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# Evaluation of *More than just words...*, the follow-on strategic framework for Welsh language services in health, social services and social care, 2016-19

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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**Glossary**

Acronym/Key word	Definition
Active Offer	Providing a service in Welsh without someone having to ask for it
CIW	Care Inspectorate Wales
ESR	Electronic Staff Record
FEI	Further Education Institution
HEI	Higher Education Institution
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
IMTP	Integrated Medium-Term Plan
IT	Information Technology
NHS	National Health Service
SCW	Social Care Wales
Standards	Welsh Language Standards
Working Welsh / Iaith Gwaith logo	An orange speech bubble logo that includes the word 'Cymraeg' – worn by staff members who speak or are learning Welsh.

# 1. Introduction

1.1 The Welsh Government commissioned Arad and OB3 Research to undertake an evaluation of *More than just words*, the follow-on strategic framework for Welsh language services in health, social services and social care, 2016-19. The aim of the evaluation was to assess how, and to what extent *More than just words* has achieved its intended aim to promote and support the use of the Welsh language in health, social services and social care in Wales. It also aimed to identify barriers and facilitators to implementing the strategy's objectives.

1.2 The evaluation was undertaken over three main phases. The first was the development of a theory of change which identified and mapped out a set of pathways of change, leading from supporting the delivery of initial activities to achieving desired outputs and outcomes. The theory also outlined the assumptions upon which progress along the identified pathways of change was dependent. A mapped pathway was produced for each of the seven objectives included in *More than just words*:

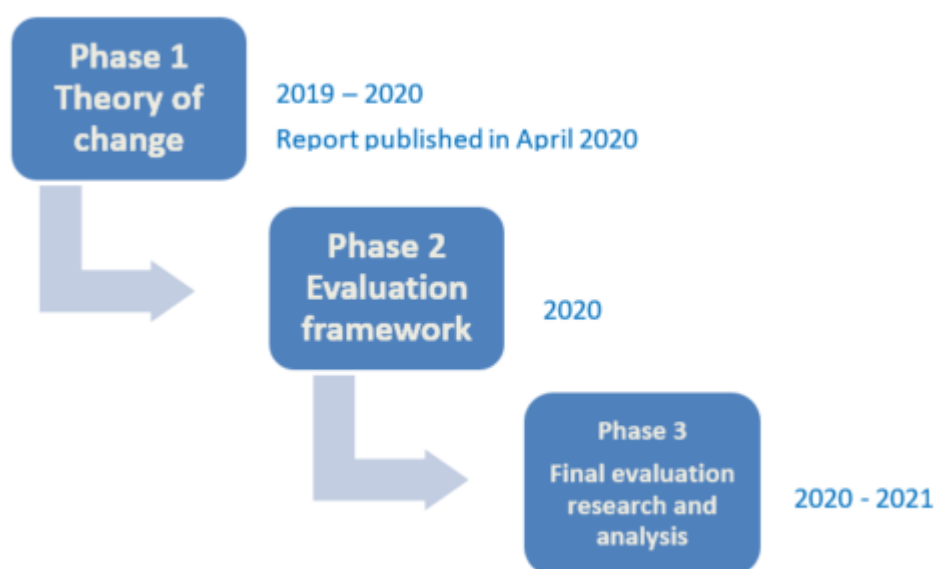
- National and Local Leadership, and National Policy
- Mapping, Auditing, Data Collection and Research
- Service Planning, Commissioning, Contracting and Workforce Planning
- Promotion and Engagement
- Professional Education
- Welsh in the Workplace
- Regulation and Inspection.

Further details can be found in a [theory of change report](#) which was published in April 2020 (Arad Research and OB3 Research, 2020).

1.3 The pathways in the theory of change informed the second phase of the evaluation – the development of an evaluation framework. Using the theory of change as a basis, the evaluation framework outlined the research questions and corresponding information gathering process required to demonstrate the progress made in relation to each of *More than just words*' seven objectives.

- 1.4 The research questions included in the evaluation framework informed the third phase of the evaluation – the final evaluation research and analysis. During this phase, information was gathered on the progress made, as well as the barriers and facilitators to implementing *More than just words*' seven objectives. The findings and conclusions of this final phase are presented in the chapters that follow.
- 1.5 Further information on the approach taken to gather and analyse this information is included in chapter 2. The timeline within which the three phases of the evaluation were undertaken is illustrated in Figure 1.

**Figure 1: Timeline of evaluation phases**



*Strategic and legislative context*

- 1.6 In January 2011, the Welsh Language Policy Unit in the Health and Social Services department of the Welsh Government established an independent steering group to develop the original *More than just words* strategic framework. The original framework was published in November 2012 and provided strategic direction from 2012 - 2015, outlining six key objectives that all organisations were required to work towards (Welsh Government, 2012). The [follow-on strategic framework](#) published in March 2016 aimed to build on and continue the momentum gathered by the first strategic framework (Welsh Government, 2016a). A core element of both iterations of

the framework was the Active Offer, which relates to providing a service in Welsh without someone having to ask for it.

1.7 The aims of the *More than just words* follow-on framework were developed within a wider context of Welsh language policies, strategies and legislation, many of which have supported and influenced progress towards achieving the framework's aims. Some of these policies and areas of legislation were already in place when the follow-on framework was launched, including:

- the [Health and Care Standards 2015](#) (Welsh Government, 2015b), which includes several standards referencing the Welsh language including the need to 'communicate effectively' (standard 3.2)
- the [Welsh Language \(Wales\) Measure 2011](#), which requires the health and social care sector to treat the Welsh language no less favourably than the English language
- the [Well-being of Future Generations \(Wales\) Act 2015](#), which includes a vibrant culture and thriving Welsh Language as a well-being goal
- the [Social Services and Wellbeing \(Wales\) Act 2014](#), which outlines the need for 'any person exercising functions under this Act to have regard to the characteristics, culture and beliefs of the individual (including language)'
- the [Regulation and Inspection of Social Care \(Wales\) Act 2016](#), which includes a focus on service quality improvement and giving amended power to Social Care Wales (SCW).

1.8 Other policies and areas of legislation were introduced following the launch of the framework in 2016, including:

- Prosperity for All: the national strategy (Welsh Government, 2017a)<sup>1</sup>, which sets out the importance of the Welsh language in developing a Wales that is healthy, active, united and connected
- the Welsh Language strategy, [Cymraeg 2050](#) (Welsh Government, 2017b), which places an emphasis on the role that *More than just words*

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<sup>1</sup> A new [Programme for Government](#) was published in June 2021

will play in achieving the strategy's aim of reaching a million Welsh speakers by 2050

- the [Parliamentary Review into Health and Social Care in Wales](#) (Welsh Government, 2018a), which refers to 'improving the experience and quality of care for individuals and families'
- [A Healthier Wales: our Plan for Health and Social Care](#) (Welsh Government, 2018b), which includes a 'personalised' design principle with 'health and care services tailored to individual needs and preferences including language choice'
- the [NHS Wales Planning Framework](#) (Welsh Government and NHS Wales, 2018), which includes a reference to the *More than just words* follow-on framework and specifies promoting the use of the Welsh language across services.

1.9 Possibly the legislation that has had the biggest influence on supporting the framework's aims has been the introduction of the [Welsh Language Standards](#) placed on all local authorities in Wales (social care commissioners and providers) in 2016, and on Welsh local health boards and NHS trusts (health care providers) in 2019.

1.10 The aims of *More than just words* have also been influenced by the formation of [Health Education and Improvement Wales \(HEIW\)](#) in 2018. HEIW has responsibility for strengthening the Welsh language focus in the health sector's education, training and workforce development. These are also core areas of focus within the aims and objectives of *More than just words*.

1.11 Since the launch of the *More than just words* follow-on framework, the Welsh Government has been working on a verbal strategy for the Welsh language - 'Llais y Gymraeg' (the Welsh Voice). According to the Welsh Government, the strategy focuses on 'using simple, clear and positive language, which is consistent, warm, inclusive and friendly'. Although a recently introduced initiative, it is considered by the Welsh Government as a 'positive development, which should be used when discussing the Welsh language within the health and care sector'.

- 1.12 Our evaluation has taken into consideration the influence of these wider strategy, policy and legislation developments when assessing the progress, or otherwise, made by *More than just words* in achieving its seven strategic objectives. These developments have also been taken into consideration when making recommendations for the future direction of *More than just words*.
- 1.13 In 2019 the Welsh Government published [More than just words: action plan for 2019–2020](#) (Welsh Government, 2019a). The aim of the action plan was to build on the follow-on framework and reflect changes in the political and legislative context that had taken place since it was launched in 2016 until the findings of the evaluation were known to inform the way forward. As such, the scope of the evaluation extends beyond the three-year follow-on framework (2016 to 2019) to consider activities and outcomes achieved up to the present.
- 1.14 A more detailed outline of the strategic and legislative context and wider research associated with *More than just words* is included in the theory of change report.

## 2. Our Evaluation Approach

2.1 The findings of this report are based on evidence gathered through a combination of qualitative interviews and desk-based research. Interviews were conducted with a wide range of stakeholders, service users and university students who had studied, or were in the process of studying, health or social care related subjects. The desk research involved reviewing national and local strategy, policy and planning documents; a sample of research documents relating to the Welsh language and the health and social care sector in Wales; and existing data that could inform an assessment of progress.

### *Rationale for the evaluation approach*

2.2 Evaluating the extent to which *More than just words* achieved its intended aims involved gathering and reviewing a large quantity of evidence and information relating to a broad range of complex and interconnected processes and influences identified within the theory of change. In addition, the extent to which these processes and influences supported or limited progress towards achieving the aims of *More than just words* differed according to the geographical, cultural and policy context within which services were operating, as well as the nature of services being delivered.

2.3 The qualitative interviews provided in-depth data to assess progress against each of the *More than just words* objectives from a wide range of angles. The objectives that each participant was able to inform depended on their role in relation to *More than just words*, as well as other factors, such as the sector or setting where they worked or accessed services. Qualitative interviews allowed a flexible, tailored approach to gathering a range of perspectives.

2.4 The desk research provided supplementary information to assess progress against several of the follow-on framework's objectives, as well as an overview of the policy context within which the aims of *More than just words* were being delivered and further understanding of service users' needs. The evaluation approaches are described further in the sections that follow.

### *Interviews with stakeholders*

2.5 Stakeholder interviews were conducted over the three evaluation phases described in sections 1.2–1.4. In total, 52 stakeholders were interviewed across 90 interviews. Some stakeholders were interviewed more than once across the three evaluation phases. The stakeholders included senior representatives as well as (where possible) frontline practitioners<sup>2</sup> in a wide range of organisations located across different geographical areas in Wales. While this report draws mainly from interviews conducted during the final phase, it also considers any relevant data provided in interviews during the first two phases of the evaluation.

