Although it can no longer be claimed that native Welsh speakers have a particular characteristic way of life in any real sense, it is true that there are certain social practices which are perhaps more obvious in traditionally Welsh speaking communities than in the wider non-Welsh speaking society.

The most obvious of these, and particularly relevant in the field of health care, are greeting and conversational conventions, especially amongst the older generation. This point was raised in interviews by several medical professionals, and also by a number of ordinary consumers who felt that relatives of theirs had been treated in an inappropriate manner, bordering on the insulting, because of a lack of awareness amongst staff of Welsh greeting and conversational conventions. The main concern of both professionals and consumers was the widespread tendency to use patients' first names when greeting them and when giving them instructions and information. Since a good relationship between patients and the staff caring for them is central to any successful treatment, it is perfectly understandable that some staff use patients' first names as a way of being more intimate with them. But it must be remembered that what is considered friendly intimacy in English culture may be seen by a Welsh speaker as a sign of a lack of respect. It may appear cold and distant to some that people who have known each other for many years still call each other "Mr" and "Mrs", but in reality it is no such thing.

One person described the intense confusion felt by her mother, already in a fairly confused state and unsure of who was talking to her, when nurses addressed by her first name. For many of the older generation, its is likely that only their siblings and a few very close friends would be in the habit of using their first names, and considerable confusion and discomfort can be caused if someone from outside that limited group begins to address them in that way. Even amongst fairly close friends, a substantial number of people continue to use the titles "Mr" and "Mrs" together with surnames, rather than using first names. On the other hand, for some people the most acceptable practice is to use a person's full name, e.g. "Mary Jones" rather than "Mary" on its own or the formal title "Mrs Jones". The one thing which should be avoided at all costs is the use of first names on their own, as one health care worker noted:

> "Yn arbennig os ydy rhywun yn Gymraeg, os nad ych chi'n nabod rhywun yn rhyfeddol o dda, fyddech chi byth yn defnyddio ei enw cyntaf, byddai 'n sarhad."
> ("Especially if someone is Welsh speaking, if you don't know someone extremely well, you would never use their first name - it would be an insult.")

Another matter which requires considerable discernment when dealing with it is the question of when and with whom to use the pronoun "ti" (second person singular and informal, equivalent to "thee" in English and "tu" in French) instead of "chi" (second

person plural and formal, equivalent to "vous" in French, and to the original meaning of "you" in English). On the whole, the conventions regarding the use of "ti" and "chi" are much the same as those regarding the use of first names. In the same way that many people continue to address each other as "Mr" and "Mrs" after long years of friendship, a substantial number of Welsh speakers adhere to "chi" forms when speaking to friends, and even to their spouses. In addition to this, the fact that one participant in a conversation has begun to call the other person "ti" does not necessarily mean that that other person may address the first person in the same way, particularly if the first is older than the second. Just like the greeting practices described above, these practices in no way indicate coldness or a lack of intimacy, rather they are conventions based on traditional methods of showing mutual respect. The quotation below is drawn from an interview with an elderly consumer, and clearly illustrates many older people's feelings about the use of "ti" and "chi":

> "Os dach chi'n defnyddio "ti" â rhywun hŷn na chi neu unrhyw un sy'n ddieithr, beth ydach chi'n neud wedyn ydy mynd i mewn i'w lle nhw, space mae'r Sais yn alw fo... Dach chi'n tramgwyddo wrth alw rhywun yn "ti." Baswn i'n amheus iawn o'i ddefnyddio fo oni bai 'mod i'n medru ffydd, a mae ffydd yn dod rhan amlaf dros amser. Ac wedyn pan mae'r ddau ohonoch chi'n teimlo'n gyffyrddus efo ti, 'na fo, popeth yn iawn. Ond cyn i hwnna ddigwydd mae'n berygl rhyfeddaf. Mae peth wmbreth o'r bobl sy'n dysgu Cymraeg i oedolion yn deud wrthyn nhw, "Ti i bawb," ond mae o'n achosi anhrefn llwyr, emotional chaos, achos dach chi ddim yn gwybod sut i ddelio efo fo... Mae pobl yn dweud, "Mae o'n fwy user-friendly," ond dydy hynny ddim byd i wneud â fo achos beth sy' gynnoch i wneud y peth yn user-friendly ydy cwrteisi naturiol, consŷrn am sut mae person arall yn teimlo."
> ("If you use "ti" with someone older than you or someone you don't know, what you're doing then is going into their space... You offend someone by calling them "ti." I would be very hesitant to use it unless I felt confident in doing so, and that usually comes with time. And then when both of you are comfortable with "ti", then it's fine. But before that happens, it's very risky. Loads of these people who teach Welsh to adults tell them, "Say "ti" to everyone," but it causes complete chaos, emotional chaos, because you don't know how to deal with it...People say, "It's more user-friendly," but that's got nothing to do with it because what you need to make the thing user-friendly is common courtesy, a concern for how another person feels.")

This can be confusing enough for many first language Welsh speakers, but it is particularly difficult for those who are learning the language, largely because in most regions equivalent forms no longer occur in English. According to one official with responsibility for promoting the Welsh language in the field of health care, this is one of the most important points which has to be impressed upon Welsh learners in the field, since many of them to tend to use "ti" when talking to patients, believing it to be more friendly and intimate.

Interestingly, Gwenan Thomas' research into the experiences of pregnant women in the Glangwili Hospital catchment area showed that some young women preferred to be greeted with the informal forms "ti" and "tithau" ("thou / thee also") when talking to medical staff, and felt that there was a greater intimacy between themselves and staff after switching from addressing each other as "chi" to using "ti":

> "Ma "ti" a "tithe" yn dod, wedyn ti'n gwybod fel ti'n aros yn y berthynas."
> ("When they start using "ti" and "tithau", then you know where you stand in the relationship.")
>
> "Pan mae rhywun yn siarad â ti fel "ti", wedyn ti'n teimlo'n nes ato nhw, dim fel patient ond yn gyfartal, mwy fel ffrind, dim fel claf."
> (Thomas, G., 1998)
> ("When someone talks to you as "ti", then you feel closer to them, not like a patient but equal, more like a friend, not like a patient.")
> (Thomas, G., 1998)

All this strongly suggests that old practices and conventions of speech which are so important to the older generation of Welsh speakers are seen as somewhat cold and distant by some of the younger generation. However, there is a need for caution, and the best advice one can give to staff at present is to stick to a formal greeting unless it becomes obvious that a patient would prefer to use a less formal register.

7.12 Spreading the Word - Information Services

> "Information is a service in its own right. Information is essential for people who are making decisions and exercising responsibility... And to the extent that the information is good or bad, is clear or unclear, and is or is not comprehensive, the options open to people and the decisions they take will be better or not as good." (Cyngor Defnyddwyr Cymru, 1995).

7.12.1 Telephone Information Services

A certain amount of health information is already available to the public in Wales through the freephone link Health Information Wales. Through this service, information is available about which services the NHS provides; local standards and performance in reality as measured against them; waiting times for hospital treatment; and health care and self-help groups. When this phone service was used during the research for this report, no Welsh language service was available, nor was any information available about Welsh language provision in the one field which was enquired about specifically, namely speech therapy.

In January 1998's white paper, Putting Patients First, and in the follow-up document, Quality Care and Clinical Excellence, it is stated that consideration is being given to developing a new 24 hour telephone help line, building on the basis of Health Information Wales. According to the White Paper, the Secretary of State will consider introducing such a system to Wales after assessing the cost-effectiveness and the benefit to patients of trials carried out in England. In March 1998 pilot schemes were launched in 3 regions in England, with phone lines staffed by nurses giving professional advice to callers on such questions as what sort of treatment to seek, as well as providing information on less urgent matters such as local waiting times. Especially when one remembers the important and clinical nature of much of the information given to consumers through this system, it will be necessary to consider very seriously the need to make that information available in Welsh, and the promise in the Patients' Charter to do that as far as possible, when planning any such service for Wales. As one of the most pioneering developments in the NHS in recent years, NHS Direct is a golden opportunity to show how Welsh language provision can be integrated into a comprehensive service to patients. Within the three pilot schemes in England, there are already arrangements in place "to ensure they can deliver advice in a very wide range of languages." (Welsh Office, 1999)

NHS Direct is also an opportunity to show what can be done with the latest telephone technology to facilitate language choice. An operating example of this is to be found in the phone system of the National Library of Wales, where a choice of languages and departments is offered to callers for them to select from using the buttons on their own phone. The software for these sorts of systems is already easily available, and is widely used by a number of institutions in mainland Europe.

(Detailed information about the results of the NHS Direct pilot schemes in England is available on the Internet: http://wwwdoh.gov.uk/nhsexec/direct.htm)

7.12.2 The Possibilities of Radio

Some very interesting research work has recently been conducted in the Leicester area by Arvind Bhatt and Professor James D. Halloran to assess the listener response to the radio show Health Matters, which was broadcast for a limited period by the Sunrise FM station. Sunrise FM is a station which specialises in providing music, news and information for Leicestershire's Asian Community, and it was this community that was the target audience for the programme Health Matters. Although the comparisons between the situation of the Welsh language in Wales and that of Asian minority languages in England should not be over-stressed, there are a number of points which came up in Bhatt and Halloran's research which is it worthwhile considering.

The programme was established as a joint project between Leicestershire Health Authority and Sunrise FM, and amongst the main aims of the project were:

(i) raise awareness about the health care system, about key health issues, and about patients' rights.

(ii) advertise local health events and self-help and discussion groups in Leicester.

(iii) emphasize the importance of Health Promotion.

(iv) encourage consumers to take part in local NHS planning processes.

A local GP was chosen to be a "Radio Doctor", co-presenting the programme with a presenter from the radio station. A phone-system was set up, and a system for answering letters. The listeners who phoned the show would speak a number of Asian languages to the presenters, a situation which was facilitated by the relative similarity of Urdu, Hindi, Gujarati a Bengali. Bhatt and Halloran's research showed the radio show was particularly effective as a means of conveying medical information to vulnerable and isolated consumers who perhaps lack the confidence or the means to go and see a doctor in person. There were four main reasons for the popularity of the programme:

(i) Above all, listeners, especially older listeners, appreciated hearing about health issues in their first language:

"Hindi-Urdu was just right for us because we don't know Englsih very well, and it was nice to

hear our own language when discussing health problems."

"We all liked the programmes in my family. There was lots of information there which we can understand."

"These are not just important - they are absolutely vital for older people who do not understand much - have language difficulties. It is vital to be able to talk in your own language You need vital information in your own language from someone you can trust."

(ii) The privacy and convenience of the radio were two other things listeners spoke of:

"Radio is portable - you can listen to it anywhere on your own."

"You can listen in private if you want to, or in the factory where everyone listens."

(iii) The programme was of help to those who felt that their local GPs had too much work and too little time to be able to discuss everything fully with every patient:

"There is a lot our doctors can't tell us, they have no time for us."

"I don't like going to the doctor unless I am very ill and then he has not got much time for you. He can't give you all the information, but I can listen to the radio and get more information."

(Notice in the second quotation above that the respondent sees the radio as a source of "more information", i.e. the radio had not replaced the GP as a source of information, rather the information from the radio complements that from the doctor).

(iv) The confidentiality of the phone-in section of the programme was appreciated:

"Phone-in was good - keep that. We can learn more from other people's problems if we are too shy to ask ourselves."

"Phone-in was good. I could listen to my own probelms without having to ask in public."

"Phone-in can be more confidential. You can do it there and then on your own."

These comments are particularly relevant when considering some types of illness, such as mental illness, which still have a social stigma attached to them.