2.6 The stakeholders interviewed included representatives from the following organisations:

- All health boards and NHS trusts in Wales
- Royal College of Nursing
- Social Care Wales (SCW)
- Local authorities (Gwynedd, Torfaen and Conwy)
- Local government social services
- Public Health Wales
- Health Education and Improvement Wales (HEIW)
- Healthcare Inspectorate Wales (HIW)
- NHS Wales Shared Services Partnership
- Care Inspectorate Wales (CIW)
- Careers Wales
- Coleg Cymraeg Cenedlaethol
- Colleges Wales
- Cardiff University
- Bangor University
- Welsh Government
- Mind
- Welsh Language Commissioner
- Cymdeithas yr Iaith
- *More than just words* North Wales Forum.

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<sup>2</sup> COVID-19 restrictions placed some limitations on conducting interviews with frontline staff in health and care settings – see section 2.10

- 2.7 These stakeholders were sampled on the basis that they were either representatives of organisations responsible for delivering policies and actions directly linked with the *More than just words* aims and objectives, or representatives of organisations that have an interest in the delivery of Welsh language services across the sector.
- 2.8 The Welsh Government supported the process of identifying individuals within these organisations to interview. In some instances, the stakeholders interviewed recommended other individuals who they felt could offer further relevant information to support the evaluation findings. These individuals were then added to the list of stakeholders to be interviewed. The COVID-19 pandemic created some challenges in gaining access to some stakeholders, particularly those operating on the frontline of services – see section 2.21. To gain an understanding of the situation on the frontline, the evaluation therefore relied on those who worked in administrative roles and / or supporting frontline workers across the sector. Despite these challenges, a broad range of evidence and opinions was gathered.
- 2.9 All except two stakeholder interviews were conducted individually<sup>3</sup>. Interviews were guided by interview schedules (see annex 1) which were designed around research questions included in the evaluation framework (see section 1.3–1.4). Most interviews were conducted over the phone or via an online video calls platform. All interviewees were offered the choice to undertake the interview in Welsh or English – 79 were undertaken in Welsh and 11 were undertaken in English.

#### *Interviews with service users*

- 2.10 Service users were interviewed during the final phase of the evaluation to gather their views and experiences based on the following research questions included in the evaluation framework:
- To what extent are health, social services and social care service users able to access services in Welsh?

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<sup>3</sup> A group discussion was undertaken with representatives of the *More than just words* North Wales forum, although interviews with individuals from the forum were also undertaken outside this discussion.

- Is the 'Working Welsh' logo promoted and used amongst health, social services and social care staff?<sup>4</sup> If so, does this encourage and enable service users to identify and engage with Welsh speaking staff within settings?
- Are service users able to access information and service provision in Welsh or English without having to specifically ask for it: i.e. is the Active Offer available to them?
- How has the availability or lack of Welsh language services impacted on the experiences as well as the health and wellbeing outcomes of service users who wish or need to access services in Welsh?

2.11 Individuals were recruited for interviews through Merched y Wawr, Mudiad Meithrin and Undeb yr Annibynnwyr Cymraeg<sup>5</sup>. These organisations were purposely chosen as they are Welsh language organisations that operate across all areas of Wales. This enabled the evaluation to invite Welsh speaking service users located across Wales to participate in an interview. Interviewees were encouraged to provide evidence based on their own experiences and their experiences with those they cared for. This mix of organisations therefore ensured that the interviews captured different experiences across a wide range of ages including, particularly in the case of Mudiad Meithrin, young children.

2.12 A bilingual invitation to participate in an interview was distributed to members of these organisations via organisation leaders and coordinators. The invite offered the opportunity for anyone who spoke Welsh and had accessed any health, social services or social care services during the last three years to take part in a telephone interview to discuss the extent to which these services were available to them in Welsh. The sample was drawn from those individuals who accepted the invitation and noted that they were available and willing to participate. In total, 23 individual service users agreed to be interviewed. Four of these were from Mid Wales, four

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<sup>4</sup> The Working Welsh (Iaith Gwaith) logo is an orange speech bubble that includes the word 'Cymraeg'. It is worn by staff members who speak Welsh or are learning Welsh.

<sup>5</sup> Merched y Wawr is a voluntary, non-political organisation for women in Wales where all activities are conducted in the medium of Welsh; Mudiad Meithrin is a voluntary organisation specialising in Welsh-medium early years provision; Undeb yr Annibynnwyr Cymraeg is the union of independent Welsh chapels.

from North Wales, three from south east Wales, three from south west Wales and nine from central south Wales.

- 2.13 There are possible limitations of this sampling approach. Recruiting through these organisations may have excluded certain types of Welsh speaking service users. It also may be the case that those who chose to participate may have had particularly strong views or concerns about the issues. A further limitation is that the sampling approach did not focus specifically on gathering views and experiences of service users within identified priority groups (e.g. older people, mental health service users, people with dementia, and children and young people). The original intention was to use a case study approach and draw a sample of service users via services and organisations that support certain service user groups. This approach would have enabled certain priority groups to be targeted for sampling. However, the approach wasn't possible due to COVID-19 restrictions – see section 2.21. Nevertheless, the sampling approach taken means that the data reflects a range of different experiences, some of which relate to one or more of the priority groups – either from those individuals themselves or from those that care for them.

#### *Interviews with health and social care students*

- 2.14 Interviews were conducted with students who had undertaken, or were in the process of undertaking, all or part of their further and / or higher education health and / or social care courses in Welsh.<sup>6</sup> These interviews focussed on the following themes based on research questions included in the evaluation framework:
- the main reasons why students decide to study some or all of their health and social care related subjects in Welsh or bilingually
  - whether students studying health and social care courses recognise the demand or need for Welsh language skills in the sector and therefore the relevance of taking up Welsh / bilingual courses
  - whether health and social care courses taken up by students in Wales include modules or sessions that reflect the principles of the Active Offer

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<sup>6</sup> One student interviewed had not undertaken any part of her course in Welsh but contributed to the interviews as her course included sessions that introduced the Active Offer and the importance of providing health and social care services in Welsh.

- the extent (if at all) to which students think their ability to use more Welsh in the workplace will improve their ability to gain employment in their preferred field or area of the sector
- whether students think being able to use more Welsh in the workplace will improve their ability to offer a better service to health and social care service users.

2.15 Students were drawn from Bangor and Cardiff Universities as these were the institutions that offered most Welsh or bilingual courses and modules in health and social care. A bilingual invitation to participate in an interview was distributed to students studying these courses via education leads within these institutions. A sample of six students agreed to be interviewed: four from Bangor University and two from Cardiff University.

2.16 Interviews with service users and students were conducted over the telephone or in some cases via an online video calls platform and guided by interview schedules - see Annex 2 and 3. Detailed notes were taken during the interviews and reviewed as part of the evaluation analysis – see section 2.24.

*Desk research – policy documents*

2.17 The evaluation team reviewed national and local health, social care and social service strategy, policy and planning documents to assess the extent to which they referred to the Welsh language and / or the aims of *More than just words*. The extent to which references to *More than just words* and / or the Active Offer were included in these documents was noted and used as a basis to consider the extent to which the Welsh language and the *More than just words* objectives were considered as part of developing mainstream national and local policies.

2.18 The review of these documents provided answers to the following research questions included in the evaluation framework:

- To what extent did national health and social care policies and strategies emphasise the need to deliver Welsh language services in health and social care and / or the need to support the Welsh language capacity of the health and social care workforce?

- To what extent was the Welsh language a key focus within local workforce development, training, recruitment and service delivery plans produced across health and social care settings in Wales?
- Were bilingual skills strategies that identify the language needs of individual organisations / settings produced by local health boards?
- Were service delivery plans developed around the identified needs and demand for Welsh language services and the Welsh language skills available within settings?

2.19 The documents reviewed included:

#### National policies

- [A Healthier Wales: Our Plan for Health and Social Care](#) (Welsh Government, 2018b)
- [A Healthier Wales: Our Workforce Strategy for Health and Social Care](#) (HEIW and SCW, 2020)
- [NHS Wales Planning Framework](#) (Welsh Government and NHS Wales, 2019)
- [Making a Positive Difference to Social Care in Wales: Our Strategic Plan 2017 – 2022](#) (SCW, 2017)

#### Local policies

- Health board Integrated Medium-Term Plans (IMTPs)
- Health board annual reports
- Health board bilingual skills strategies
- Local authority Welsh language promotion strategies
- Local authority annual reports for the social services sector
- Social Services and Well-being (Wales) Act 2014 Population Needs Assessments.

#### *Desk research – research documents and data*

2.20 The evaluation team reviewed recent research documents and data referred to by Welsh Government and highlighted during stakeholder interviews. Relevant findings presented within these documents and data

were used as further evidence to support and / or challenge some of the findings that emerged from interviews. The research documents and data reviewed included:

- Welsh in Healthcare Survey (Cymdeithas yr Iaith Health Sub-Group, 2020)
- Welsh language in general practitioner (GP) practices survey (Welsh Government, 2019b)
- Evaluation report of the Work Welsh pilot (SCW, 2019)
- Welsh Language in Primary Care Services (Culture, Welsh Language and Communications Committee, 2019)
- Welsh Speakers' Dementia Care (Alzheimer's Society and Welsh Language Commissioner, 2018)
- Rhetoric and Reality: A Critical Review of Language Policy and Legislation Governing Official Minority Language Use in Health and Social Care in Wales (Prys, Hodges and Roberts, 2021)
- Completion rates of Welsh language skills (speaking) information on electronic staff records (ESR) across health boards and trusts in Wales<sup>7</sup>
- Data on Welsh language skills of GPs (Welsh Government, 2019c)

#### *Limitations to our approach*

2.21 Our approach to this phase of the evaluation, as outlined above, ensured that the findings were informed by the views and experiences of a range of stakeholders. The final evaluation fieldwork approach planned initially included a series of case study visits to undertake face to face interviews with frontline practitioners as well as managers and senior executives within identified health, social care and social service settings. However, in light of COVID-19 travel and social contact restrictions, and the increased work pressures placed on frontline practitioners in these settings as a direct result of the pandemic, it was decided that the case study visit approach was not practical or appropriate.

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<sup>7</sup> Data provided by Welsh Government

- 2.22 A revised approach was therefore developed, replacing case study visits with interviews with a wider range of stakeholders. This approach offered an opportunity to gain a good overview of progress made against the *More than just words* objectives across the sector as a whole. However, it also placed limitations on the information that could be gathered directly from frontline staff. The revised approach also placed some limitations on the evidence gathered from service users – see section 2.13.
- 2.23 The complex nature of the sector under review and the different levels of progress achieved, often in pockets rather than simultaneously across geographical areas and settings, also placed limitations on the extent to which the evaluation could draw findings that related to the sector as a whole. A further limitation included a lack of existing comprehensive, consistent administrative or other data with which to assess any progress achieved. Finally, limitations of the sampling approach are discussed in the sections above – see 2.13 in particular.

#### *Analysis*

- 2.24 Analysis of the qualitative data gathered involved a series of stages. Firstly, the data was coded thematically. These themes were primarily based around the seven *More than just words* objectives and the research questions included in the evaluation framework. The analysis focussed on identifying key points emerging under each theme as well as patterns or trends that related to more than one theme. The coded data was also reviewed to see how it related to the assumptions included in the theory of change. The key points emerging under each theme were then highlighted in the reporting process, and examples and quotes gathered during the evaluation fieldwork were drawn out to further illustrate these points. The conclusions and recommendations were drawn from the evaluator's interpretation of the findings that emerged from the analysis.

#### *The report*

- 2.25 The chapters that follow present the findings of the evaluation research. Most of the findings are based on information and evidence gathered during the final evaluation stage, but also draw on relevant evidence gathered during the previous two evaluation phase (see sections 1.2–1.4). Chapters

3 to 9 present findings relating to each of the seven objectives included in the *More than just words* follow-on framework. Each chapter begins with a brief introduction to the strategic aims associated with each objective along with the theory of change assumptions upon which achieving these aims were reliant (see section 1.2). Each chapter then presents evaluation findings relating to these aims before drawing some conclusions as to the extent to which these aims have or have not been achieved, and the assumptions that underpin their success are valid.

2.26 Chapter 10 presents findings based on the experiences of service users and chapter 11 considers the impact that COVID-19 has had on progress towards achieving the strategic aims of the framework. Chapter 12 presents our conclusions and recommendations for the future.

2.27 Service or practice examples, service user and student experiences, and quotes are used throughout the chapters to illustrate the points made. In order to ensure the anonymity of individuals interviewed during the evaluation, the general term 'stakeholder' is used to refer to all those who contributed views, opinions and examples.

## Findings

### 3. National and Local Leadership, and National Policy

- 3.1 Objective 1 of the *More than just words* follow-on framework notes that ‘to achieve the objectives set out in this [the *More than just words*] framework, leadership must be demonstrated across every level of any organisation’.
- 3.2 An assumption of the *More than just words* theory of change is that leadership demonstrated at Welsh Government level would encourage senior personnel across the health and social care sector to also demonstrate leadership in actively promoting and supporting the Welsh language within the service areas and settings for which they are responsible. The theory also assumes that positive leadership amongst senior personnel would encourage further positive attitudes, culture and ethos towards the Welsh language amongst staff members working within these settings.
- 3.3 The evaluation reviewed the extent to which strong leadership with regard to the Welsh language and the aims of *More than just words* have been demonstrated at each of these levels.

#### *National level leadership*

- 3.4 Stakeholders were generally of the view that leadership support for *More than just words* at senior Welsh Government level had been strong when the framework was first launched in 2012, but this has not been as evident during subsequent government administrations. Stakeholders referred to examples in the past of ministers and senior Members of the Senedd promoting the strategy’s aims in written statements and speeches. However, these stakeholders noted that, in their view, references to the strategy and the Active Offer have not featured as prominently in official statements delivered by Ministers in recent years. As a result, they felt that some of the gains in raising awareness of the strategy’s aims and the need to deliver Welsh language services across the sector may have lost some momentum over time.

### *Leadership at senior / executive level across the sector*

3.5 Stakeholders were of the view that senior executives across the health and social care sector have demonstrated varying degrees of leadership in promoting use of the Welsh language and the aims of *More than just words*. Examples offered by stakeholders that demonstrated what they considered to be good leadership included non-Welsh speaking executives and other senior personnel across the healthcare sector actively demonstrating their support for the language by learning (some) Welsh and applying these skills when greeting or introducing themselves in work-related meetings. These stakeholders were of the view that actions such as these, at a senior level, serve as a practical demonstration of support and use of the Welsh language, which in turn encourages other senior colleagues to support and use the language.

‘Non Welsh speaking senior level executives now often start the meetings they chair with a greeting in Welsh and end them with a thank you in Welsh. It’s a small gesture, but an important one that demonstrates to everyone else in the room that they acknowledge and support the Welsh language.’ (stakeholder)

3.6 Other stakeholders, however, questioned whether such examples of support go far enough. In their view demonstrations of leadership at senior and executive level should include more than words of encouragement and support to also demonstrate a clear commitment to deliver the aims of *More than just words*. Examples of leadership of this nature, in their view, were less evident across the sector.

‘Chief Execs need to do more than just use phrases such as ‘bore da’ to encourage more Welsh to be used across the sector.’ (stakeholder)

3.7 Some stakeholders noted that, although support for the Welsh language appears to have increased amongst many senior level personnel across health boards, some negative attitudes towards the Welsh language persist. It was noted that some senior personnel across the sector have continued to view supporting the Welsh language as ‘unnecessary’ and / or a ‘waste of time and resources.’ If some senior personnel continue to demonstrate negative attitudes towards the Welsh language, then it is unlikely that they

will demonstrate strong leadership in supporting further delivery of Welsh language services within their settings. Some stakeholders also noted, however, that negative attitudes such as these have been diminishing over recent years and that *More than just words* and its focus on the Active Offer has contributed to this.

- 3.8 As noted in section 3.2, the theory of change assumes that strong leadership amongst senior personnel would encourage further positive attitudes and support for Welsh language services amongst all staff, and therefore implementation of practices that support the aims of *More than just words*.
- 3.9 Stakeholders referred to many examples of initiatives to encourage more use of the Welsh language that have been implemented within specific settings across the sector. However, in many cases the implementation of these initiatives has been driven by the efforts and enthusiasm of individual Welsh language officers and / or other practitioners rather than the influence and leadership of senior personnel.

‘The NHS is littered with examples of innovative projects that have been introduced in various settings. Many of these are very good and have a positive impact – but they are usually reliant on an individual driving it forward and if they leave then it all comes to an end.’  
(stakeholder)

- 3.10 There does not appear to be many examples to date of sector-wide or even setting-wide practices that have supported the aims of *More than just words* – particularly within the healthcare sector. Stakeholders were of the view that many of the main barriers to implementing Welsh language services occur at the operational director or manager level, often referred to by stakeholders as the ‘middle tier’ within organisational settings. Some of these barriers reflected practical challenges faced by middle tier managers and a lack of willingness to address them (see sections 5.5–5.7), as well as a lack of understanding of how to implement strategic aims included in national and local planning documents (see also section 3.24). However, middle tier implementation barriers also reflected, at least to some degree, a lack of leadership at senior executive level to influence change at an

operational level, as well as a lack of leadership within the middle tier level itself.

- 3.11 Examples of leadership that had influenced changes in practice were, however, evident. For example, within the social care sector, SCW has demonstrated strong leadership in delivering the objectives of *More than just words* through to its strategic plan and actions such as increasing Welsh language skills across the workforce.

‘We will champion the importance of language need for people who use care and support, and their families and carers. We have a leadership role in supporting the Welsh Government’s ‘*More than just words – strategic framework.*’ (SCW, 2017)

- 3.12 Some local authorities have also demonstrated leadership in supporting the organisations they commission to deliver social services and care, to deliver the Active Offer and implement Welsh language policies for service users. One local authority established a course for service providers to support them to produce a Welsh language policy that was tailored to the circumstances of their setting and the needs of their service users – see example 1.
- 3.13 A Voluntary Council in another local authority has also provided practical help and support to third sector organisations to implement actions that support the aims of *More than just words* in their delivery of health and social care services funded by the health board and / or local authority – see example 2.

### **Example 1 – Gwynedd Council**

Gwynedd Council's existing agreements with care providers contained specific clauses in relation to Welsh language requirements and the need to respect the language needs of individuals receiving a service.

The Council's residential and nursing home care agreements were updated to include a definite reference to *More than just words*. To ensure that the principles of *More than just words* were reflected in all aspects of social services and social care that they commissioned, the Council asked providers to create their own Welsh language policies.

To support providers with this, the Council created a language policy template that individual providers could use to develop their own. A course was established and held for third sector providers and managers to explain how to complete the document and to raise awareness of the Active Offer.

The document and training not only provided a template for a Welsh language policy that includes statements of intent but also a tailored checklist that providers could run through to review whether they are implementing all aspects of the policy.

### **Example 2 - The Active Offer Project, PAVO**

The Active Offer in Powys project is coordinated by the Voluntary Council for Powys (PAVO), which supports the third sector in Powys. The project has provided a range of support to organisations funded by the health board and local authority with a view to help them better meet the Welsh Language Standards as well as the aims of *More than just words*. The support offered has included:

- supporting organisations to draft a Welsh language action plan
- referring organisations to Welsh language specialist support
- supporting organisations with bilingual marketing and social media
- providing training and webinars on the Active Offer
- providing translation services
- providing specialist support on any queries related to the Welsh language.

The project has also offered several online resources through its website including an Active Offer information pack, templates, flash cards and a phrase booklet.

More broadly the project has raised awareness across the sector of the need for the Active Offer in health and social care services. It has also supported the third sector to better comply with Welsh language legislation and guidance in health and social care.

Some of the project's reported achievements to date have included:

- members of staff within organisations actively learning Welsh
- organisations reporting that they have dealt with the needs of service users in Welsh for the first time
- increased use of the Welsh language between staff in some third sector organisation offices.

3.14 Overall, the findings indicate that although the Welsh Government demonstrated strong leadership in supporting the aims of *More than just words* in the past, this level of leadership has been less evident in recent

years. There was a perception that support for the Welsh language has increased since 2016 amongst many but not all senior executive personnel across the sector. However, this support does not appear to date to have led to the leadership needed at this level to influence the sector wide changes required to meet the aims and objectives of *More than just words*. Based on the assumption in the theory of change, strong leadership must first be demonstrated at Welsh Government ministerial level in order to encourage the strong leadership needed at senior personnel level.

#### *Policy and planning documents*

- 3.15 The *More than just words* follow-on framework indicates that the 'Welsh Government will ensure that all national policy and strategy documents in the field of health and social care will make explicit references to the responsibility to provide care and support in the Welsh language'.
- 3.16 One of the theory of change assumptions is that including commitments to support and promote the *More than just words* objectives within national health and social care policies and strategies should encourage senior level personnel to also place a high priority on these objectives within their own workforce and service delivery planning.
- 3.17 The evaluation reviewed the extent to which national and local policies and plans refer to the Welsh language and the strategic aims of *More than just words*. The evaluation also investigated the extent to which plans relating to supporting the Welsh language and the Active Offer have been put into practice.

#### *National policies*

- 3.18 A desk review of national health and social care policy documents revealed that references to *More than just words* are included in '[A Healthier Wales: Our Plan for Health and Social Care](#)' (Welsh Government, 2018), '[A Healthier Wales: Our Workforce Strategy for Health and Social Care](#)' (HEIW and SCW, 2020), and the [NHS Wales Planning Framework](#) (Welsh Government and NHS Wales, 2019). The [SCW Strategic Plan 2017 – 2022](#) also makes references to *More than just words* and the importance of actively offering services in Welsh (SCW, 2017).