A number of the listeners who took part in the research asked for more follow-up to the programme, wanting things such as leaflets in Asian languages to be available in places such as local libraries and doctors' surgeries. It is clear therefore, that there is a possibility of conducting a multi-media programme of health promotion in Leicester's Asian community using radio and printed material to back each other up.

Chapter 8 - IMAGE AND SUBSTANCE

8.1 External Corporate Image

In accordance with Welsh Language Board guidelines, all Health Authorities and Trusts in Wales either have already or are currently taking steps to adopt a bilingual corporate image. This is a development which is very much to be welcomed, since it gives status and public prominence to the Welsh language, and because it creates a feeling amongst consumers that the establishment in question is one which accepts the language. The second of these two points was acknowledged as early as 1975 in the Welsh Office Circular on the Welsh Language in the National Health Service (see Section 6.2 above):

> "As the language of the inquiry is directly influenced by the environment in which it is made, every effort should be made to encourage the use of Welsh by exhibiting signs and notices in both languages in reception areas, giving them equal status, and on all main external and main internal signs and on vehicles."
> (Welsh Office, 1975)

The definition of a bilingual image has since been expanded to include much more than signs on walls and vehicles, being extended to include such things as the establishment's logo, staff badges, headed paper and business cards. Although these are superficial things, there is clear evidence that they are appreciated by the Welsh speaking public, particularly in regions where Welsh has been traditionally almost entirely exiled from public life.

As part of the research for this report, observation work was carried out in seven of Wales' general hospitals, looking amongst other things at the following aspects of external image:

(i) The frequency, quality and clarity of bilingual signs

(ii) The bilingualism of pamphlets and leaflets available to patients

(iii) The bilingualism of posters and notices on noticeboards

(iv) The visible and practical bilingualism of main reception areas

(i) The most striking things when assessing the visible bilingualism of hospitals are the large variances which are to be found even between institutions in the same area. For example, when visiting two fairly adjacent hospitals, it was noted that whilst clear and readable bilingual signs were to be found in almost every part of one of the two, the other contained a large number of monolingual English signs. This second hospital was the only one visited which did not have standard bilingual direction signs to departments. Surprisingly, this hospital was also the one with the newest-looking signs, especially when one remembers that bilingual signs have been in place in some hospitals in the same area for many years. It is disappointing to note that the management of this particular hospital seem to be showing a decreased awareness of the importance of bilingualism, just as the rest of Wales is coming increasingly to recognise its value.

One thing which was consistent between all but one of the seven hospitals looked at was that all signs giving warnings or instructions were in English only. There was also a general tendency for temporary signs and hand-written signs to be in English only. Amongst other examples noted of poor quality signage was the large bilingual sign placed outside one hospital showing the name of the establishment - the sign was divided into two parts, with the Welsh section facing away from the path so that one had to walk over on to the grass to read it properly. In the same hospital, the Welsh was below the English on all signs, and so close to the floor in some places that it was very difficult to read them. These are both examples of the iconic use of Welsh, without sufficient thought being given to the practical usefulness of the materials produced. Of the six hospitals where site maps were seen on the walls, four had maps in English only.

(ii) As regards pamphlets and leaflets, there was a great deal of variety and inconsistency from place to place, even within individual hospitals. Particularly disappointingly, in one hospital a special display stand was found in the centre of the main reception area full of monolingual English Social Security pamphlets, including a substantial number which are normally provided bilingually. At the other end of the spectrum, in one hospital, a comprehensive exhibition of health information leaflets was found, the contents of which was all either bilingual or displayed with English and Welsh versions of documents easily available side by side. In most other establishments, there was usually a variety of English, Welsh and bilingual leaflets, with the majority being in English only. Interestingly, there was no obvious system either for the displaying of leaflets in other minority languages. For example, in one hospital there was one leaflet in Gujarati about a very

particular kind of benefit payment, but no other material at all in the language or in any other Asian language. It seems clear that accident and whim are still the main factors controlling which documents are distributed in which languages in many hospitals.

(iii) In all but one of the seven hospitals, posters on noticeboards tended to be in English only, although the fact that bilingual posters were to be found in one hospital does suggest that bilingual material is available if a genuine effort is made to obtain it. Where job vacancies were advertised, advertisements tended to be in English only in all but one hospital.

(iv) There was nothing in any of the hospitals to suggest whether one could expect to receive assistance in Welsh from staff on the main enquiries desk, meaning that consumers are obliged to depend on such things as accent and names to identify Welsh speaking staff. For example, in one hospital the receptionist was wearing a monolingual English badge, and it was only the fact that she had a particularly Welsh-sounding name which suggested that she could speak Welsh. In two of the seven hospitals, it was possible to get an intelligible response in Welsh to enquiries in Welsh, and the receptionists in three others seemed to understand Welsh to a certain degree but responded either in English or by gesturing with a hand towards the location of the thing enquired about. In the other two, enquiries in Welsh elicited the following responses:
"I'm sorry?"
"What?"

Although the above is important, it must be noted that bilingual corporate signs are not enough for customers. This point was raised in 1996 in the report 'Welsh as a Consumer Issue':

> "Language as a symbol and icon has become more important than language as something that is used. The bilingual letterhead and a few token words of Welsh greeting at reception are welcome whenever they are found. But these tokens and emblems of Welsh identity should not be mistaken for bilingualism, or for the kind of practical approach to language and its use that the consumer needs". (Welsh Consumer Council, 1996)

These comments were supported more recently by Dr Colin Williams:

> "Superficial, patina or a political, correctness bilingualism is what we get practically from agencies and organisations everyday. (Williams, C. & Evas J, 1997)

If there is no bilingual provision by a public bilingual face, then Welsh speakers will be disappointed and disillusioned:

> "The Welsh Consumer Council recognizes the importance of Welsh as a token and icon of identity, community and nation. But we call on all those involved to recognise that practical Welsh language policies must be more than symbols. Welsh must also be usable. Frameworks, opportunities, rights and contexts must be clear." (Welsh Consumer Council, 1996)

8.2 Written Welsh

8.2.1 Producing Bilingual Material

> "Cyfieithiad clogyrnaidd o eiriau, o sillaf i sillaf, yn hytrach na geirlun neu Gymreigiad o'r pethau a ddynodant."
> ("A clumsy translation of words, syllable by syllable, rather than a picture in words or an expression in Welsh of the things they denote.")
> Plicio Gwallt yr Hanner Cymry, Emrys ap Iwan, 1889.

Although written over 100 years ago, the comments of Emrys ap Iwan on poor quality translation are still very much relevant. They were reiterated somewhat more recently by Professor Colin Williams of Cardiff University:

> One of the reasons that individuals don't use Welsh forms is that they can be incomprehensible! Too often, people are obliged to turn to the English version for an explanation. The words are correct, but because they are a translation, the concepts and the style are not user-friendly, and worse than that they don't attract people to use [the forms]. We need to simplify the language of documents and make it more natural, and maybe rather than translating them from English rewrite them in order to make the Welsh more attractive. It's important that we start pressing for professional bilingual provision in user-friendly language." (Williams, C. & Evas, J., 1997)

A similar verdict on poor quality translation is to be found in Arvind Bhatt's booklet on translating health information, Many Voices, One Message, published by the Health Education Authority in 1997:

> "Too much concern with linguistic accuracy and faithfulness to the original could lead to unreadable translations... An easily comprehensible text is more likely to be accepted and will be read more widely than an obviously translated text." (Bhatt, A. 1997)

Although leaflets and forms are now available in Welsh from a large number of public bodies in Wales, a substantial section of the Welsh speaking population continues to favour those produced in English. In the case of some people, this is simply a matter of habit or lack of information about what is available, but one cannot ignore the fact that many fluent Welsh speakers choose to use the English versions of some official documents because the Welsh ones are unreadable. For example, the NOP survey conducted on behalf of the Welsh Language Board in March 1995 showed that half the fluent Welsh speakers questioned would choose to fill in a vehicle licensing form in English, partly because they believed the English version of the form was simpler than the Welsh one.

What's true about forms is equally true about such things as wall signs. During observation work in one general hospital, the two following examples of bad translation:

(i) "Llawr daearol" for "ground floor", literally "earthly floor"; instead of the more nature Welsh forms "llawr isaf" or "llawr gwaelod", literally "lowest floor" or "bottom floor".

(ii) "Cyfres Steryll Crythaol" for "Sterile Cardiac Suite"; instead of "Uned Ddihaint y Galon", literally "Infection-free Heart Unit", or some similar descriptive form of words.

Both these are perfect examples of the tendency described by Emrys ap Iwan to translate literally, word for word, from the English, rather than thinking about the meaning of the words involved and the nature of the things they denote. Signs such as these fail to perform their main function, namely to convey information to the public. This is not an argument based on ideas about standards of language, nor is it based on any attempt to impose "correct" Welsh on ordinary Welsh speakers - the simple fact of the matter is that the two signs described above, and many others like them are incomprehensible both to ordinary Welsh speakers and to academic specialists in the language. The situation is made worse by the practice of erecting signs which, whilst correct in terms of choice of words, are littered with spelling mistakes and typographical errors which would never be tolerated in English, often rendering the signs unreadable.

Operating bilingually is a lot easier if an institution thinks bilingually from the start. There is a great danger that Welsh language provision will be seen as an appendix bolted on at the end of any project, and an unwanted hassle. Nick Gardner has written of the situation sometimes found in the Basque Country, where documents were being produced in Spanish before being translated to Basque, the translation process being seen as "the last troublesome step to comply with legal or social requirements before the 'real' Spanish text is launched." (Gardner, N., 1992). All too often, documents are produced monolingually in English with no thought being given to how they will be translated to other languages. As Bhatt points out, "No agency, however skilled can produce a clear and readable document if it is given a text in complex, jargon-ridden English and then told to translate it literally." (Bhatt A., 1997) Evidence of the effect of this literal translation was heard in an interview with a patient:

> "Mi ofynnodd [y meddyg] imi lenwi ffurflen 'oeddan nhw wedi darparu yn Gymraeg. a fedrwn i mo'i deall hi, oherwydd bod yna gyfieithu clogyrnaidd. Roedd rhaid i mi fynd o'r neilltu efo'r meddyg a dweud, "Ylwch, yn lle bod chi'n cyfieithu pam na newch chi ofyn yn Gymraeg beth dach hi'n feddwl. A deudodd o, "Cerwch, rhowch siot ar ei gyfieithu hi," medda fo... A mi nes i addasiadau i'w gwneud hi fel byddai os oeddach chi eisiau gwybod rhywbeth yn Gymraeg bod chi'n gofyn y ffordd Gymraeg amdano fo, ac anghofio'r cyfieithu. Ac 'oedd o'n deud wrtha i flwyddyn yn ddiweddarach bod Cymry Cymraeg yn defnyddio'r ffurflen yn llawer gwell nag oedd y ffurflen dechnegol." ("[The doctor] asked me to fill in a form they had provided in Welsh. And I couldn't understand it at all, because the translation was so poor. I had to take the doctor aside and say, "Look, instead of translating why don't you ask in Welsh what you're thinking." And he said, "Go on, you have a shot at translating it,"... And I made a few adjustments to make it like it would be if you wanted to know something in Welsh, that you'd ask about it in the Welsh way, and forget about translating. And he told me a year later that Welsh speakers were using the form much more easily than the technical form.")

Wherever possible, the English and Welsh versions of any documents should be prepared in parallel, so that both versions will be equally readable, comprehensible and useful. As word processing technology develops this sort of parallel production is likely to become increasingly easy.