### *Local policies*

- 3.19 The [NHS Wales Planning Framework](#) includes a requirement that the Integrated Medium-Term Plans (IMTPs) of local health boards are ‘planned and delivered in line with the Welsh language strategic framework for health and social care in Wales’ (Welsh Government and NHS Wales, 2019). However, a review of IMTPs indicates that these documents include very few references to *More than just words*. It appears that the Welsh language in general is not clearly embedded in these documents beyond a couple of paragraphs in stand-alone sections, which often refer to existing work rather than plans for future work. References to the Welsh language within the IMTPs reviewed do not tend to have priorities, outcomes, outputs or specific key performance indicators (KPIs) attached to them. Hardly any reference is made within these documents to the benefits of the Active Offer to service users. Where there is reference to the Welsh language within these plans, it tends to be within the context of the Welsh Language Measure (2011) and the Welsh Language Standards.
- 3.20 There are some exceptions. For example, Welsh language priorities are integrated into Powys Teaching Health Board’s IMTP and are associated with KPIs. In addition, both the Aneurin Bevan and Powys Health Boards’ IMTPs refer specifically to the need to make the Active Offer a part of their service delivery plans.
- 3.21 One area where *More than just words* and the Active Offer feature more prominently is within bilingual skills strategies developed across health boards. These strategies, which identify the Welsh language needs of the population and gaps in Welsh language skills within the workforce, have been produced as a direct result of *More than just words* and are in place across all health boards and trusts. These bilingual skills strategies should inform health boards of the need or otherwise to recruit staff with Welsh language skills, support Welsh language training and encourage more use of Welsh within the workplace. The extent to which bilingual skills strategies have been used to inform and support these areas is discussed further in section 4.13 as well as sections 5.3 to 5.4.

3.22 *More than just words* and the Active Offer also appear to be referenced more prominently in strategy and planning documents within social care and social services supported by local authorities than they do within healthcare. The majority of local authorities (20 of 22) refer to *More than just words* within their long-term Welsh language promotion strategies and annual report documents. Most also refer to the Active Offer and the importance of providing Welsh language services to social care service users – particularly elderly people in care homes.

#### *Implementing policies*

3.23 Stakeholders noted that although Welsh language priorities and the aims of *More than just words* are often included in sector wide strategic policies, implementing the aims included in these plans has, in most cases, been limited.

3.24 Practical reasons were noted for the limited implementation of these plans, and these are noted in more detail in chapter 5. However, some of the stakeholders consulted suggested that one of the reasons why more actions from strategic plans have not been implemented to date was that managers and practitioners were not always sure how to put them into practice in an effective way.

‘People across the sector increasingly understand why it’s important to increase provision in Welsh and provide the Active Offer. However, the question that needs addressing now is “how do we do this?”’  
(stakeholder)

3.25 These findings indicate that *More than just words* has successfully ensured that national policies make explicit references to the need to provide care and support in the Welsh language. The findings also indicate that these references in national policies, in line with the theory of change assumptions, have resulted in similar references being made in many, but not all local strategy and planning documents. For example, references to the Welsh language and the aims of *More than just words* are included in more focussed strategy documents such as bilingual skills strategies, but are less obvious in general documents such as IMTPs. However, the findings also indicate that further support may be required to enable and

encourage settings across the sector to implement the Welsh language aims included in these plans.

## 4. Mapping, Auditing, Data Collection and Research

- 4.1 Objective 2 of the *More than just words* follow-on framework focuses on data collection processes and systems. The follow-on framework document notes that ‘the collection of evidence relating to the Welsh language needs of the community, which health and social services serve, and data on the level of workforce Welsh language capacity across the sector, is vital in order to plan service delivery and workforce development effectively.’
- 4.2 The theory of change suggests that the development and implementation of systems and processes to record the Welsh language needs of service users and capacity across the existing workforce would, based on the assumption that the data is used to good effect, enable health, social services and social care to:
- match the Welsh language skills capacity available within the existing workforce to the Welsh language needs of service users
  - implement recruitment and Welsh language training plans that address any Welsh language skills gaps and shortages identified within areas of the workforce.
- 4.3 The evaluation fieldwork reviewed the extent to which systems to record the Welsh language needs of service users and the Welsh language skills capacity of the workforce have been used.

### *Recording the Welsh language needs of service users*

- 4.4 The proportion of the local population that speaks Welsh differs across local authorities in Wales, with the highest proportions located in West and north west Wales and the lowest proportions in south east Wales. Some stakeholders noted that, in their view and experience, many individuals operating within the health, social care and social services sector in Wales continue to be under the impression that demand for, and therefore the need to provide, Welsh language services only exists within the traditional Welsh speaking areas of Wales. In the view of these stakeholders, implementing systems within all health, social care and social services across Wales that record the number of service users who speak Welsh, and prefer or need to access services in Welsh, would challenge these

misconceptions. Stakeholders noted that this, in turn, would possibly gather more support for the need to deliver Welsh language services across all areas.

‘A lot of people still think that Welsh is only spoken in areas of North Wales and that therefore Welsh language services are only needed there. If they could see how many Welsh speakers there are in other areas of Wales, perhaps they’d realise the need for Welsh language services in all areas [of Wales]’. (stakeholder)

- 4.5 Examples were offered by Welsh language officers, service users and wider stakeholders of processes in place to record the language preference of individuals upon their first contact with health services. These included tick boxes on initial assessment forms used by primary care practitioners and hospital admission staff to identify service users whose preferred language is Welsh. There were examples noted by Welsh language officers and some healthcare practitioners of how this data has been used, in some settings, to match Welsh speaking service users with Welsh speaking practitioners – see examples 3 and 4.

### **Example 3 – Monitoring Welsh language demand within the Wales NHS 111 service**

The Welsh Ambulance Services Trust currently runs the recently launched NHS 111 service in Wales – a non-emergency healthcare telephone service which brings together NHS Direct Wales and GP out-of-hours services.

Patients using the 111 service can access the service in Welsh or English. Those accessing the service in Welsh are transferred to a Welsh speaking call handler if one is available. The Trust had monitored these calls to identify how many of the service users who chose to access services in Welsh got through to a Welsh speaking operator. The data gathered outlined that patient demand for Welsh language services was greater than supply in some areas. This prompted the service to recruit more Welsh speaking 111 call handlers in areas where shortages were identified.

The 111 service also notifies the health services to which they refer enquiries of individuals' Welsh language preferences / needs. However, the Trust acknowledged that this does not guarantee that the service user will be referred on to a Welsh speaking health care professional.

#### **Example 4 – Identifying Welsh speaking service users in hospital wards**

Welsh language officers in Hywel Dda, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards noted examples of hospital wards where patients identified as Welsh speakers at the point of admission are asked whether they would prefer to speak Welsh with practitioners. Those who note a preference to speak Welsh are allocated an orange coloured magnet which is displayed on notice boards located above the patient's bed, and / or on the patient notice board just outside the ward.

This has enabled Welsh speaking healthcare professionals to quickly identify Welsh speaking patients and, where possible, deliver healthcare services to them in Welsh. Ward managers in some settings have also used the magnets to allocate Welsh speaking patients to the care of Welsh speaking practitioners when planning staff rotas.

The magnets have raised the awareness of non-Welsh speaking staff members that there are patients on the wards who speak Welsh and prefer to communicate in Welsh. Examples were also noted of the magnets prompting some staff members with limited Welsh to use Welsh greetings such as 'shw' mae' and 'bore da' when addressing these patients, which in the view of Welsh language officers has helped them to build a good rapport with patients, normalised use of the Welsh language on the wards, and put the patients more at ease.

- 4.6 Stakeholders were of the view that examples such as these appear to be relatively simple practices that can support the delivery of the Active Offer. However, as with many other examples included in this report, these practices do not appear to have been widely implemented or based on standard policies and procedures across all settings.
- 4.7 There are also examples of systems in place in local authority social care and social services divisions to record the Welsh language needs of service users at the time of referral. However, it is not clear how consistently data of this kind has been collected across all local authority areas or how the data has been used to inform and influence service delivery.

- 4.8 As well as inconsistencies in the level of information collected across Wales relating to the Welsh language preference and needs of service users, stakeholders noted that across most service settings, the extent to which any information that has been gathered has been shared with other services has also been limited and inconsistent. This is due to a lack of compatible systems and processes in place to record and transfer this data (see also sections 4.20–4.24). This is also a conclusion in the Welsh Speakers' Dementia Care report (Alzheimer's Society and Welsh Language Commissioner, 2018), which outlines that even when the language needs and choices of individuals with dementia were recorded by specific services, difficulties arose when transferring this information between services.
- 4.9 A report by the Welsh Language Commissioner in 2019 outlined that there was insufficient data available relating to the Welsh language needs of service users in primary care (Welsh Language Commissioner, 2019). The report includes a recommendation that the Welsh Government, health boards and primary care clusters need to work together to develop ways of assessing the Welsh language needs of the population and use this information to deliver Welsh language services in primary care.

*Recording the Welsh language skills of the workforce*

- 4.10 The *More than just words* follow-on framework recommends that all staff employed by health boards in Wales should be obliged to record their Welsh language skills on the Electronic Staff Record (ESR) system. The ESR records and maps the availability of key skills and competences of staff across the NHS in England and Wales, enabling employers and managers across the sector to utilise these skills to best effect.
- 4.11 When the follow-on strategy was first launched in 2016, the number of workers who had recorded their Welsh language skills on the ESR varied across health boards and trusts in Wales. By 2020, there had been an increase in the proportion of staff who had recorded their Welsh language skills and ability on the system across almost all health boards and trusts – although the level of progress achieved varied (see table 1). Stakeholders noted that this increase in the Welsh language skills recorded was partly

due to the additional online resources available to enable staff to record their own Welsh language skills. However, it would appear from responses offered by stakeholders that the increase could also be attributed to the *More than just words* strategy and the support of Welsh language officers across health boards to encourage and enable staff to register their Welsh language skills level.

**Table 1: Welsh language skills (speaking) completion rates in the ESR**

<b>Health Board / Trust</b>	<b>2018</b>	<b>2020</b>
Aneurin Bevan	17%	34%
Betsi Cadwaladr	84%	89%
Hywel Dda	81%	93%
Powys	74%	69%
Swansea Bay	14%	28%
Public Health Wales	39%	93%
Welsh Ambulance Services Trust	94%	96%

Source: Welsh Government

Data was unavailable at the time of writing for Cardiff & Vale University Health Board, Cwm Cwm Taf Morgannwg University Health Board and Velindre NHS Trust. However, qualitative evidence gathered suggests increases in the proportion recording Welsh language skills on the ESR system within these health boards and trusts.

- 4.12 Challenges in recording the Welsh language skills of some staff remain, however. For example, stakeholders reported that staff access to IT equipment has been limited in some service areas, preventing practitioners from accessing the ESR system to register their skills. Stakeholders also noted that Welsh speaking staff in some settings are reluctant to record their Welsh language skills for fear that they will be allocated additional responsibilities such as translating information from English to Welsh.

- 4.13 Stakeholders noted some examples of ways in which Welsh language skills data available on ESR has been used in some settings, such as when planning rotas to try and ensure that someone with Welsh language skills is available during each shift. Examples were also offered of data recorded on the ESR being presented in bilingual skills strategies to outline areas of Welsh language skills shortages. A stakeholder from one health board noted that outlining identified skills shortages in their bilingual skills strategy led to more Welsh speakers being recruited into some service delivery teams.
- 4.14 One example was also offered of health boards working together to identify specialist practitioners (e.g., speech and language therapists) who had Welsh language skills from ESR data. Arrangements were then made to share these practitioners' time and skills to deliver Welsh language services across more than one health board area.
- 4.15 However, evidence from the stakeholder interviews suggests that use of data on Welsh language skills included on the ESR to inform service delivery and workforce planning has not been widespread. Some stakeholders noted that this may reflect the fact that in many cases the completeness of this data has been limited up until relatively recently and that managers have not yet had enough time to utilise it. However, they noted that it may also reflect the fact that managers and senior personnel across health care settings do not yet know how best to use this data, nor possibly appreciate its relevance in relation to informing their workforce and service delivery plans.
- 4.16 Data on the Welsh language skills of primary care practitioners is less available. For example, a [Welsh Government statistical release on GPs in Wales](#) as at 30 September 2018 includes the number of GPs on the Medical Performers' List who listed Welsh as a language they were able to speak (Welsh Government, 2019c). This information was collected using a simple 'Yes/No' question, rather than grading their level of fluency. The information was also not updated throughout the GPs' tenure and did not necessarily represent the number of GPs who then consulted in Welsh.