By preparing English and Welsh versions in parallel and regularly comparing the two versions whilst drawing them up, the quailty and clarity of both versions can be improved, and it can be ensured that neither contains jargon or meaningless stock phrases. It must be remembered above all that the purpose of the leaflets and forms distributed to the public is to convey information, and that the purpose of producing leaflets and forms in Welsh is to convey that information to Welsh speakers more effectively than could be done in English. Language needs to be informal and readable, and it will be necessary sometimes to include English terms where the equivalent Welsh term is unlikely to be understood by the target audience. Transferring information rather than maintaining the purity of the language is the aim in sight and the one which should have priority over all other considerations. As a patient said in an interview "It is one thing to have a translating policy, but the question is do you provide a service for people. The principle is that you provide a service for those who speak Welsh, not that you translate".

If practical, documents can be tested on a sample of ordinary consumers before being printed en masse - thereby bringing to light any examples of unclear or inconsistent use of language, before money and paper is wasted producing thousands of copies of something which consumers will reject as unreadable.

Amongst the recent developments in the field of translation there are two which are particularly relevant to this report, one in Wales and the other in England:

(i) On 11 January 1999, Bangor University's Canolfan Bedwyr launched its Cymraeg Clir / Plain Welsh package. The package provides guidelines for producing documents in a clear and readable style. One-day courses are already being held in the Bangor area in connection with the package. Canolfan Bedwyr also offers a correction and approval service for Welsh language documents, marking those documents considered acceptable with a Cymraeg Clir / Plain Welsh stamp.

(ii) Another exciting development which is likely to be particularly useful in Wales is the Wordbank project to collect a bank of official and technical terms from a number of public services, including health care. As part of this project, a number of public bodies have appointed members of their staff to help draw up glossaries of terms used in English in any institution's particular field, together with definitions of those terms in more straightforward English in order to give a clear idea of the exact meaning of every term. After these glossaries have been compiled (a task which is currently being carried out) it will then be possible to translate into other languages on the basis of these definitions, rather than depending on the term itself every time. By working on the basis of such definitions, it is possible that one may be able to produce "a picture in words or expression in Welsh of the things they denote," as Emrys ap Iwan put it, instead of a "clumsy translation of words from syllable to syllable." Copies of the glossaries so far compiled are available from the Institute of Linguists at the following address:

The Institute of Linguists
Saxon House
48 Southwest Street
LONDON SE1 1UN
Tel. 0171 940 3100

8.2.2 Publishing Bilingual Material

It is now standard practice in most public bodies to publish bilingual documents with the English and the Welsh on the same page or back-to-back, rather than producing separate English and Welsh versions. Although this is not always possible (on account of such factors as the size and complexity of some documents) the practice is to be strongly reccommended for a numbers of reasons:

(i) Bilingual readers who are uncertain of the exact meaning of any word or phrase in one language can easily refer to the other version of the text for an explanation. This is particularly relevant in relation to official and technical documents in Welsh, which consumers may wish to read mostly in Welsh whilst wanting to turn occasionally to the English when they come across unfamiliar terms in the Welsh. This very point was raised in Gwenan Thomas' research into the experiences of Welsh speaking pregnant women in south-west Wales:

"The availablity of bilingual books was suggested by several respondents as it would allow those felt confident to read Welsh to do so, but at the same time provide a translation for those who encountered any difficulties." (Thomas, G., 1998)

(ii) Non-Welsh speaking staff can distribute bilingual literature without feeling uncomfortable, as they might do if they had to distribute monolingual Welsh documents they didn't understand. If a Welsh speaking consumer

has an enquiry concerning the literature, the non-Welsh speaking worker can answer it by referring to the English version. In the same way, a non-Welsh speaking worker can to a certain extent advise consumers who are filling in bilingual forms in Welsh as he or she will be able to understand the printed text of the form, even if he or she does not understand what the consumer is writing on it.

(iii) If the two versions of a document are produced together as a single item, no one need ever ask specially for one or the other of them. Consumers therefore need never feel that they are creating problems for a service provider by asking specially for the Welsh version of a document. Nor is it necessary to allocate a particular member of staff to be responsible for Welsh forms, as currently happens in some institutions.

(iv) Consumers are not obliged to decide on the spot in which language they wish to read a leaflet or fill in a form. It is entirely possible that a person won't know in which language they wish to give or receive information until they have a chance to look at the document in question.

(v) Regularly coming across bilingual forms and leaflets raises staff consciousness in relation to the Welsh language and acts as a reminder of the presence and official status of the language throughout Wales.

> "Organisations should foster supportive attitudes towards providing bilingual service, and encourage staff to participate. Non-Welsh speakers should not feel threatened or disadvantaged."(Welsh Language Board, 1996)

> "Every worker, whether a Welsh speaker or not, can facilitate language choice for Welsh speaking users." (Davies, E., 1999)

As far as can be foreseen, it is beyond any reasonable doubt that most NHS staff in Wales will be non-Welsh speakers, and that is only to be expected considering the linguistic make up of the population in general. As a large majority amongst NHS staff, non-Welsh speaking workers are often in a powerful position as gate-keepers of the entrance points to Welsh language provision. Often, it is their attitude to Welsh speaking consumers which determines whether those consumers get to choose the language of the service they receive or not.

The fact that the recent steps to improve Welsh language provision within the Health Service have provoked a swift and somewhat less than favourable reaction from some quarters cannot be ignored. The example below is taken from an article in an NHS Trust's staff newsletter by an official with responsibility for the Welsh language, following a decision that staff should answer the phone with the Welsh greeting "Bore da" ("Good morning"), before saying the name of their department in English:

> "Even this limited change has stirred up quite a lot of feeling and has proved to be a great deal for many to swallow. I had two dozen calls (and then I stopped counting) all negative, some quite upset and many angry, and some quite abusive about the new requirement."

In the same way, in response to a survey by the Cardiff cell of the Welsh Language Society in May 1998 of the use of Welsh by health care bodies in the area, a spokesperson for one establishment wrote:

> "You will not be surprised to know that there are elements of cynicism and scepticism amongst staff who are hard pressed by their existing commitments and of whom the overwhelming majority do not speak Welsh and seldom encounter Welsh speaking patients."

A common enough feeling amongst some staff is that the present anxiety about Welsh language provision by public services is unnecessary and irrelevant - a distraction which draws attention and resources away from genuinely important problems. Non-Welsh speaking workers may come to feel that due regard is not being given to their skills and conscientious work because they are simply being criticised for being unable to provide services in Welsh.

On the other hand, it is clear by now that there has been a substantial growth of goodwill towards the Welsh language amongst the 81.3% of Welsh people who do not speak the language. The NOP survey conducted on behalf of the Welsh Language Board in March 1995 showed that 77% of people questioned saw Welsh language as an asset, and 88% saw the language as something to be proud of. In the field of health care in particular, a recent survey of midwifes in north Wales showed there was considerable support for the use of Welsh in midwifery, both amongst fluent Welsh speaking midwives and amongst non-Welsh speakers and less than fluent users of the language. (Roberts, G., 1998) Over the last few years, a broad general consensus in favour of the language has developed, amongst both Welsh speakers and those who do not use the language. It is crucially important to the future of the language and to the success of Welsh-medium services, that this consensus is maintained and that the feeling is promoted amongst all people in Wales that the Welsh language is something they can own and take pride in. This is as true in the National Health Service as it is anywhere else.

There are three main dangers if all the staff of any establishment are not made to feel that they all have a part to play in providing for Welsh speaking consumers:

(i) Too much pressure will be placed on individual Welsh speaking workers to undertake all sorts of work related to Welsh. This is particularly true where Welsh speakers are a small section of the workforce.

(ii) Individual workers who make a personal effort to promote Welsh language provision will feel isolated and lose enthusiasm. One member of staff described her feelings whilst trying to provide for Welsh speaking clients in a institution which operated almost entirely in English:

> "I feel misunderstood, that's the word... A feeling of isolation and being misunderstood."

(iii) Apathy and a general lack of interest will be found amongst non-Welsh speaking workers regarding Welsh language provision, leading to failure of the provision in the long term.

The evidence collected from interviews, together with the findings of other researchers, clearly shows that

the attitudes of non-Welsh speaking staff are utterly crucial to any attempt to improve Welsh language provision; often significantly more important than their actual ability or lack of it in the language. Put simply, not everyone has to speak Welsh fluently to be part of the provision of quality Welsh language services. There are two main aspects to what non-Welsh speaking staff can do to promote the interests of Welsh speaking patients:

(i) Language sensitivity

(ii) Limited use of Welsh to establish or strengthen the bond between patients and staff.

9.1 Language Sensitivity

The comments of a number of people in interviews showed that there is considerable appreciation and gratitude for the linguistic sensitivity some non-Welsh speaking staff show when dealing with Welsh speaking patients. This is true even where staff are not able to provide any kind of genuine Welsh language service. For example, there is the testimony of one mother about the treatment her son received after an accident:

> "Chawson ni ddim siarad Cymraeg, achos doedd neb ar gael i siarad Cymraeg, ond o leiaf roedd 'na ymwybyddiaeth, a mae hynny'n dweud lot.... Mi gafodd [fy mab] ei gnoco lawr wrth ddod off y bws ysgol ryw ddiwrnod, a mi aethpwyd â fo i'r ysbyty agosaf, i casualty.... Mi ddwedodd y nyrs oedd yn cymryd y manylion, "You're obviously speaking Welsh", dwedais i, "Yes" a dwedodd hi, "Does he prefer that?", a dwedais i, "Yes"... A mi nodwyd hynny ar y ffurflen reit ar y dechrau... 'On i'n impressed efo'r ysbyty full stop achos dw i'n meddwl bod y gofal yn arbennig o dda, ond rhaid cyfadde bod sensitifrwydd yna wedi ychwanegu rhywbeth - jyst y ffaith bod nhw sylweddoli a bod nhw wedi neud nodyn. A mi ddwedodd mwy neu lai pob meddyg, "I'm really sorry I can't speak Welsh." Mae jyst yn rhywfath o gydnabyddiaeth bod nhw'n cydymdeimlo gyda'r sefyllfa."
> ("We didn't get to speak Welsh, because there was nobody available to speak Welsh, but at least there was an awareness, and that says a lot...[My son] was knocked down getting off the school bus one day, and he was taken to the nearest hospital, to casualty... The nurse who was taking the details said, "You're obviously speaking Welsh", and I said, "Yes," and she said, "Does he prefer that?", and I said, "Yes"... And that was noted on the form right at the start... I was impressed with the hospital full stop, because I think that the care was extremely good, But I must say that that sensitivity added something - simply the fact that they realised and made a note. And more or less every doctor said, "I'm really sorry I can't speak Welsh." It's just some sort of recognition that they sympathize with your situation.")

This was reinforced by another parent who had taken her children to a large hospital in a traditionally "non-Welsh speaking" area:

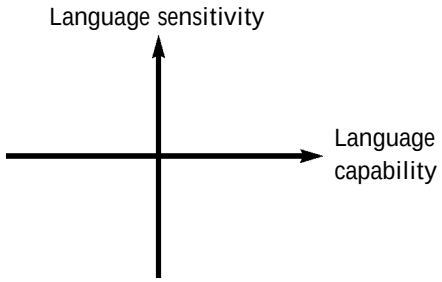
> "Chwarae teg, efo plant yn arbennig, dw i'n credu bod nhw'n derbyn y ffaith bod y plant yn siarad Cymraeg. A mi wnaethon nhw ymdrechion oherwydd hynny."
> ("Fair play, especially with children, I think they accepted the fact that the children speak Welsh. And they made special efforts because of that.")

Similar praise was heard from consumers for two specialist hospitals in England which serve parts of Wales, for their efforts to ensure as good as possible a provision for their Welsh speaking patients. These efforts included such things as finding Welsh language reading material and audio tapes, and ensuring where possible that parents could be present to translate between Welsh speaking children and staff.

Particularly interesting in this regard was the testimony of one family who had put in motion a formal complaint about the behaviour of a non-Welsh speaking health visitor who came to their house. The family had accepted the fact that a Welsh speaking health visitor was not always available in their area, and the clear implication of what they said when interviewed was that they would not have made such a serious step as lodging an official complaint had it not been for some insulting and unprofessional remarks made by the individual health visitor in question. The worker's negative attitude to the Welsh language was the bone of contention, and not the fact that she personally did not speak Welsh:

> "Fel arfer, mae gyda ni fenyw arall sydd eto ddim yn siarad Cymraeg, a dw i byth wedi cael yr un math o broblemau gyda hi."
> ("Usually, we have another woman who also doesn't speak Welsh, and I've never had the same problems with her.")

Very relevant here is the four quadrant diagram drawn up by Gwerfyl Roberts of the University of Wales School of Nursing and Midwifery Studies, Bangor, showing the corelationship between language sensitivity and language skills:



This model places the same emphasis on developing language sensitivity as on developing language skills, in accordance with the idea that the subject of bilingualism and how to respond to it is as relevant to monolingual workers as to bilingual ones. The worker with bilingual skills and language sensitivity (top right quadrant) will be the most able to deal successfully with bilingual clients; and the worker who possesses neither language skills nor language sensitivity (bottom left quadrant) will be the least competent in this regard. By looking at language sensitivity and language capabilities together in this way, it can be seen that within the four quadrants there are a number of possible combinations of the two factors. A sensitive worker without bilingual skills could make a considerable contribution to the welfare of a bilingual client, perhaps making a greater contribution than a bilingual but insensitive worker might make. Along the two lines defining the four quadrants, there are two continua of bilingualism and sensitivity skills along which one can progress, since all the skills in question are ones which can be gained, rather than being inherent ones. (Roberts, G., 1997) By looking at bilingualism and language sensitivity like this, they can both be seen as natural components of the culture of "life-long learning" spoken of in the Welsh Office document Quality Care and Clinical Excellence published in July 1998. According to this document, in order to ensure the highest possible standards, the Secretary of State will "promote a culture of life-long learning and enable skills to be kept up-to-date." Amongst the "up-to-date skills" which need to be learned and maintained are sensitivity and communication skills for dealing with Welsh speaking patients.

9.2 Just Enough Welsh to Get By

The range of language used by people in a number of public situations is often very limited. Often, especially when telephoning, people simply wish to perform one simple task - speak to one particular person, or obtain one particular piece of information. In this regard, a little language training for switchboard and front desk staff can make a great difference. Often, only a small store of Welsh phrases will be sufficient, e.g. phrases such as "Ga i siarad â,...?" ("May I speak to...?"), telephone extension numbers, and the Welsh names of departments. Things like this, whilst small in themselves, help Welsh speaking callers to feel that the institution they are contacting is not one where they are expected to use English as a matter of course - a common feeling amongst many Welsh speakers when dealing with official bodies. Of course, this sort of limited training will not equip staff for every situation, and when a more complex enquiry comes in it will sometimes be necessary to turn to English or pass the caller on to a member of staff who is more fluent in Welsh.

In the same way, substantial evidence was collected that many Welsh speaking patients really appreciate any efforts by staff to communicate with them in their first language, even if that takes the form of just a few words or a couple of simple greetings by staff. Although this sort of simple and superficial greeting can never be a substitute for genuine opportunities to communicate fully and freely in the patient's chosen language, it can be remarkably important for patients to hear a few words of Welsh in the Anglicised atmosphere of the surgery or hospital. In her study of a large general hospital in a traditionally Welsh speaking area, Gwerfyl Roberts described the efforts of some non-Welsh speaking nurses to introduce odd bits of Welsh into their everyday speech whilst at work:

> "Some Anglo-Welsh nurses who have worked on the ward for numerous years have, over time, made a conscious effort to learn conversational Welsh to varying degrees, and interject Welsh phrases into their verbal interactions with patients... Nurses on interview, claimed that they practice limited phrase switching in order to help bilingual patients feel more at ease... In this particular study, bilingual patients' response to limited phrase switching were overwhelmingly supportive of the practice. Patients particularly appreciated the respect shown towards their first language. Moreover, nurses who initiate language switching in this manner were deemed by patients as 'mwy cartrefol' (more homely) and 'mwy agos atoch' (more intimate)." (Roberts, G., 1994)

On the basis of his own experience as a GP, Dr Carl Clowes has spoken of the beneficial effect a doctor's efforts to speak a little Welsh can have on some Welsh speaking patients:

> "Just learning a few phrases helps put patients at ease if Welsh is their preferred language - if patients are relaxed it helps them communicate effectively and avoid misunderstandings."

This is backed up by the comments of Dr Malcolm Hickey, one of a group of doctors in Barmouth, Meirionydd, who decided in 1997 to use £8,000 of fund-holder savings to pay for Welsh language tuition:

> "I don't believe that after a year's course any of us will be able to conduct a consultation in Welsh but it can put patients at ease to greet them in their own language." (Clark, L., 1997)

In interviews, similar comments were made by two experienced doctors from very different specialities, and from opposite ends of Wales:

> "Dw i'n meddwl bod y cleifon yn gwerthfawrogi'r ymdrech, hyd yn oed os yn aml oedd rhaid iddyn nhw newid i'r Saesneg i ddallt yn iawn."
> ("I think that patients do appreciate the effort, even if they often have to turn to English to understand properly.")

> "Yn aml iawn mae fe'n werthfawr iawn i sefydlu'r berthynas empathig yn iaith y galon, neu iaith gyntaf y person, hyd yn oed os mai dim ond brawddeg neu ddwy sy'n cael eu defnyddio."
> ("Very often it's very valuable to establish the empathic relationship in the language of the heart, or the person's first language, even if it's only a sentence or two that's used.")

The comments of these doctors were confirmed in interviews with health care consumers, who were often enthusiastic in their praise for staff who had attempted to learn a little Welsh. One patient with a long-term mental illness was particularly generous in her praise for a doctor who had learnt a few Welsh phrases to use with patients. If anything, this patient had a higher opinion of this doctor with her few Welsh phrases than she had of some of the first language Welsh speaking staff who were treating her:

> "Mae'n rhwydd i siarad â hi, a mae hi yn mynd mas o'i ffordd, mae'n trio dysgu Cymraeg. "Bore da" mae'n dweud, neu mae'n stryffanglan ac mae'n dweud "Pr..pr..prynhawn da," ac mae hi'n sbesial. Mae'n dweud "diolch yn fawr" a "croeso" a chymaint o bethau 'ma... A wi'n hapus yn ei chwmni hi... Wi'n credu bod hi'n haeddu ei chanmol."
> ("It's easy to talk to her, and she goes out of her way, she's trying to learn Welsh. "Bore da," she says, and she struggles and she says "Pr..pr..prynhawn da," and she's special. She says "diolch yn fawr" and "croeso" and so many things like that... I'm happy in her company... I think she deserves to be praised.")

Similar praise was heard for another doctor from another Welsh speaking patient with a long-term illness:

> "'Oedd y consultant yn fantastic... Gafael yn eich llaw chi. Dyn du oedd o. Deud ambell air o Gymraeg hefyd. 'O'n i'n gwerthfawrogi hynny, ac 'oedd o'n dallt yn well, wyddoch chi."
> ("The consultant was fantastic.... Holding your hand... Saying a few words of Welsh as well. I appreciated that, and he understood better, you know.")

As noted above, the use of such simple greetings and politenesses can never take the place of proper communication between the doctor and the patient in the patient's chosen language. However, considering how much of a difference these phrases can make as regards comforting patients and putting them at their ease, it must be urged that more staff make an effort to learn and use such phrases with Welsh speaking patients.

9.3 Welsh as an Essential Skill

Whilst recognising the importance of language awareness and the use of occasional Welsh phrases to make patients feel at home, it must be emphasized before closing this chapter that there will be some situations where a non-Welsh speaking worker will have to acknowledge that he or she lacks one essential skill, namely the ability to communicate in Welsh. As Siân Wyn Siencyn has noted

> "Competence is not necessarily transferable. If someone is competent in one area it does not guarantee competence in another."
> (Wyn Siencyn, S., 1995)

Competence is based on knowledge, values and skills - if a person lacks a particular skill, there is room to argue that he or she is not competent to do a particular job, however good his or her other qualifications are. This is not to say that the worker's other skills are not valued, simply that one additional skill is required that he or she does not have. Certainly, a great deal of professional confidence is required on the part of a non-Welsh speaking worker to admit that he or she lacks one essential skill needed for dealing with consumers who choose to communicate in Welsh, but this is the very principle set out for staff in the Professional Code of Conduct of the UKCC's, the regulatory body for nurses, midwifes and health visitors in the United Kingdom:

"Acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner."
(UKCC, 1992)

Chapter 10 - RECRUITMENT AND TRAINING

The present shortage of health care staff who are able to speak Welsh is undeniable and not easily overcome. The statistics available show that the percentage of medical staff who speak Welsh in any one region is consistently lower that the percentage of Welsh speakers in the general population. For example, only 21% of the medical staff of the Gwynedd Hospitals Trust are fluent Welsh speakers, compared to 72.1% of the population of Gwynedd, and 51.4% on average between the new counties of Gwynedd and Conwy. According to the statistics published by the University of Wales Hospital, Cardiff, which serves the population of Cardiff and also provides for patients from all parts of Wales, only 0.36% of its doctors are able to speak Welsh, compared with 6.6% of the Capital's general population and 18.7% of the population of Wales as a whole.

This statistical picture was confirmed by the testimony collected from health care staff whilst researching this report. For example, when enquiring about mental health care for Welsh speakers, the following response was received from a spokesperson on behalf of one Trust:

> "As a profession, it's difficult to recruit qualified workers in the field of mental health. It's even more difficult to recruit staff who have the ability to communicate through the medium of Welsh."

In the same way, one experienced former doctor who frequently worked through the medium of Welsh, gave this neat summary of the situation in his area:

> "Mae'n anodd iawn i gael meddyg sy'n siarad Cymraeg - pe bai 'na unrhyw bolisi bod pob doctor sy'n gweithio yn yr ardal yn gorfod medru'r Gymraeg, basai'r ysbytai yn wag."
> ("It's very hard to find a doctor who speaks Welsh - if there were some sort of policy that every doctor working in the area had to speak Welsh, the hospitals would be empty.")

When considering how to address this obvious shortage, there are two basic options:

(i) Encourage more bilingual speakers to consider health care as a career, and provide more opportunities for them to enter the field. As part of this, we need to address a number of questions concerning how to make training courses more relevant to bilingual students, and to the needs of the bilingual consumers they will be treating during their working lives.

(ii) Provide opportunities for more non-Welsh speaking health care staff, and those who have only a little Welsh, to improve their grasp of the language sufficiently to be able to use it at work. In the same way, consideration needs to be given to providing opportunities for staff who are Welsh speakers, but who are not used to using the language professionally, to gain sufficient confidence and competence to use the language in their work.

It is likely that a combination of both these approaches will be necessary if we are to see a meaningful increase in the number of staff who are able to provide health care through the medium of Welsh. These subjects are looked at in the two Sections below, 10.1 and 10.2. In addition to this, in Section 10.3, another aspect of training which is equally relevant to Welsh speakers and non-Welsh speakers alike is examined - cultural and language sensitivity and awareness. Section 10.3 follows on naturally from the points raised in Chapter 9 - An Inclusive Approach to Welsh Language Provision, about the importance of language awareness.