- 4.17 A Welsh Government survey of the Welsh language in GP practices undertaken in 2019 provided an overview of the ability of GP practices to deliver services in Welsh and the extent to which they believed they had sufficient Welsh language skills within their workforce to meet the needs of their patients (Welsh Government, 2019b). This survey data offers a snapshot of the general Welsh language capacity available across GP settings. However, it does not provide the detailed data required to develop focussed workforce development plans to address specific areas of Welsh language skill gaps and shortages.
- 4.18 Within the social care sector, data relating to the availability of Welsh language skills across the workforce and on the demand for Welsh language services also appears limited. Some data on Welsh language skills has been gathered at a local authority level as well as at a national level through the Social Care Workforce Development Partnership. Again, this data offers a snapshot profile of the Welsh language skills available across the social care workforce but does not offer the detail required to produce Welsh language development plans tailored to specific areas of the workforce.
- 4.19 Overall, the findings indicate that progress has been made in relation to meeting the *More than just words* data collection objective, although significant data gaps remain – particularly in the primary care sector. Current data collection processes fall short of the theory of change expectation that systems would be put in place across the sector to record data on Welsh language need and the Welsh language capacity available to meet this need. Furthermore, where processes have been in place to record the language preference or need of service users, there is little evidence to suggest that it has been widely used to good effect.

*Systems and digital platforms required to record and share information*

- 4.20 The evaluation also reviewed the extent to which the Welsh language has been mainstreamed into the digital platforms and systems in place across the sector in Wales.
- 4.21 Responsibility for the delivery and support of health and care technology in Wales currently lies with Digital Health and Care Wales, which helps NHS

Wales to produce digital healthcare systems including software, hardware and information sharing support<sup>8</sup>. This includes the introduction of online services for patients and the development of healthcare IT specialists.

- 4.22 Although support for developing Wales-specific systems is available from Digital Health and Care Wales, stakeholders noted that, in their experience, almost all information relating to service users recorded on these systems can only be accessed in English. Some stakeholders were of the view that until systems are developed that enable health and social care practitioners to access information in Welsh or English, English will remain the predominant or default language of the sector.
- 4.23 Reasons cited by some stakeholders as to why the Welsh language had not been further integrated into digital platforms and systems to date included the perceived clinical risk associated with data being incorrectly interpreted when translating from one language to another. Also, although some Wales-specific systems are available, many (particularly NHS) systems are designed on a UK wide level; therefore, incorporating functions that only apply to the bilingual needs of Wales presents challenges.
- 4.24 However, other stakeholders disputed these claims and were of the view that the main reason why the Welsh language has not been fully incorporated into digital platforms and systems across the sector in Wales is that it is not something the Welsh Government and others have considered when commissioning their development and planning their implementation. As such, in the view of these stakeholders, the Welsh language has been considered as a 'bolt on' to systems once they have been developed instead of ensuring that systems are bilingual by design. This links to the leadership requirements associated with Objective 1 of the framework outlined in chapter 3.

'When you ask the [those] who are responsible for digital systems in health and social care, why digital systems are not available in Welsh – it's obvious they don't understand bilingualism or the need for Welsh

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<sup>8</sup> [Digital Health and Care Wales](#) - previously NHS Wales Informatics Service (NWIS) which was established in 2010

language systems and have not even considered accommodating the [Welsh] language in digital systems.’ (stakeholder)

### *Research*

- 4.25 Objective 2 of the *More than just words* follow-on framework document indicates that research should be undertaken in health, social services and social care to strengthen the evidence base demonstrating the link between good-quality care outcomes and care which is sensitive to people’s language needs. This research should also seek to identify effective service delivery interventions.
- 4.26 An assumption of the theory of change is that, in order for research undertaken to influence service delivery interventions that support the Active Offer, the findings would need to be shared widely across the health and social care sector. The evaluation therefore reviewed the type of research that has been produced to date and the extent to which this research has been used to inform service delivery plans.
- 4.27 As part of the desk research and consultations with stakeholders, the evaluation was directed towards a wide range of research documents relating to service providers accommodating the language needs of service users in order to achieve positive care and health outcomes (see section 2.17 for a list of research documents identified). Many of these documents include focussed recommendations on the need to deliver Welsh language services to vulnerable groups. Particular attention has been placed for example on the need to address the language needs of Welsh speakers who have dementia.
- 4.28 These research documents have confirmed the need and importance of providing the Active Offer. In some cases, they have also outlined gaps in the provision of Welsh language services and recommendations as to how to address them: for example, the Welsh Speakers’ Dementia Care report (Alzheimer’s Society and Welsh Language Commissioner, 2018). Stakeholders were of the view that research of this nature has been important both in terms of influencing and informing policy as well as raising awareness amongst practitioners and wider stakeholders of the importance of delivering services in Welsh to those who need it.

- 4.29 Stakeholders noted that although the research documents referred to above evidence the importance of delivering Welsh language services, research on effective service delivery interventions has been limited. Some stakeholders were of the view that most people now understand why delivering the Active Offer is important, but evidence and guidance is still required on how to deliver it effectively.
- 4.30 Examples of practices that have worked well do exist, and many of these have been documented. However, some stakeholders were of the view that these examples have not been shared as widely as they could be. This, in their view, has limited the extent to which these practices could be replicated elsewhere across the sector. Some stakeholders noted that good practice relating to the delivery of the Active Offer should be further celebrated, applauded and shared.
- 4.31 The findings presented above outline that research identifying the need for Welsh language service provision and the Active Offer is available, and in line with the theory of change assumption, has been widely accessible across the sector. The findings also indicate that this research has been used to good effect to influence Welsh language policy across the sector. However, in order for this research to influence practical changes in the way services are delivered, it needs to be accompanied by evidence on effective service delivery interventions and examples of identified good practice.

## 5. Service Planning, Commissioning, Contracting and Workforce Planning

- 5.1 Objective 3 of the *More than just words* follow-on framework indicates that workforce and service delivery planning have a central part to play in increasing Welsh language capacity within the workforce. The theory of change assumes that aims and actions relating to the Welsh language in these plans would be supported and implemented.
- 5.2 The evaluation reviewed the extent to which workforce and service delivery plans include aims relating to increasing the Welsh language capacity of the workforce and increasing the delivery of Welsh language services. The evaluation also reviewed the extent to which these aims have been put into practice.

### *Local service delivery and workforce development plans*

The extent to which the Welsh language and the aims of *More than just words* are included in local service delivery and workforce development plans is outlined in sections 3.18 to 3.22. Findings presented in those sections include that references to *More than just words* aims and the Active Offer feature most prominently within bilingual skills strategies. All health boards and trusts in Wales have developed a bilingual skills strategy, and in most cases, these have been produced as a direct result of the *More than just words* follow-on framework. Some stakeholders noted, however, that in many cases, bilingual skills strategies and other local workforce and service delivery plans include aspirational aims relating to the Welsh language but do not necessarily contain detailed plans relating to how these aspirations should be put into practice. Stakeholders noted that this lack of practical detail has likely been due, at least partly, to the relatively low levels of data available relating to the Welsh language skills capacity of the workforce and the Welsh language needs of service users – see chapter 4. There appears to be a growing recognition of the need to include practical guidance alongside aspirational aims relating to Welsh language services (see also section 3.24). For example, this has prompted one health board to revise its bilingual skills strategy to include more implementable policies – see example 5.

### *Ability to implement plans*

- 5.3 Examples were offered by stakeholders of how the aims included in the bilingual skills strategies have in some cases been reflected in wider human resources (HR) and service delivery practices. However, in their view this was often coincidental, and these practices were unlikely to have been directly influenced by the bilingual skills strategy.
- 5.4 Stakeholders relayed the challenges settings face in implementing Welsh language aims and objectives included in local level plans. Some of the practical challenges noted include a reluctance among some workers to use the Welsh language skills they have (see also section 8.11); a high turnover of staff in 'middle tier' management positions which limits opportunities to establish new policies or practices; as well as a reluctance amongst managers to include Welsh language skills as a requirement within job descriptions, particularly for vacancies that are hard to fill.

'Vacancies across the health board areas remain difficult to fill. Given these recruitment challenges, attracting Welsh language skills is a further challenge on top of that. Therefore, despite the bilingual strategy, Welsh as an essential requirement is never included in job descriptions when recruiting new staff.' (stakeholder)

### **Example 5 – Hywel Dda University Health Board**

Hywel Dda launched its Welsh language policy on 1 March 2021. The policy replaced a bilingual skills strategy that was felt to be rather long and not particularly user friendly. The Welsh language team within the Health Board also felt that having a policy enabled them to focus more on implementable actions rather than aspirational aims. The aim of the revised document is to provide a practical user-friendly document that managers and practitioners can use to guide the Health Board towards its aim of ensuring that 50% of its workforce has at least foundation level Welsh language skills within the next 10 years.

One of the specific actions in the new policy is to include more details relating to the Welsh language skills required within job descriptions for recruitment. The new policy will require managers to add to the binary terms of 'desirable' or 'essential' by providing more detailed descriptions of the Welsh language skills required. For example, job descriptions may note it essential for candidates to have Welsh language skills at level 1 for writing and level 4 for verbal communication – or simply be able to greet people using Welsh terms. The aim is to draw interest from candidates with a wider range of Welsh language skills and ability, and provide clear guidance as to the level of Welsh language skills candidates will be required to use in their day to day job.

- 5.5 Alongside these practical considerations, the theory of change assumes that successful implementation of actions relating to the Welsh language is dependent on the willingness of operational directors and heads of services to support them. As outlined in section 3.10, some stakeholders were of the view that many of the implementation barriers occur at the operational 'middle tier' management level. These stakeholders were of the view that many of the practical implementation challenges could be overcome but middle tier managers across the sector often consider them to be unsurmountable and therefore too difficult to even consider.

'Operational managers across health boards are under a lot of pressure to meet clinical targets and they don't make the link between meeting

these clinical targets and providing Welsh language services.

Focussing on Welsh language needs is often considered a challenge too far when providing a service in English is “good enough” to keep someone alive’. (stakeholder)

- 5.6 This view is supported by the findings of a paper produced at Bangor University, which refers to this middle tier as the ‘meso’ level, with Welsh Government being at the macro level and service users and representative groups being at the micro level (Prys, Hodges and Roberts, 2021). The report concludes that strategic aims and legislation at the macro level and identified needs at a micro level focus on the Welsh language service provision required by service users. However, planning and implementation of Welsh language services is dependent on the meso level. At this level the focus is more on the implications of providing Welsh language services for the practitioners involved than on the service user benefits they support. The paper’s findings reinforce the findings of this evaluation that it is at this meso / middle tier level that continued support is likely to be required to encourage an increase in practices that support the delivery of Welsh language services and the Active Offer.
- 5.7 Some stakeholders noted that challenges in increasing Welsh language service provision were not only based on attitudes and desire. The data shortages, and therefore evidence of need, outlined in chapter 4 has often made it difficult for heads of services to justify allocating resources to delivering Welsh language services, especially when other clinical priorities for which data on need has been available, are competing for these resources.
- 5.8 Some stakeholders were of the view that further progress with regard to implementing policies and actions relating to the Welsh language appears to have been made within social care. We found evidence to suggest there has been more implementation guidance available within this area relating to increasing Welsh language capacity within the workforce and on how to use these skills in practice. This includes the production of the [‘Welsh language skills in your workforce’](#) document (Care Council for Wales (now SCW), 2014). The document, amongst other things, provides social care practitioners with guidance on actions they can take to create and

implement a simple Language Skills Plan. This includes Language Skills Flowcharts for oral and written Welsh that can be used by employers to understand which language skills are needed within their workforce.

- 5.9 The theory of change includes the assumption that time and resources would be committed across the sector to support the implementation of aims relating to the Welsh language included in local health boards' and local authority social services' policy and planning documents.
- 5.10 The most obvious commitment of resources within healthcare has been the appointment of Welsh language officers. Each health board and trust in Wales has appointed a Welsh language officer, and some have gone further and invested in the development of Welsh language divisions to support the language across their settings. The evaluation fieldwork discovered examples of practices and initiatives supported by these Welsh language officers that have strengthened the focus on the Welsh language in line with strategic aims included in local health board policies and plans. These include supporting Welsh language workforce training and including *More than just words* aims within induction sessions for new staff – see also section 8.23.
- 5.11 However, Welsh language officers were of the view that the time and resources available to them to influence health board-wide practices were often limited. As such the initiatives they support have often been limited to specific areas or settings. Some stakeholders were of the view that some health boards may be over-reliant on Welsh language officers to support all of their Welsh language requirements. This, in their view, may reflect beliefs among some senior personnel that appointing a Welsh language officer was all that would be required to meet the requirements included in *More than just words*.

'The health board employs over 14,000 members of staff who work in different departments and locations across [the health board area] – it's impossible for [one Welsh language officer] to contact all these individuals to support them to use more Welsh in the workplace'.  
(stakeholder)

- 5.12 Most stakeholders recognised that financial resources within health and social care are very limited. As such, the perceived financial cost associated with increasing Welsh language provision within any setting has often been an immediate implementation barrier. However, in the view of some stakeholders, the implications, including financial costs, of failing to deliver appropriate care by not providing services in Welsh, has not often been taken into account. Stakeholders noted that Welsh language services can often be provided in a cost-effective manner by reconfiguring existing services or thinking creatively about service delivery.
- 5.13 The findings presented above indicate that the theory of change assumption that aims and objectives relating to the Welsh language in local service delivery and workforce planning documents would be implemented across the sector does not, in most cases, appear to have held true. Although pockets of good practice relating to the implementation of these aims do exist, they have not been implemented in a consistent manner across the sector. The findings also indicate that the assumption in the theory that time and resources would be dedicated to support the delivery of the *More than just words* objectives has held true in respect that all health boards and trusts have appointed Welsh language officers. However, the evidence suggests that there may have been an overdependence or unrealistic expectations placed on these officers as to the changes to Welsh language service delivery they would be able to influence across the sector.

## 6. Promotion and Engagement

### *Visual markers*

- 6.1 Objective 4 of the *More than just words* follow-on framework outlines that in order to further promote the Welsh language, visual markers such as the Working Welsh logo should be used to enable service users to identify staff members who can speak Welsh. The theory of change assumes that all Welsh speaking staff would be willing to display visual markers to identify themselves as a Welsh speaker.
- 6.2 The evaluation reviewed whether frontline, Welsh speaking staff across the sector have been using these visual markers, whether service users recognise the visual markers used, and the extent to which these markers have prompted more use of the Welsh language in service settings.
- 6.3 Stakeholders were of the view that, in the majority of cases, Welsh speaking frontline staff within health and social care settings have been using Working Welsh lanyards as well as other visual markers such as badges and embroidered uniforms, to notify that they can speak Welsh. Most Welsh speaking service users consulted also noted that they had noticed an increase in the use of these visual markers in recent years and this increased their confidence to interact in Welsh with staff members in health and care settings.
- 6.4 Exceptions were reported. Some Welsh language officers noted that a minority of fluent Welsh speaking staff within health boards were reluctant to use visual markers to identify themselves as Welsh speakers. Suggested reasons for some workers' reluctance to identify as a Welsh speaker reflect points discussed in other chapters: concern about being allocated additional responsibilities in section 4.12, and a lack of confidence in using their Welsh language skills and concerns about miscommunication in chapter 8.
- 6.5 Some service users interviewed also noted examples of healthcare practitioners who they knew could speak Welsh not wearing lanyards to promote this. One service user noted an example where a practitioner was wearing a Welsh speaking lanyard but still did not respond to questions asked in Welsh. (See service user examples 1 and 2).

### **Service user experience: example 1**

The following example is based on the experiences of a service user who was receiving routine treatment as an outpatient at his local hospital. At the hospital the nurse spoke English with him and as she did not have a Working Welsh lanyard, the service user assumed that she did not speak Welsh. The service user had always spoken Welsh with his GP and assumed that information about his language preference were included in the records the nurse was reviewing.

When the nurse confirmed the service user's home address, she noted that she was familiar with the area and asked if he spoke Welsh. When he confirmed that he did, the nurse looked surprised and started speaking Welsh with him, and as a result the rest of the consultation was much more relaxed.

### **Service user experience: example 2**

The following example is based on the experiences of a service user during a blood donation session that he routinely attended. The practitioner taking his blood on this day spoke English with him and was not wearing a Working Welsh lanyard. However, the service user noticed the Welsh name on the practitioner's name badge and asked if she spoke Welsh. The practitioner confirmed that she did, and the conversation continued in Welsh. Had the service user not made this connection and enquired, the conversation would have continued in English.

- 6.6 Welsh language officers noted that staff members who were either learning Welsh, new to speaking Welsh or who were less confident in their Welsh language skills were offered a 'Welsh learner' lanyard. Stakeholders noted that many staff members feel more comfortable wearing these visual markers as it invites at least some engagement in Welsh from service users without raising expectations that they can conduct a full conversation in Welsh.
- 6.7 Most service users noted that they were less aware of the Working Welsh visual markers being used in primary care settings, including GP practices,

dentists and opticians. However, these service users also recognised that this may have been because there were fewer Welsh speaking staff in these settings as opposed to less use of the lanyards and other markers by those who were Welsh speakers. A Welsh Government survey of GP practices (2019b), however, indicated that over half of staff in GP practices who could speak Welsh, did not wear a Working Welsh badge or lanyard.

- 6.8 Overall, the evidence suggests that use of the Working Welsh logo may have increased the ability of service users to identify Welsh speaking staff and engage with them in Welsh. The assumption in the theory of change that Welsh speaking staff would be willing to display visual markers identifying them as Welsh speakers appears to hold true in most but not all cases, which is a positive step towards the delivery of the Active Offer.

#### *Sharing good practice*

- 6.9 The *More than just words* follow-on framework document states that, 'in order to support staff to deliver the objectives of this strategic framework, it is important that health professionals can communicate and share good practice'. As noted in section 4.29, good practice examples of support for the Welsh language and delivery of the Active Offer do exist, but they have not been as widely shared as they could be. This in turn has limited opportunities to replicate good practice in other areas.
- 6.10 The theory of change assumes that good practice examples shared across health, social services and social care settings would be used by managers and practitioners to guide and deliver services that meet the Welsh language needs of service users in their settings. Stakeholders noted that achieving this has been dependent on the extent to which managers and practitioners understand how these examples could be replicated in their setting. It has also been partly dependent on the level to which practitioners are enthused and motivated to support and implement similar practices in their setting.
- 6.11 Some stakeholders were of the view that celebrating good practice was one way to encourage more enthusiasm to replicate these examples. They referred to the positive influence of the Welsh Language in Health, Social Services and Social Care Awards in celebrating success and offering an

additional incentive for settings to make further progress towards delivering the Active Offer.

*Promoting the need for Welsh speakers in the future workforce*

6.12 The *More than just words* follow-on framework outlines that ‘Welsh Language Officers (within the NHS in Wales) and Welsh Language Champions (within social services) should become Business Ambassadors with Careers Wales to promote the need for Welsh-speaking staff in the health, social services and social care sectors within schools and further education institutions (FEIs) in Wales’. An assumption of the theory of change is that this should encourage individuals considering a career in health, social services or social care to maintain or develop their Welsh language skills in their continued education and training. This in turn should lead to an increase in the overall Welsh language capacity of new entrants into the health and social care workforce.

6.13 Stakeholders noted that the need for Welsh language skills in health and social care services has not always been obvious to those who do not yet work in the sector because employers have often been reluctant to include Welsh language skills as an essential requirement in job descriptions, especially for job vacancies that are hard to fill (see section 5.5). As a result, individuals considering future employment in the sector do not necessarily view being able to speak Welsh as a strength that will improve their career prospects. Stakeholders were therefore of the view that more could be done to promote the advantages of having Welsh language skills to school pupils considering a future career in the health and social care sector.

‘Young people who may be considering working in health or social care in the future don’t usually think about Welsh language as a skill that could be useful for their career prospects’. (stakeholder)

6.14 Examples were noted by one Welsh language officer of activities they had facilitated in partnership with Careers Wales at local schools to promote the important role that Welsh language skills play in careers in the health sector. No other examples of this nature were offered by Welsh language officers or champions.

- 6.15 Careers Wales representatives noted that they, as an organisation, frequently outline the benefits that Welsh language skills have in career paths within a range of sectors, including health and social care. They also welcomed further opportunities to work with Welsh language officers and champions in the health and care sector to jointly deliver activities in schools and colleges that promote careers in this sector that require or benefit from having Welsh language skills.
- 6.16 Examples were also offered of modules and sessions recently introduced by FEIs and higher education institutions (HEIs) to their health and care courses that introduce students to the Active Offer and therefore promote the need for more Welsh speakers in the sector. This is discussed in further detail in chapter 7 – Professional Education.
- 6.17 Overall, the findings indicate that good progress has been achieved in relation to encouraging more use of the Welsh language across settings through the use of visual markers. However, more could be done to share examples of good practice and encourage these examples to be replicated in other areas of the sector. More could also be done to promote to learners in schools and colleges the opportunities that exist to use Welsh language skills in health, social care and social service careers.