10.1 Vocational Training for Welsh Speakers

> "Colleges of further and higher education and other organisations that provide training... will need to consider the range and content of vocational courses they provide in order to meet the demand for people with professional qualifications who can provide services through the Medium of Welsh."
> (Welsh Language Board 1996)

> "To ensure that students develop the knowledge and skills to practice bilingually, it is necessary for nursing education programmes to be delivered in Welsh as well as English."
> (Roberts, G., 1996)

Following the recent revival of the Welsh language and the success of Welsh-medium primary and secondary education, we are now seeing the first ever generation of students in Wales who are going into higher education with standard academic skills in both Welsh and English. These students know how to learn in both their languages, and they therefore have tremendous potential to go on to work bilingually in their various careers. The WNB (Welsh National Board for Nursing, Midwifery and Health Visiting) has committed itself to developing professional education through Welsh by urging and assisting educational establishments to provide course or modules within course through the medium of the language. The

Higher Education Funding Council for Wales has also stated that the continued development of Welsh-medium vocational education deserves priority and the education establishments should be "proactive in promoting the value of Welsh Medium education in a vocational context to students and employers." (Roberts, G., 1996)

At the Conference of the Welsh Society for Nurses, Midwifes and Health visitors in Gregynog in October 1996, a list of 9 recommendations was drawn up for the improvement of vocational training in the field of health care, with a view to attracting more Welsh speakers to the field and so improving the Welsh language provision for patients:

(i) The introduction of training in linguistically and culturally sensitive practices within the bilingual context in Wales.

(ii) The introduction of teaching and learning methods which would facilitate bilingual teaching, such as distance learning, active learning, and computer-assisted learning.

(iii) The holding of personal tutorial sessions in the students' preferred language.

(iv) The recognition and emphasis of students' rights in the University of Wales to present their written work in Welsh.

(v) The establishment of a central data base listing Welsh language and bilingual teaching resources already available.

(vi) Greater provision of suitable language refresher courses for students and lecturers.

(vii) Networking with other educational establishments which deal with minority languages in the field of health care, in order to share experiences.

(viii) Urge individuals to consider language sensitive training when they evaluate their courses.

(ix) Urge statutory and public bodies such as the UKCC, the WNB, the Royal College of Nursing, the Royal College of Midwifery, and Health Service trade unions to commit themselves to promoting language sensitivity in health care, and to reflect that commitment in their policies and practices (Roberts, G., 1997)

It is at the University of Wales, Bangor, that much of the work has been done so far towards providing training courses which are more relevant and more attractive to Welsh speaking students. Much of that work has taken place in the School of Nursing and Midwifery Studies. During 1998 a project was set up under the title Bilingual Initiatives in Midwifery Education to develop bilingually various aspects of the Curriculum of the Diploma in Midwifery. The project has been funded by the Welsh Office for 3 years, and has received backing from a number of north Wales NHS Trusts and other relevant bodies. The 3 main aims of the project are:

(i) The development of key resources: a Resources Group will be responsible for translating all documents which form part of the Diploma in Midwifery course, and for conducting a review of the bilingual materials already available in the field of midwifery. It will also work to develop a bilingual Computer-Assisted Learning Pack on mechanisms of labour.

(ii) Staff development: the Staff Development Group has conducted a survey of the language background and developmental needs of midwives across north Wales. The results of this research were published in May 1998, and they are referred to in several places in this report. They will form the basis of an assessment of future needs, such as language refresher courses and improved bilingual teaching.

(iii) The development of Welsh language midwifery terms: see Section 7.10 Language, Dialect and Terminology

Also at the University of Wales, Bangor, Canolfan Bedwyr provides language refresher courses in both written and spoken Welsh, including spoken Welsh courses for would-be midwives in the School of Nursing and Midwifery Studies. A survey of north Wales midwives in May 1998 showed that 70% considered these sorts of courses to be either "quite important" or "very important". Canolfan Bedwyr has also experimented with a number of bilingual teaching methods, including using both languages with mixed classes of Welsh speaking and non-Welsh speaking students. Research is also being conducted into the ways in which students can learn something in one language and then transfer the information or skills they have learnt to another language. In the field of information technology, the staff of Canolfan Bedwyr are currently preparing a computer grammar package to be launched in April 1999, with the intention of helping native Welsh speakers and proficient learners to use Welsh more and with greater confidence in the workplace. This package will include explanatory pages as well as practice exercises, with the answers to exercises appearing on

the screen afterwards along with a facility to explain any answers which do not make sense to the user. As part of the package, there is a facility for keeping a monthly score of test performance. Any improvement and progress can therefore be easily noted. This facility could also be used to record a student's progress towards completing an NVQ language unit or similar qualification. Canolfan Bedwyr's Language Improvement Course is currently being developed for the Internet, and a temporary version of it can be found at:
http://hydraulix.bangor.ac.uk/ar/cb/gloywi.htm

During 1998, Gwerfyl Roberts and Liz Paden of Bangor University spent some time looking at the patterns of language used in the context of health care education in Bangor, Galway and Barcelona, looking specifically at schools of midwifery in these three places. In all three of these centres, minority languages - Welsh, Irish and Catalan - are found side by side with more powerful majority languages - English and Spanish. Their research showed that although lectures and seminar groups were not held in the minority language in schools of midwifery in any of the three centres, there is considerable scope for organising personal tutorial classes in the minority language where both the tutor and the individual student understand that language. In the same way, the University of Wales College of Medicine's Welsh Language Scheme recognises that there are ways of providing Welsh-medium learning opportunities for students in small groups and one-to-one sessions, even when it is not possible for any particular course to be taught entirely in Welsh.

Amongst the other important developments which are either planned or already operational, there are several at the University of Wales College of Medicine which deserve attention. The College's Welsh Language Scheme lists a number of developments which contribute substantially to improving the opportunities for medical students to develop their skills in Welsh, and so in turn lead to improved Welsh language provision for patients. Amongst these are:

- Welsh speaking mentors to be offered to Welsh speaking undergraduate students in the School of Medicine, and to be available on request to students in the Postgraduate School of Medical and Dental Education.
- The School of Medicine will continue to place Welsh speaking students in hospitals where they will have a chance to use their Welsh. In the Dental School, placements will be arranged for Welsh speaking students in Community Dental Services and District General Hospitals in regions where Welsh is widely spoken, if students so wish. The Postgraduate School of Medical and Dental Education will give students opportunities to complete their placements in Welsh speaking areas. In order to facilitate all this, the College has assessed the linguistic profile of every District General Hospital in Wales, and teaching agreements have been established between these hospitals and the College with the intention of promoting clinical training and communication with patients and the public in Welsh.
- During the clinical period of the undergraduate curriculum, students will be given an opportunity to contact Welsh speaking families as part of their extended family case study. They will also be able to conduct their final year extended case studies in Welsh.
- The College library will provide an appropriate selection of Welsh reference books for students who wish to complete some parts of their studies through the medium of Welsh.

These developments are to be particularly welcomed, since the evidence of consumers in interviews suggests that a substantial number of Welsh speaking doctors are so lacking in confidence when working in Welsh, or so used to working in English, that they often do not speak Welsh with some patients who wish them to do so. This causes patients to feel uneasy, and feel that they are somehow imposing unfairly on the doctor by speaking Welsh.

At the University of Wales Institute, Cardiff, (UWIC) a "Bilingual Studies" module has now been added to the degree course for speech therapists, including a practical option on the Welsh language as part of the module. This is currently the only module of its kind in Britain, and it is taught through the medium of English in order to be available to non-Welsh speaking students. In Section 7.3 - Speech and Language Therapy the efforts made in Gwynedd to attract more Welsh speakers to train as speech therapists were looked at. These included going into Welsh-medium schools to advertise speech therapy to students as a possible career, and holding open days in treatment centres for school and tertiary college students, with a presentation by a newly-graduated therapist on the nature of the training and the work.

10.2 Language Training for non-Welsh Speakers

One very obvious way to increase the number of staff in any establishment who are able to work through the medium of Welsh is to offer Welsh language classes to non-Welsh speaking staff already employed by the establishment. This is not an easy option, for the establishment or for staff, since it requires a strong commitment on both sides to a long process of learning and practising to gain ability and confidence in the new language. There are plenty of tales of Welsh learners who have gone from not having a word of Welsh to being fluent enough to use the language every day in their jobs, but it has to be admitted that these people are rare exceptions. A great deal more numerous are those who start off enthusiastically but somehow don't cross the bridge from being a learner to being a fluent speaker. Learners will often have their own reasons for dropping out of a course, but one cannot ignore the fact that some of the flaws in the teaching system only serve to increase the drop out rate.

In May 1998, the Welsh Language Committee sent letters to Health Care Organizations in South East Wales asking them about aspects of their Welsh language provisions for patients in their area. Two of the bodies who responded said that they offer Welsh language classes to staff, and provide information about the number of learners who left the classes early. According to one 60% 'dropped out' and 40% in another after 3 weeks. In the first, the organization was paying part of the fee and the staff paying the rest and the classes held during working hours. In the second, the staff had to pay the whole cost, and the classes were held after work in their own time.

Whilst there are some personal and social benefits to be had from learning Welsh, it is hardly surprising that so many learners give up on their course so quickly if they are expected to make such substantial sacrifices of their money and their free time to obtain a skill they will use primarily at work. If employers are serious about helping staff to become sufficiently fluent in Welsh to use it in the workplace, they will have to demonstrate this by making it less costly for learners in terms of time and money to attend classes. In addition to this, learners do often feel that it is impossible for them to break into Welsh speaking social networks, both at work and outside of the work place. Learners need to be supported to integrate with fluent Welsh speakers, possibly by allocating one Welsh speaking member to each learner as a mentor. Much work is also needed to help fluent Welsh speakers to deal sensitively with less fluent speakers, although attitudes in this regard have substantially improved in recent years.

10.3 Sensitivity and Awareness Training

Before closing this chapter, there is one aspect of training for both Welsh speakers and non-Welsh speakers which needs to be looked at. As described in Chapter 9 - An Inclusive Approach to Welsh Language Provision, the attitudes of staff and their general sensitivity to patients' language needs can sometimes be equally as important as their ability to communicate in the patient's chosen language. The importance of this sensitivity is generally acknowledged by health care professionals; it is also acknowledged that training in such sensitivity for health care staff is an important part of any basic programme of training. In this context, the accrediting bodies - the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) and the Welsh National Board for Nurses, Midwives and Health Visitors (WNB) - and the professions have considerable responsibility. This matter was referred to specifically in the Health Department's 1993 report, Changing Childbirth, which looks specifically at maternity care but which is also relevant in the wider context of health care in general. Changing Childbirth describes the substantial benefits awareness training can have for both staff and patients:

> "3.1.4 It is essential that the service is designed to be sensitive to [users'] religious, cultural and linguistic needs. Staff training programmes should include these issues, but care must also be taken to emphasize the need to avoid stereotyping....
>
> "3.7.4 In areas where there are significant numbers of women from different ethnic groups, it is important for staff to be aware of the cultural and religious beliefs which influence lifestyle and therefore influence care. Education should help staff to be sensitive, non-patronizing, and above all sympathetic and kind. This will be of great benefit to the women involved but it will also help staff. They will have more confidence in their own abilities to deal successfully with situations which might previously have appeared unfamiliar and therefore intimidating."

These points were reinforced in a Welsh context by Gwerfyl Roberts of the School of Nursing and Midwifery at the University of Wales, Bangor, in an article in Nursing Times in 1996:

> "It is essential that, within the context of Wales, nursing education programmes focus on language awareness and offer students the chance to discuss and understand the power

relationships inherent in choice of language in the health setting." (Roberts, G., 1996)

In connection with this, it is very encouraging to look at the University of Wales School of Medicine Welsh Language Scheme which was recently published. This document describes what specific action a number of the Schools and Departments will be taking to incorporate language and cultural awareness into their curricula. As part of this:

- The School of Medicine will make language and cultural awareness a part of its communication skills programme and of Special Study Modules in the undergraduate curriculum.
- In the Dental School, language and cultural awareness issues will be a part of the Behavioural Sciences course.
- Language and cultural awareness will be incorporated in to the curricula of the School of Nursing, and School of Healthcare Studies, and the Departments of Radiography Education, Physiotherapy Education, and Occupational Therapy Education.