## 7. Professional Education

- 7.1 Objective 5 of the *More than just words* follow-on framework notes that ‘in order for the health, social services and social care workforce to be capable of delivering the Active Offer... Investing in the workforce of the future, through strategic planning and responsive resource allocation in pre-registration education will establish capacity to deliver services where they are needed most’.
- 7.2 The evaluation reviewed the extent to which the Welsh Government and HEIW have increased the provision of Welsh or bilingual further and higher education courses and training programmes in health and social care since *More than just words* was launched in 2016.<sup>9</sup>
- 7.3 The theory of change assumes that take up of this provision would be dependent on students recognising the need for Welsh language skills in the sector and therefore the relevance of enrolling on health or social care courses delivered bilingually or through the medium of Welsh. It further assumes that take up of Welsh language provision would lead to an increase in the Welsh language skills of the future workforce. The chapter discusses findings on the take up of these courses from the perspectives of stakeholders and students.
- 7.4 The evaluation found significant progress since 2016 in the provision of new Welsh language courses as well as in the focus placed on the Active Offer within existing courses. There has been a large increase in the level of investment made by Coleg Cymraeg Cenedlaethol over the last decade to support the availability of Welsh language and bilingual higher education courses and modules in health and social care. This increased from very little investment in these courses when Coleg Cymraeg Cenedlaethol’s first lecturing staff were appointed in 2011, to almost 20 per cent of their investment in all courses in 2019.
- 7.5 Investment grants have been available to support Welsh language provision in nursing courses since 2011. In recent years new areas have also

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<sup>9</sup> HEIW was established on 1 October 2018, and has a leading role in the education, training and development of the healthcare workforce in Wales.

received grants to develop their Welsh-medium provision, including midwifery, pharmacy, paramedical science and dentistry.

- 7.6 Some stakeholders were of the view that by highlighting the need for an increase in the provision of Welsh language courses in health and social care, *More than just words* has encouraged the increased investment made in these higher education courses during recent years. However, other stakeholders were of the view that Coleg Cymraeg Cenedlaethol's increased investment to support this provision would have taken place regardless of *More than just words*.
- 7.7 A new 10-year contract issued by HEIW to HEIs that deliver courses in health and care requires providers to demonstrate that each course contains an hour-long session each year to raise student awareness of the importance of the Welsh language in delivering healthcare services. Under the new contract, each course must also include an annual test of students' ability to use basic Welsh terms and greetings. These new contractual requirements directly reflect the aims of *More than just words* as well as requirements of the Welsh Language Standards. Stakeholders were of the view that the new HEIW contractual requirements were necessary to ensure that education providers placed a greater focus on the Welsh language in the courses they deliver.
- 7.8 Delivery of courses under this new contract have not yet begun. However, by 2024, the first cohort of students will have graduated and all of them should have an understanding of the importance of the Welsh language in healthcare as well as at least a basic ability to use some Welsh terms. One student nurse noted that she and others studying her course had already received a session introducing the importance of the Welsh language and the Active Offer even though the contractual requirements placed upon her course provider had not begun yet – see student experience SE1. She reported that it was these sessions that made her realise how important Welsh language provision is.

### **Student experience: SE1**

SE1 was a first year student studying an adult nursing course in South Wales. SE1 was not originally from Wales and did not speak Welsh but planned to work in Wales after qualifying in 2023. Before starting the course SE1 was not aware that there were so many people that spoke Welsh.

'I was aware that people spoke the language but assumed that everyone's first language was English, and that Welsh was only used in certain situations - a bit like Latin'.

Part of SE1's first year course included a session on the importance of delivering services in Welsh, particularly for older and vulnerable patients. The session also referred to the Active Offer. It was only after this session that SE1 realised how important speaking Welsh was to some patients.

SE1 had also been on a work placement in a local hospital and noticed that the language preference of patients was recorded during their initial assessment. SE1 realised the importance of doing this.

SE1 had not had time to learn Welsh yet, but learning some basic Welsh was something SE1 aimed to do before starting a nursing career in Wales.

- 7.9 One student noted that some of the modules in their course were delivered bilingually in Welsh and English to groups of students comprising of both Welsh and non-Welsh speakers. In their view this encouraged further support for the Welsh language amongst non-Welsh speaking students – see student experience SE2.

### **Student Experience: SE2**

SE2 was a third-year student studying a nursing degree course at Bangor University. As SE2 had completed A Levels in Welsh, they looked into options for studying a nursing course in Welsh. SE2 considered various institutions but was not sure how much of the course delivered at some universities was available in Welsh. Since Bangor University was offering most of the nursing course in Welsh (up to 60 per cent), SE2 chose to study there.

SE2 noted that most but not all lectures within the Welsh modules had been delivered bilingually. Some lectures had been held in English, with bilingual slides. These lectures were often delivered to groups of students, some of whom were Welsh speakers and others non-Welsh speakers. In SE2's view, the use of some Welsh in lectures was beneficial for non-Welsh speakers on the course as it raised their awareness that Welsh is a language that is used in everyday situations and encouraged non-Welsh speakers to develop some Welsh language skills.

SE2 was of the view that there is a tangible value to having bilingual skills in the nursing profession:

'My ability to speak with patients in Welsh or English is among the most important things I can offer as a nurse to those I care for'

In the student experience examples included within this report, plural rather than singular pronouns are used in order to protect the anonymity of the students interviewed.

- 7.10 Some healthcare practitioners and Welsh language officers noted that they had already seen increased awareness amongst new recruits of the Active Offer and the need to deliver services in Welsh. They also noted that this awareness has been reinforced during induction sessions attended by all new recruits – see also chapter 8.
- 7.11 Despite progress, there is evidence of gaps in the availability of Welsh language courses in some health and social care subjects. A report on the Welsh language in primary care services (Culture, Welsh Language and

Communications Committee, 2019) indicated that training pathways were insufficient to create a bilingual workforce, particularly in areas such as dentistry, optometry and health visiting. A stakeholder also noted gaps in Welsh language provision in psychology courses, limiting the availability of qualified Welsh speaking practitioners to support those with mental illness.

- 7.12 Although the availability of Welsh language health and social care courses and modules appears to have increased since 2016, some stakeholders reported that demand for them has not necessarily increased to the same extent. In order to encourage greater take-up, Coleg Cymraeg Cenedlaethol has introduced a scholarship for students taking up Welsh language modules in some health and social care courses. This has encouraged some students who may not otherwise have studied in Welsh to do so – see student experience SE3.
- 7.13 Some stakeholders noted that a lower than expected take up of modules delivered in Welsh in some courses may have been due to students not being aware that courses delivered in Welsh are available. Other students may have been deterred from enrolling onto courses delivered in Welsh because they lacked confidence in their Welsh language skills and ability. However, as noted in student experience SE4, some HEIs have offered students voluntary Welsh language improvement sessions to support their ability and confidence to study all or part of their course in Welsh.

### Student Experience: SE3

SE3 was a third-year degree student studying mental health nursing. A third of SE3's course (40 out of 120 credits) was delivered in Welsh. SE3 had also been allocated to a work experience setting where they would be supported by a Welsh speaking mentor. SE3's decision to study a percentage of the course in Welsh was predominantly driven by the availability of the Coleg Cymraeg Cenedlaethol scholarship.

'The scholarship was a big incentive for me to study some modules in Welsh. I speak Welsh but I find academic Welsh a lot more difficult. The essays take me a lot longer to write as I find the grammar a lot more difficult. I don't think I would have taken up modules delivered in the Welsh language had it not been for the scholarship.'

SE3 was aware of the Active Offer but in their view, this did not appear to be 'part of the way of working' within the mental health settings they had previously worked in. SE3 believed that the success of *More than just words* was largely dependent on whether the managers within services were able to speak Welsh – SE3 noticed a big difference in the emphasis placed on the Welsh language in settings led by a Welsh language manager.

SE3 had a particular interest in working in mental health services that support people with substance misuse problems. However, SE3 did not think there was much demand for Welsh language skills in this area of work. SE3 did think that it was important for patients to have the choice to communicate in Welsh. In their view, the ability to speak Welsh with service users was more important than being able to complete academic essays in Welsh.

After graduating, SE3 planned to start applying for jobs, but expected that most would only offer six-month contracts. SE3 noted that most graduates need to take up jobs where they can find one, wherever this may be – possibly outside Wales. As a result, it may not always be possible for graduates such as SE3 to use their Welsh language skills in the setting where they end up.

### Student Experience: SE4

SE4 was a first-year student studying for an adult nursing degree. Before applying for the course, SE4 was not aware that courses offering some modules in Welsh were available and was therefore pleasantly surprised to find a course where up to 40 per cent of the course was available in Welsh.

Despite being a fluent Welsh speaker, SE4 was concerned that their Welsh language skills would not be good enough to study a course at this level in Welsh. As part of the course, SE4 was able to access a Welsh language improvement session which, in their view, was a great benefit and helped them to develop more confidence to use the language in more formal settings.

‘The main advantage of studying elements of the course in Welsh is to be able to understand and use Welsh medical terminology. This has been of great benefit while I was on placement and dealing with other Welsh-speaking staff and patients.’

SE4 believed that there was a demand for Welsh language skills in adult nursing, but that this varied from setting to setting. SE4 noticed during work placements in hospitals the clear benefits of being able to communicate in Welsh. For example, some of the older patients would ask in Welsh ‘what did he say?’ when a doctor explained something in English. SE4 believed that it was extremely important that as a nurse they could explain to patients any aspects of a doctor's feedback that had not been understood. This had particularly been the case during the COVID-19 period, when patients did not have relatives with them on the ward to explain what the medical staff had said.

- 7.14 Some stakeholders also noted that a lower than expected take-up of Welsh language courses and modules may have reflected a general trend in recent years of students from Welsh-medium schools undertaking their higher education studies outside of Wales, where Welsh language provision is not available. A primary care training report (Welsh Language Commissioner, 2019) outlines that the number of prospective students who

had attended Welsh-medium schools who chose to study at universities outside Wales increased from 33 per cent in 2011 to 42 per cent in 2015.

7.15 Stakeholders reported that demand for courses delivered in Welsh may also have been lower because, as noted in section 6.13, students may not always recognise the need for Welsh language skills to support their career within the sector. This suggests that an assumption implicit in Objective 5, and reinforced in the theory of change (see section 7.3), that students would recognise the need for Welsh language skills and therefore the relevance of enrolling on health or social care courses delivered bilingually or in Welsh, may not have held true over this period. This adds further weight to the suggestion that more needs to be done to raise young people's awareness of the advantages of having Welsh language skills in careers within the sector, and therefore the advantages of studying courses or modules delivered in Welsh.

7.16 Overall, the evidence indicates that significant progress has been made in the provision of new Welsh language courses and in the focus placed on the Active Offer within existing courses. However, they also indicate that the progress in provision may not have been accompanied by a similar increase in the demand for Welsh language courses. The findings suggest that incentives, such as scholarships, have encouraged some students to take up Welsh or bilingual courses. They also indicate that the delivery of Welsh and bilingual courses and modules, as well as sessions on the Welsh language and the Active Offer in English courses, have increased the awareness of some students of the importance of the Welsh language in health and social care.