This type of initiative should provide a model for other institutions which train future health care personnel. However, this is also an issue which needs to be tackled by service providers themselves. Thus far, the evidence suggests that, on the whole, the awareness about Welsh Language Schemes and their implications is very low amongst the very staff who have the greatest contact with patients. It is hardly surprising therefore that there appears to be so much inconsistency in implementing the patient services elements of Schemes. Trusts and others should be using customer care and equal opportunities training to tackle these issues. The training manual 'Hand in Hand: Managing in the Bilingual Workplace' produced by the Welsh Language Board should be of assistance in this regard.

Chapter 11 - MONITORING WELSH LANGUAGE PROVISION

An integral part of any efforts to improve the standard of Welsh language provision by any institution is an effective monitoring system with two main aims:

(i) To measure quality of service against agreed standards for what should be provided.

(ii) To measure quality of service in terms of the satisfaction or dissatisfaction of consumers with what is provided.

In the first of these aims, the standards the institution in question are aiming at will be those set out in its own Welsh Language Scheme. In the second, the factors determining whether consumers are satisfied with the service they receive or not will be very variable, and will depend to a large extent on their expectations of the service. These expectations are conditioned in their turn by consumers' self-confidence and their previous experience of using the same service. In the 1995 Welsh Consumer Council report, Consumer Expectations, Satisfaction and Complaints in the NHS in Wales, Glyn Williams and Robert Harris noted that a low level of complaints about health care services is often an indication of low expectations rather than genuine satisfaction, and concluded that, "at present, most people's expectations of the NHS are defined in terms of the service provision to which they have been accustomed in the past." (Williams, G. & Harris, R., 1995). It is difficult to avoid the conclusion that a substantial portion of Welsh speaking consumers simply do not expect to be able to use their first language when dealing with the Health Service. It became clear during interviews that there is a strong tendency amongst consumers, even in regions where the Welsh language is at its strongest, to see medical establishments as Anglicised places which are generally unwelcoming to the Welsh language: "sobor o Seisnigaidd," ("Terribly Anglicised,") was one member of staff's description of the hospital she was working in. "Saesneg ydy pob dim, wyddoch chi. Ewch chi i fewn i'r ysbyty... Saesneg ydy'r pethau yno," ("Everything is English, you know. You go into the hospital...things are all English there,") remarked another patient. Although this situation is obviously unsatisfactory to many Welsh speaking patients, there is a tendency to accept it without complaint. Since so many Welsh speakers' expectations are so low, even when Welsh language provsion is poor it is often no worse than they expected, and so they are unlikely to complain about it.

Even where consumers are dissatisfied, there is often a great reluctance to complain formally. Some of the reasons for this are practical - drawing up an official complaint takes time and energy many people cannot afford. Other reasons include, ignorance about how to complain officially - according to the Beaufort Research survey, 50% of Welsh speakers don't know whether the NHS in Wales has a published complaints procedure, and 55% don't know whether the NHS in their area has a published policy on the Welsh language. (In one region - the northeast - 74% and 77% were the respective figures). Some of the patients' other reasons for not complaining formally were described by Williams and Harris:

> "The reluctance of the dissatisfied to express complaints needs further attention. We have indentified a number of constraints which deter dissatisfied people from complaining. They include the 'politicisation' of certain issues to do with provision; the stereotyping of protagonists as political extremists; the fear of recrimination; the danger of bias in the investigation procedure... and the desire to reach compromise positions which will resolve the particular issue - rather than remove the root cause of a problem... Furthermore, there are concerns about under-reporting of complaints. Even when a complaint is made, it often will not lead the provider to record the problem, reflect on the complaint and make the necessary changes. Because of a tendency to resolve issues immediately, complaints often go unrecorded. This also occurs because complainants decide that once they are satisfied that their particular problem is resolved, they do not need to formalise their complaint."

There is a strong and deep-rooted tendency to respect the medical profession and not to question doctors or complain about their work. There is also a strong tendency amongst many patients to allow the provider of any medical service to decide in what way it is provided, including any decision about which language is used. In addition to this, in interviews a substantial number of consumers and several members of staff spoke of an unwillingness amongst native Welsh speakers, particularly those from rural backgrounds, to complain about the faults of any service. The Chief Officer of one Community Health Council raised this point in a traditionally Welsh speaking area, and Gwenan Thomas found a similar picture in her research into the experiences of pregnant women in the Glangwili Hospital catchment area. Thomas noticed that although many of the mothers were obviously less than satisfied that they were obliged to accept a non-Welsh speaking

midwife, none of them had been willing to complain about it at the time. Thomas quotes two mothers comments on the subject:

> "Fyddwn i'n lico midwife Gymraeg, ond hefyd dim yn fodlon 'neud dim byd ambwyti fe."
> ("I'd like a Welsh speaking midwife, but also I wouldn't be willing to do anything about it.")
>
> "Fyddwn i ddim yn teimlo dylwn i 'neud ffws."
> ("I'd feel I shouldn't make a fuss.")
> (Thomas, G., 1998)

In their report, Williams and Harris saw this tendency as a characteristically Welsh one:

> "There is also a cultural dimension, with the Welsh tradition of expressing dissatisfaction through silence and reticence being a major feature. This is partly a reflection of the desire not to be seen to be making a fuss... Furthermore, the more insensitive observer is unlikely to see the relationship between silent retreat and dissatisfaction. It is therefore obvious that the language and cultural sensitivity training is essential."
> (Williams, G. & Harris, R.,1995)

For all the reasons listed above, the process of monitoring Welsh language provision has to depend on something more than simply counting complaints. However, most of the responses received from NHS Trusts and Community Health Councils during the research for this report, suggest that it is exactly this sort of complaint counting which is the main method, if not the only method, used by many health care institutions in Wales to monitor the feelings of consumers about Welsh language provision. In addition to this, there is a certain amount of evidence that only formal complaints which are received in writing are counted as official complaints, and that there is a tendency to ignore, or a least not to record, complaints made in person or over the phone. For example, shortly after speaking with a spokesperson for one Community Health Council, who claimed that he had never received any complaints or comments about Welsh-medium services, an interview was conducted with a woman who stated that she had recently complained by phone to the same Community Health Council about the lack of Welsh language provision locally for her monoglot Welsh speaking child.

An indication of what could be done instead of simply waiting for complaints to come in, can be seen in the work of one NHS Trust which has published and distributed a simple but comprehensive bilingual questionnaire to assess the satisfaction of patients with its Welsh Language Scheme. Throughout the questionnaire the emphasis is on ensuring equality between English and Welsh, with questions referring to the bilingualism of various services rather than their availability in Welsh. Patients are asked if they were able to use "your preferred language", and whether "your choice of language" was respected, rather than referring to one language or the other. By framing the questions in this manner, the message is emphasized that the Trust is aiming at natural bilingualism and provision for every patient in his or her chosen language, and not at winning "special favours" for Welsh speakers. A number of other Trusts have committed themselves to carrying out similar surveys, but it is not clear at present how many surveys have actually been conducted by now, nor what the results have been.

In the Welsh Office document Quality Care and Cilnical Excellence, published in July 1998 as a follow-up to the white paper Putting Patients First, it is acknowledged that, "the NHS does not have systematic and comparable information about what users and carers think about the service it provides." In response to this problem, it is suggested establishing a new national survey, to be conducted at local Health Authority level, of the opinions of National Health Service users:

> "It will ask patients about issues which really matter to them, such as the ease of access to services, how long they have to wait for treatment, and whether they are happy with the quality of information provided about their care. A sample of views will be taken from people treated in each health authority area, giving a comprehensive national picture of how NHS Wales is performing from the patient's perspective."

The results of this survey will be published in annual reports so that consumers will be able to assess the progress made by local health services, and compare their quality with services in other regions. This will be an excellent opportunity to question health care consumers about many aspects of their care, including the effort to meet personal needs - talked about so much in the White Paper Putting Patients First. Amongst these needs, of course, there are language needs, and no national health survey in Wales would be genuinely comprehensive if it did not pay attention to the situation of the Welsh language in the Health Service.

Chapter 12 - VOLUNTARY AND CHARITABLE BODIES

A large number of voluntary and charitable organisations provide a wide variety of care and counselling services for patients in Wales. In addition to this, a number of services within medical establishments are provided by unpaid workers from various voluntary groups - during observation work, it was noted that the main enquiries desk at one hospital was staffed by members of the Red Cross, and a wide range of services for patients in hospitals throughout Britain are carried out by the Women's Royal Voluntary Service (WRVS).

Although voluntary bodies do not come within the definition of "public bodies" set out in the 1993 Welsh Language Act, several have been co-operating with the Welsh Language Board preparing Welsh Language Schemes. Amongst these are Marie Curie Cancer Care, Welsh Women's Aid, Barnardos, the British Diabetic Association, NSF Wales, RNIB, RNID, and Tenovus. In addition to this, a partnership has been developed between the Welsh Language Board and the Wales Council for Voluntary Action, and a number of useful documents dealing with the Welsh language in the voluntary sector have come out of this partnership. The most recent of these, Recruiting Welsh Speaking Volunteers, raises a number of important points for voluntary bodies to consider when attempting to attract Welsh speakers to do voluntary work, and when supporting such volunteers in their work. Copies of this leaflet, and of several others looking at Welsh in the voluntary sector, are available from the Wales Council for Voluntary Action in Llandudno.

It should also be noted that a number of voluntary sector organisations actually provide healthcare services under contract to and on behalf of Health Authorities and Trusts or under their supervision. In such circumstances, voluntary organisations are agents of those bodies and services should be provided in line with the Trust's/Authority's own Welsh Language Scheme. Schemes commit public bodies to ensure this requirement is included in any contracts or agreements with third parties and is monitored to ensure compliance.

Voluntary organisations also produce many of the leaflets and information packs that find their way into hospitals, clinics and GP surgeries and are displayed or distributed to patients. Much of this material is currently in English only.

It did not prove possible when drawing up this report to conduct any comprehensive research into Welsh language provision for vulnerable consumers voluntary and charitable organisations. Before drawing any firm conclusions regarding this field of care, it will necessary to collect a great deal more information about the following four things:

(i) Which health care services are provided in Wales by such bodies.

(ii) Who uses these services, and how many of them could be considered as vulnerable consumers.

(iii) What sort of arrangements have been made so far for Welsh speaking consumers, and what is intended will be done in the future.

(iv) To what extent does the present Welsh language provision meet the needs of Welsh speaking consumers.

Similarly, more information is needed with regard to the provision of private businesses, for example Nursing Homes, which have an important role in health provision.

Chapter 13 - CONCLUSIONS

Set out below is a list of the main general conclusions of this report. More detailed conclusions about specific issues are to be found in the main body of the report:

- According to their own testimony, having the opportunity to discuss health matters in their first language does make many Welsh speaking patients feel more comfortable and more at ease. This is confirmed by the testimony of Welsh speaking staff, some of whom go so far as to state that they can obtain better information from Welsh speaking patients about their condition by speaking Welsh with them.

- On the whole, Welsh speaking patients appreciate any efforts, however small, to acknowledge their language and culture and to communicate with them at least partially in Welsh.

- In the case of some Welsh speaking patients, there is room to argue that they cannot be effectively treated except in their first language, or in both their languages. This is especially true in the case of those receiving speech and language therapy, and of the 4 key groups described in Section 7.2 above, namely:

(i) people with mental health problems,

(ii) people with learning disabilities and other special needs,

(iii) the elderly, and

(iv) young children.

- The longer any course of treatment continues, and the more talking and counselling the treatment involves, the more important language choice becomes in the minds of Welsh speaking patients. Also, the more serious the condition and more intensive the care, the more important language becomes. Amongst the areas in which this conclusion is especially relevant are midwifery, care for those with a chronic or terminal illness, and psychiatry and psychotherapy.

- On the whole, the responsibility for ensuring the use of a language in which every one is comfortable is currently being placed on the shoulders of the health care consumers rather than providers. It appears that this situation is taken for granted as an entirely normal one by most health care institutions.

- There are two main factors that cannot be ignored, which prevent Welsh language development in the National Health Service in Wales.

  ❖ A shortage of Welsh speaking staff.

  ❖ Insufficient consideration of language choice as a significant factor in health care.

Although the first of these problems cannot be solved overnight there are already a number of excellent schemes planned or in place in several institutions to improve the present situation, either by improving the language skills of current staff or by recruiting more Welsh speakers. There is, however, no national strategy to tackle this issue and as a result there is no overview of the situation or co-ordination of measures to improve the position. For example, educational/training institutions do not seem to be taking language skills and the linguistic needs of the bilingual workplace into consideration in allocating places on courses. This is partly due to the fact that service providers are not making their needs clear to these institutions despite commitments to do so in Welsh Language Schemes. Similarly, accreditation bodies do not appear to be proactive on this issue.

In terms of the second issue, a great deal can be achieved by taking the simple step of acknowledging the Welsh language as an important consideration when planning provision for patients. If this is not done, efforts to increase the number of bilingual staff will make very little difference, since the bilingual skills of staff are of very little help to patients if there is no effective system to allocate Welsh speaking staff to Welsh speaking patients. In general there is very little consideration or recognition of the Welsh language as a factor of real importance in the provision of healthcare. This mindset permeates to every aspect of the health sector. It can even be seen clearly in the attitude of the Community Health Councils. Although their role is to represent the interests of patients, it appears that, on the whole, little or no emphasis is placed on the linguistic needs of patients.

- There is a general lack of awareness amongst both Welsh speaking and non-Welsh speaking staff and patients regarding Welsh Language Schemes. The effective operation of Language Schemes on an everyday basis still depends to a large extent on the effort and commitment of individuals - either individual members of staff who are aware of the importance of language choice; or individual patients who are confident enough or stubborn enough to insist on receiving services in Welsh.

- Very few health care institutions have effective systems to identify and record patients' language choice and to pass that information on. Even fewer actually take steps to act on the basis of any such information after obtaining it. In the face of this lack of proper language identification systems, Welsh speaking staff and patients depend on unreliable and intuitive methods to recognise fellow Welsh speakers.
- Because health care providers do not consider language choice when allocating particular staff to particular patients, even when Welsh speaking staff are available, if patients do wish to receive service in Welsh they are often obliged to personally turn away any non-Welsh speaking worker who is sent to treat them. This often leads to personal confrontation and unnecessary bad feelings.
- Contrary to the commitments made in every Welsh Language Scheme prepared by health care institutions in Wales, patients and their families are still having to make special requests for service in Welsh. Where a Welsh language service is offered without patients having to request it, this is usually the result of independent action by individual workers.
- The communication skills of bilingual staff are currently being wasted because there is no proper recognition of bilingualism as a valuable professional skill. The other side of this coin is that Welsh speaking patients are being deprived of Welsh language provision which could be available to them if language choice was considered as a significant factor when allocating specific staff to specific patients.
- Non-Welsh speaking staff often do not feel part of efforts to improve Welsh language provision, and this can lead to apathy and bad feeling amongst them regarding such efforts.
- One unpleasant but unavoidable conclusion is that there are a small number of health care workers who are creating genuine unhappiness, and in some cases adding to the problems of patients and families who are already under stress, by allowing their own prejudiced attitudes to bilingualism and the Welsh language to determine the advice they give to clients. The most obvious example of this is the small number of health visitors, therapists and other staff who have advised parents not to speak Welsh to their children.
- All the above are exacerbated by a lack of strategic planning within the Service as far as Welsh language provision is concerned. The Welsh Office failed to provide a lead and this is reflected in the fact that circulars, guidance, guidelines etc. have not been attuned to the needs of a bilingual population.
- There is a lack of statistical information that would enable meaningful clinical conclusions to be made in relation to language.
- There is little evidence that the provision of a meaningful service to Welsh speakers is perceived, as it should be, as part of the Equal Opportunities agenda and as an important element in the quality of service agenda.

> "Much can be achieved with the resources already at the disposal of the authorities and further progress can be made as and when the opportunity arises and at minimum cost."
> Welsh Office Circular on the Welsh Language in the National Health Service, March 1975

The following list of recommendations is based on the themes that were brought to light in the main body of this report. The recommendations are loosely grouped into sections and under each section there is a general discussion on the contribution that various organisations and groups can make towards implementing the recommendations.

1. The Status of the Welsh Language/ Principles of Care

- As part of any programme to improve the quality of health care services, we should aim in the long term towards removing the burden of responsibility for ensuring a common language between providers and consumers from the shoulders of patients, and placing it to a far greater extent on the institutions providing health care.
- At the same time, we must aim towards a fundamentally different way of thinking, which extends any definitions of quality of care to include language choice along with other important non-clinical considerations.
- The clinical need for Welsh language provision in some fields needs to be acknowledged, including speech and language therapy and the four key groups described in Section 7.2 above, namely:

(i) people with mental health problems,

(ii) people with learning disabilities and other special needs,

(iii) the elderly, and

(iv) young children.

In this context, the need for detailed research into the clinical effects of not providing a Welsh service in the fields in question must be noted. In order to facilitate such research, there is a need to begin to collect specific health statistics for Wales (and perhaps Welsh speakers) in order to allow comparison with other groups. This already happens with Irish and ethnic minorities in England.

- In order to avoid the present skills wastage, bilingualism and the ability to speak Welsh must be acknowledged as valuable professional skills in the field of health care.

CONTRIBUTORS

National Assembly for Wales

As the organisation with overall responsibility for the health service in Wales, the National Assembly has a key strategic role.

It is the Assembly (and previously the Welsh Office) which sets the tone for health services in Wales and its influence is far-reaching. It gives a lead in most aspects of the Service. Much of this is done through the publication of policy and good practice documents, often in the form of circulars. These documents present Government policies on a practical level and steer the priorities of public organisations and other bodies.

One of the policies of the Government enshrined in the Welsh Language Act 1993 is that the Welsh and English languages should be treated equally in providing services to the public in Wales. It might be expected therefore that documents emanating from the Welsh Office would incorporate the linguistic context together with other considerations, in order to pass on the Government's expectations in this regard to service providers. The inclusion of this consideration should be the norm and this would help to remind those charged with implementing policies of the need to plan and provide a service with two languages in mind.

Apart from the specific circular "Welsh Language in the National Health Service", March 1975 referred to several times in this study, there is little evidence to suggest that the linguistic context of the health service in Wales has been reflected in policy documents, guidelines etc emanating from the Welsh Office. There is also little evidence to suggest that the recommendations of the 1975 circular have been followed up in any meaningful way.

If attitudes towards providing services in Welsh are to change within the health service, then the National Assembly must provide a strong lead. There should be a mechanism whereby when each new initiative, policy etc is considered, it is also considered from the point of needing to provide a bilingual service. This consideration should then permeate any associated documentation or advice. The Assembly must make it clear to the service in its words and actions that this is an important service issue and a key element in ensuring a quality service for the public in Wales. Also, that it is central to the Assembly's aim of ensuring equal access to services for all, and part of the Government's broader "Service First" agenda.

The Professions

Professional organisations play a key role in shaping the attitudes of their members. Many 'professional' pronouncements already point to the need to focus on the needs of the individual in order to ensure a service of a high professional standard. However, given the shortcomings highlighted by this report, a more proactive approach is required in terms of increasing the profile of the importance of bilingual provision in Wales and a sensitive approach to linguistic matters.

Educational/Training Institutions and Accreditation and Regulatory bodies

These organisations should ensure that health care courses in Wales pay sufficient regard to the context of the bilingual workplace and service in Wales. During their training period is the perfect time to instil into prospective health workers the importance of language and language sensitivity. Those who accredit and regulate courses can help to ensure that this happens.

Client representatives and those representing the public interest

The obvious group here is the Community Health Councils, however other public organisations such as the Mental Health Act Commission also represent the interests of patients as do many voluntary bodies. Clearly, any organisations which represent the consumer in Wales must ensure that as part of this they represent the interests of Welsh speaking consumers. In this they have an important role to play in raising the profile of the language as an integral part of service provision. Similarly organisations such as the Audit Commission, Inspectorates and other bodies who evaluate service quality need to evaluate the quality of Welsh language service provision as part of their general remit.

Health care providers

The providers themselves need to ensure that the recommendations above are implemented at the operational level. For this to happen there needs to be a corporate investment into the aims and principles noted. Trusts, etc need to send clear messages to their employees with regard to the importance of these matters. The message also needs to reach voluntary bodies and private care providers who are part of the delivery of health care in Wales.

Others

The NHS Equality Unit, which is now based at Iechyd Morgannwg Health, should ensure that linguistic matters are included as an integral part of their equal opportunities agenda. It would be helpful if funding could be found for a specific member of staff to specialize in this aspect.

2. Recruitment/Training

- More effective communication is required between service providers, educational/training bodies, funding organisations and accreditation/ regulatory bodies on the numbers of Welsh speakers needed. As part of this, there needs to be a discussion as to whether training establishments have enough places to fulfil the needs of the service.
- The efforts of bodies such as the University of Wales School of Nursing and Midwifery, Bangor, and the University of Wales College of Medicine, Cardiff, to make their training courses more relevant and more attractive to Welsh speaking students and to introduce language awareness/sensitivity training are very much to be welcomed. The challenge now for these two establishments is to build on these foundations; and the challenge to other similar bodies is to follow their example and begin developing in the same direction.
- The work done in Gwynedd in recent years to attract more Welsh speakers into the field of speech and language therapy is to be strongly recommended as an example to other health care employers. If more is not done to show bilingual young people how a career in health care could be relevant and attractive to them, any improvement in levels of Welsh language provision for patients will be very slow indeed.
- In general, Welsh language classes for non-Welsh speaking staff need to be more accessible, more attractive and more structured. Learning a language is a major commitment which requires considerable perseverance, and this burden should not be added to by holding classes at inconvenient times, or by asking staff to give too much of their own free time and money to attend classes.
- Specifically, more support is needed for independent practitioners within the National

Health Service, such as GPs, dentists and pharmacists, who wish to learn Welsh or improve their Welsh, e.g. bursaries, paid leave, opportunities to share jobs in order to free up time for study.

- As a matter of urgency, it should be ensured that ambulance drivers and ambulance service telephonists receive sufficient language training to be able to deal appropriately with Welsh names and addresses, and are able to record them accurately and correctly. As shown in Section 7.7 Accident and Emergency Services, any failings in this section of the Health Service can seriously endanger lives.
- As part of the process of acknowledging the communication skills of bilingual staff, it is recommended that a recognised vocational qualification in bilingual communication skills be established. By gaining this qualification, students would show that they were able to communicate clearly and effectively in both Welsh and English in both writing and speech. Opportunities to gain such a qualification should be available to students of medicine, nursing and care as part of their courses, and to members of staff of health care establishments as part of their ongoing job training. In this way, the bilingual skills which staff already have would be officially acknowledged, and other staff would have the opportunity to gain such skills in an organised and directioned manner.
- In order to avoid situations of tension arising from personal confrontation between Welsh speaking patients and non-Welsh speaking staff, much more work is needed to raise the awareness of staff about the linguistic identity and needs of the patient and about the Welsh Language Scheme of the institution they are working for. This is particularly important in the areas, such as health visiting, where there is evidence that some staff have been behaving unprofessionally towards Welsh speaking clients.
- In the same way, every institution which offers training for health care staff and those who fund, accredit and regulate courses, should consider whether sufficient attention is being given to issues of language and cultural awareness in courses.
- In general, much more work needs to be done to draw non-Welsh speaking workers into the process of implementing Welsh Language Schemes. Present levels of provision for Welsh speaking patients will never be improved upon if staff are not aware of what they are expected to do to facilitate that provision. Little progress will be achieved either unless all members of staff feel they have a genuine part to play in the operation of any Scheme and see its relevance to the equal opportunities agenda and the provision of a quality service.

CONTRIBUTORS

National Assembly for Wales

It is clear that a national strategy with regard to bilingual skills is required. Any form of strategic approach to recruitment problems within Wales is dependent upon the National Assembly for Wales. Only the Assembly can provide the overview that is required.

As such, the first step will be to identify shortfalls (in conjunction with Trusts and others) in the numbers of bilingual staff by speciality and area. Where it is clear that there is a national problem, the Assembly should take steps to tackle this. This might involve co-ordinating an all-Wales recruitment campaign. It might also involve allocating funding to sponsor students in specialities where there are shortages - this approach worked well with speech and language therapy in Gwynedd and could be applied elsewhere, where necessary.

The Assembly should also liaise with education providers in order to alert them to these issues. In the case of nurse education, the Assembly has a particularly influential role because the funding for courses comes directly from the Education Purchasing Unit within the Assembly. This influence should be used to ensure that the above recommendations are implemented. In particular, the EPU, having consulted with service providers, specifies the numbers of nursing personnel by speciality to be registered on courses annually. In their liaison with the Trusts the EPU should also establish the numbers of bilingual personnel needed to implement Welsh Language Schemes commitments and include this in the brief to the Colleges.

The Assembly should review the numbers of training places available and assess whether they are sufficient to provide service providers in Wales with enough suitably skilled bilingual employees to deliver services in Welsh and English on a basis of equality.

Professional bodies

Professional bodies should use their influence to encourage education and training providers to reflect the above recommendations in their courses. Where professional bodies themselves are directly involved in training provision, they should ensure that the same principles are taken into account.

Education/Training Institutions and Accreditation and Regulatory Bodies

Clearly these organisations are crucial to the implementation of the recommendations. In terms of recruitment, the Education/Training Institutions should take account of the needs of the service providers for staff who can provide a bilingual service. As well as making sure that courses are attractive and accessible to Welsh speakers both Institutions and Accreditation bodies should seek to ensure that courses prepare both English and Welsh speakers for work in the bilingual workplace in terms of linguistic awareness and sensitivity.

Health Care providers

As this report shows, health care providers have much to do to increase awareness amongst their staff about Welsh language service provision. This should be presented in the context of customer care, equal opportunities and an emphasis on patient-focused care. Providers do have a crucial role in alerting the National Assembly and the colleges to their needs in terms of bilingual staff. Also, as the example of speech and language therapy in Gwynedd shows, there is much that can be done on a local level to increase the recruitment of Welsh speakers where there are shortfalls.

3. Practical Considerations with regard to service delivery

- First and foremost, there is a clear need to immediately establish an effective and comprehensive system to identify and record which languages patients use in their every day lives, so that this may be reflected in the care they receive. Along with any other essential information about them, this record should go with the patient throughout his or her contact with the Health Service. When a GP presents information about a patient's condition before he or she is admitted to hospital, information about the patient's language choice should be included in the section noting his or her other personal details. When a patient is admitted to a hospital or other medical establishment at short notice, information about the patient's language choice should be included with his or her other personal details when he or she is registered by staff. This information should be acted upon to ensure that patients are treated in the language in which they are most comfortable, whenever that is possible. It is acknowledged that it will not always be possible to provide service in Welsh to every patient who wishes to receive it, and in some institutions the opportunities for providing a Welsh language service will be few and far between. However, the proper acknowledgement of the importance of language choice and a commitment to record that choice, will be a first step towards improving the provision for Welsh speaking patients. Hospitals already record things such as patients' religion and dietary requirements, and act on the basis of those records to make any patient's stay in hospital as pleasant as possible. It is high time that this consideration of personal needs was extended to include language choice.
- In order to avoid the present situation where patients have to depend on their intuition and local knowledge to identify Welsh speaking staff, such staff must be easily recognisable. This could be by a system of standardized and clearly visible badges. In addition to this, the locations in any establishment where service is available in Welsh should be clearly identified. In this regard, the Welsh Language Board's Working Welsh scheme is to be very much recommended, since it includes - as well as badges for staff - explanatory sheets and desk and wall signs in the same style as the badges, to reinforce the message about in which part of an establishment a Welsh-medium service can be expected.
- Since the majority of Welsh speakers have long since grown used to receiving service only in English in official situations, they are unlikely to expect or demand Welsh language provision is such situations. For this reason, until it is firmly established that a patient is not Welsh speaking, or that he or she wishes to receive service in English for some other reason, service in Welsh should be offered to him or her if it can be provided. Welsh language service should be offered in such a way that there is no suggestion that it is unusual or inconvenient for the provider, and

without any pressure on the patient to accept or refuse it.

- Wherever practical, services should be planned to ensure that bilingual workers are able to make full use of their language skills, by allocating them to patients who wish to receive service in Welsh. Where current arrangements/ procedures militate against this, because of their inflexibilities, they should be changed.
- If a period of treatment or care is likely to continue for a substantial period and the caring relies on one member of staff, every effort should be made to allocate a Welsh speaking member of staff to any Welsh speaking patient who wishes that. Amongst the areas to which this recommendation is particularly relevant are midwifery, and care for those with a chronic or terminal illness.
- When implementing Welsh Language Schemes, Health Service Trusts need to give greater attention to non-clinical aspects of health care, such as chaplaincy services, and distractions such as radio, television and magazines. If an effective system to record language choice is developed as recommended above, the information collected through such a system can then be used to see which patients are likely to want to see a Welsh speaking chaplain or want to receive Welsh language magazines or radio and television programmes.
- Programmes to monitor the effectiveness of Welsh language provision and consumer satisfaction with it have to go beyond the process of counting complaints and dealing with them individually. More proactive methods have to be adopted.

Visible Welsh

- In order to be useful and meaningful, Welsh and bilingual signs and documents need to be of a consistent standard. Incorrect or unclear signs or documents are a waste of scarce NHS resources, without being of any real help to Welsh speaking consumers. In order to improve the present situation where incorrect Welsh language materials are widely tolerated, it will be necessary to move beyond the mindset which sees Welsh language materials in an iconic fashion, towards a reasoned assessment of the actual usefulness of every document and sign produced.
- In order to ensure the quality and correctness of Welsh language materials, consideration should be given to moving towards parallel production methods for materials in English and Welsh, rather than the linear system currently used in many places, where Welsh materials are produced on the basis of English ones.
- In terms of materials produced by voluntary and private sector organisations, distribution arrangements need to be tightened to ensure that only bilingual material (where it exists) or both English and Welsh material is made available for patients. Where these organisations currently only produce English only material, Trusts etc should impress upon them the importance of bilingual material for Wales.

CONTRIBUTORS

Although the majority of recommendations in this section clearly fall within the scope of the NHS Trusts, the National Assembly for Wales also has a role in providing a lead on some of the issues in order to encourage consistency throughout Wales. For example, the Assembly should ensure that any working arrangements or structures it recommends should facilitate rather than frustrate a bilingual service. Also patient representatives in their general monitoring of services and procedures should be checking that the above measures are in place and working satisfactorily.

4. MISCELLANEOUS

- All private practitioners within the NHS in Wales, GPs, dentists, pharmacists etc. should be made subject to the Welsh Language Act.
- The Assembly should examine the lack of statistical information on the experiences of Welsh speakers in specialities where this is likely to be different to other groups e.g. psychotherapy, and take actions to ensure that such data can be collected and utilized for service planning and delivery purposes in the future.

Information Services:

- If it is decided to set up an NHS Direct telephone enquiries system on the basis of the pilot schemes carried out in England, serious consideration should be given as to how Welsh speaking callers can be provided for.

As part of this, the ways in which the latest telephone technology can be used to integrate language choice as part of a comprehensive service to patients need to be looked at.

Additional Research:

- More research is needed into the work of health care providers such as GPs, dentists and pharmacists, who provide medical services as independent practitioners within the National Health Service and also private nursing homes. Their role in provision for Welsh speaking patients, their needs when trying to provide a bilingual service, and their attitudes towards the Welsh language and its importance, all need to be examined.
- In the same way, further research is needed into the role and importance of voluntary and charitable bodies in providing health care for Welsh speaking patients.
- Research into the extent to which the Welsh Office Circular on the Welsh language in the National Health Service, March 1975, has been pursued may prove useful in clarifying the focus which is now required to address the recommendations springing from this Report.

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THE WELSH LANGUAGE SCHEMES PREPARED BY THE FOLLOWING INSTITUTIONS UNDER THE 1993 WELSH LANGUAGE ACT WERE STUDIED

Bridgend and District NHS Trust

Bro Taf Health Authority

Carmarthen and District NHS Trust

Ceredigion and Mid Wales NHS Trust

Clwydian Community Care NHS Trust

Glan Clwyd District General Hospital NHS Trust

Gwent Health Authority

Gwynedd Community Health Trust

Gwynedd Hospitals NHS Trust

Iechyd Morgannwg Health

Llandough Hospital and Community NHS Trust

Llanelli/Dinefwr NHS Trust

North Wales Ambulance Service NHS Trust

North Wales Health Authority

Pembrokeshire and Derwen NHS Trust

Powys Health Care NHS Trust

Rhondda NHS Trust

University Hospital of Wales Health Care NHS Trust

University of Wales College of Medicine

UKCC (United Kingdom Central Council for Nursing Midwifery and Health Visiting)

Velindre Hospital NHS Trust

Welsh Ambulance Services NHS Trust

Welsh Common Health Services Authority

WNB (Welsh National Board for Nursing Midwifery and Health Visiting)

Wrexham Maelor Hospital NHS Trust

WEB SITES USED:

BBC Wales State of the Nation: http://www.bbc.co.uk/stateofnation/wales/health

British Stammering Association: http://www.stammer.demon.co.uk

Canolfan Bedwyr: http://hydraulix.bangor.ac.uk/ar/cb/cb.htm

Centre for the Standardisation of Welsh Terminology:http://weblife.bangor.ac.uk/adranadd/courses.cst.html (English)
http://weblife.bangor.ac.uk/adranadd/cyrsiau.cst.html (Welsh)

Department of Health: http://www.doh.gov.uk

Disability on the Agenda: http://www.disability.gov.uk

HMSO Official Documents: http://www.official-documents.co.uk

Institute of Rural Health: http://home.rednet.co.uk/homepages/irh

Institute of Linguists: http://www.iol.org.uk

National Assembly for Wales: http://www.assembly.wales.gov.uk (English) or http://www.cynulliad.cymru.gov.uk (Welsh)

Patients' Charter: http://www.servicefirst.gov.uk/list/wepatient.htm (English) or
http://www.servicefirst.gov.uk/list/wpatient.htm (Welsh)

Royal College of Speech and Language Therapists: http://www.rcslt.org

University of Wales College of Medicine: http://uwcm.web.cf.ac.uk

UKCC United Kingdom Central Council for Nursing, Midwifery and Health Visitors: http://www.ukcc.org.uk)

Wales Council for Voluntary Action: http://www.fundraising.co.uk/services/wcva.html

Welsh Language Board: http://www.netwales.co.uk/byig

Welsh Office: http://www.wales.gov.uk

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Y Lolfa Directory: http://www.ylolfa.wales.com