## 8. Welsh in the Workplace

- 8.1 Objective 6 of the *More than just words* follow-on framework document outlines that, 'in order to achieve the framework's aims, NHS Wales and social services departments should develop an effective recruitment and retention strategy to ensure that staff teams have the capacity to provide services through the medium of Welsh'. Objective 6 also outlines the importance of developing Welsh language skills within the workforce through the provision of language training opportunities and other resources to improve staff confidence in providing care in Welsh and delivering the Active Offer.
- 8.2 This is reflected in the theory of change, which stipulates that a clear focus on the Welsh language would be needed within local workforce development, training, recruitment, induction, and service delivery plans and actions to achieve the aims of *More than just words*. The theory assumes that the Welsh language focus within these plans and actions would be informed by data relating to the Welsh language skills of the workforce and Welsh language needs of service users. The theory of change also assumes that current members of the workforce would take up training to improve their Welsh language skills as part of their continued professional development.
- 8.3 The evaluation reviewed the extent to which settings across the sector have developed recruitment and training plans, policies and practices that focus on increasing Welsh language capacity and use in the workplace.

### *Upskilling the current workforce*

- 8.4 Stakeholders referred to various examples of Welsh language training offered to, and taken up by, members of the workforce. These ranged from training offered to all interested staff members delivered by a dedicated Welsh language tutor in one health board, to staff members being directed to local Welsh language training courses and online training resources in other health boards. A number of Welsh language officers noted that they had signposted staff who were interested in learning Welsh to free online

Welsh language training resources, tailored for workers in the health and care sector, available through Work Welsh.<sup>10</sup>

- 8.5 Most examples of Welsh language training offered across health and social care settings in recent years appear to have been aimed at those who were learning Welsh either at an entry or foundation level. Fewer examples were offered of training aimed at those with intermediate or higher-level skills. However, some stakeholders noted that it is workers with intermediate or higher-level Welsh language skills who are most likely to use these skills in the workplace if they have the confidence and opportunity to do so – see also section 8.10.
- 8.6 The general approach to Welsh language training and support within healthcare settings appears to have been based around gentle encouragement. According to Welsh language officers, this approach has worked well in many cases and is widely considered by stakeholders to be the most appropriate approach, given the high level of work pressure already placed on many healthcare workers. However, this approach does not reflect the targeted Welsh language training that some stakeholders noted would be required in order to achieve significant increases in the Welsh language capacity of the current workforce. Nor does this approach appear to reflect the assumption in the theory of change that Welsh language skills improvement training would be included within continued professional development plans across the workforce. However, the availability of data relating to Welsh skills capacity and gaps within the workforce to inform the development of more targeted training approaches such as these has been limited – see section 4.19.
- 8.7 In the social care sector, SCW worked with the National Centre for Learning Welsh in 2018-19 to introduce more focussed training through the Work Welsh pilot programme. The aim was to increase the number of care workers who could work through the medium of Welsh – see example 6.
- 8.8 Stakeholders noted that although initiatives such as the one in example 6 encouraged workers to take up Welsh language training, some social care

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<sup>10</sup> [Work Welsh](#) is a programme designed to strengthen Welsh language skills in the workplace. The scheme is funded by Welsh Government and has been developed by the National Centre for Learning Welsh.

workers found it difficult to find the time to attend face to face courses. Stakeholders reported that some social care workers were also reluctant to participate in any training, including Welsh language training, out of fear about the academic expectations that may be linked to it. It was further noted that some care home employers were reluctant to offer Welsh language training to their staff because, in their view, it is often difficult to retain staff who have Welsh language skills.

'Carers who have Welsh language skills can often find work in other sectors that offer higher salaries - so it can be difficult to hang on to them.' (stakeholder, referring to Welsh language skills in care homes)

- 8.9 Some stakeholders noted that in order to encourage more workers in the social care sector to take up the Welsh language training offered, further efforts similar to those outlined in section 8.22 are required to make workers aware of the positive difference learning and using Welsh can make to the service they deliver to Welsh speakers in their care.

### **Example 6. Work Welsh in the Social Care Sector**

Since 2016, the National Centre for Learning Welsh's Work Welsh scheme has offered opportunities for workers in Wales to improve their Welsh language skills and their confidence to use the language in their workplace.

During 2018-19, the Centre worked with SCW to develop a sector-specific scheme for the social care workforce. The scheme aimed to increase the number of care workers able to work through the medium of Welsh by providing training to enable them to improve their language skills. The objective was to improve the standard of services for those receiving care and support, and contribute towards the vision set out in *More than just words*.

The scheme included a Welsh language level assessment to identify the learning needs of the workforce, a sector-specific online course with a workforce promotion plan, and a structure to pilot intensive learning over an extended period following various learning models.

Some of SCW's work has been driven by the Welsh Government's Dementia Action Plan 2018-22 (2018c). SCW has close links with the Dementia Oversight of Implementation and Impact Group. As such, the organisation committed to ensuring that workers caring for people living with dementia engaged in the 2019-20 Work Welsh scheme.

SCW collected feedback on the impact of the scheme on learners. Before participating in the scheme, most learners had said their ability to use the Welsh language in the workplace was limited. Following their participation, learners reported their confidence to use the language had increased and that they would:

- practice their Welsh with colleagues
- answer the phone in Welsh
- speak with patients in Welsh
- use incidental Welsh every day.

### *Using Welsh language skills in the workplace*

- 8.10 Encouraging and supporting workers to develop and improve their Welsh language skills does not by itself ensure an increase in the use of Welsh in the workplace. Stakeholders were of the view that there are many workers across the health and social care sector who can speak Welsh but do not use the language in their day to day work. For these workers, it is not necessarily support to further develop their Welsh language skills that is required, but encouragement and support to use the skills they already have.
- 8.11 Stakeholders reported that much of the reluctance among workers to use their Welsh language skills in the workplace stems from a lack of confidence as well as concerns that their Welsh language skills may not be good enough. Some of the reluctance is also based on fears that they may misinterpret clinical information shared in Welsh, which could lead to serious consequences. However, some stakeholders noted that not being able to provide clinical information in Welsh could in some cases also lead to miscommunication, which could lead to equally serious consequences.
- 8.12 Stakeholders reported that some medical practitioners fear that starting a conversation in Welsh will lead patients to expect all aspects of their consultation to be conducted in Welsh. Some practitioners therefore hide their Welsh language skills in order to avoid raising expectations that they do not feel they can meet.

‘When considering speaking Welsh with patients, the first reaction from many healthcare practitioners is panic and to say “but I don’t know the medical terms in Welsh – I might get it wrong”’. (stakeholder)

- 8.13 Stakeholders also noted that some individuals within the sector (particularly in the health sector) consider English to be the ‘professional’ language of the workplace and should therefore be the main, if not the only, language used in clinical situations.

‘When it comes to medical or technical conversations, English often becomes the norm... English is considered the professional language and therefore the language of status.’ (stakeholder)

- 8.14 Some stakeholders noted that in order to encourage workers to use the Welsh language skills they have, further efforts are required to dispel some of the 'myths' noted above that 'stoke up fears and concerns' about using Welsh in the workplace. These stakeholders were of the view that settings also need to create an environment where workers feel comfortable using at least some Welsh without being concerned that they will be criticised or judged about the standard or quality of their language skills.
- 8.15 Even using some Welsh can make a big difference to service users. Some service users noted that for them, just being greeted in Welsh could make them and their relatives feel more at ease - see service user experience examples 3 and 4 below. This may be a point that needs to be further emphasised across the workforce.

### **Service user experience: example 3**

The following example is based on the experience of a service user accessing her local GP service. The service user noted that one of the GPs at her local practice could speak Welsh and as such she would make a point of speaking Welsh with the GP when visiting the practice. However, the service user noted that it was clear that the doctor did not feel entirely comfortable speaking Welsh back with her. The service user assumed that this was due to the doctor's lack of confidence in speaking Welsh. The doctor often apologised for his Welsh noting that he only had 'West Wales Welsh', as if this was somehow inferior. The service user noted that in her view, how well the doctor spoke Welsh was not important; the fact that he spoke Welsh at all was what made her feel more at ease.

#### **Service user experience: example 4**

The following example is based on the experiences of a service user whose uncle had been cared for in a care home a few years ago. Some of the staff at the home spoke Welsh while others did not. The service user's uncle had dementia and even though he could understand both Welsh and English it had become apparent that because of his condition he was becoming increasingly tense and agitated when care staff engaged with him in English instead of Welsh. The service user noted that her uncle did not need everyone to have long conversations with him in Welsh. Simple things like asking him in Welsh if he was ok were all that was required – 'anyone could learn to do that'.

'Even if they [care home staff] could just ask him in Welsh if he wanted a cup of tea – that would have made a world of difference – but they didn't make the effort to even do this.'

- 8.16 The theory of change assumes that Welsh language skills training delivered to staff would include activities aimed at encouraging and enabling Welsh speakers to have the confidence needed to use their language skills in the workplace.
- 8.17 Some examples were noted of groups and networks that had been established in some settings to encourage workers to speak Welsh with each other in an informal environment – for example during coffee or lunch breaks. These informal group sessions were often facilitated by a Welsh language officer and aimed at workers who could speak some Welsh but lacked the confidence to use the language in the workplace. The intention was that using more Welsh informally with colleagues would increase their confidence to apply these skills in their work.
- 8.18 Welsh language officers noted that informal groups such as these were often popular amongst practitioners, although finding a mutually convenient time to meet has, in the past, been challenging. These challenges were further amplified during the COVID-19 pandemic as opportunities for workers to meet in groups of any kind to participate in any form of learning were limited.

8.19 Welsh language officers and champions have also encouraged workers to use more of their Welsh language skills by raising their awareness of the importance of Welsh language provision and the need to deliver the Active Offer. This has been done by presenting workers with written examples and videos outlining the positive impact that offering Welsh language services has made to the health and wellbeing outcomes of Welsh speaking service users – see also sections 8.22–8.23 on induction.

#### *Recruitment and induction*

8.20 Chapter 5 refers to an example where progress has been made in practices to recruit more staff with Welsh language skills for some posts within healthcare settings (see example 5). Section 5.5 also notes a continued reluctance to include Welsh language skills as a requirement within job descriptions, particularly for hard to fill vacancies.

8.21 However, some stakeholders noted examples where colleagues within the health and social care sector had been pleasantly surprised by the number and quality of candidates who had applied for jobs that included Welsh language skills as a requirement within the job description. In the view of these stakeholders, examples of positive recruitment outcomes should be shared widely across the sector, in order to challenge what they considered in many cases to be ‘unnecessary concerns’ about including Welsh language skills as a requirement when recruiting.

8.22 Although progress in implementing processes aimed specifically at recruiting more staff with Welsh language skills into the workforce appears limited in many areas of the sector, further progress appears to have been made in raising awareness of the importance of Welsh language services amongst new recruits. Welsh language officers noted that the aims of *More than just words* and the Active Offer are introduced to all new staff as part of their induction process. During induction sessions, new recruits are shown short video clips and other information that demonstrate how providing services in Welsh can support positive healthcare outcomes for many service users. According to Welsh language officers, practical examples of this nature have resonated positively with most new recruits in all types of posts.

- 8.23 Stakeholders reported that new recruits within local health boards are also frequently offered information as part of their induction packs about Welsh language training opportunities, as well as guides that include Welsh terms they can use in the workplace. Opportunities to deliver induction sessions had been limited as a result of COVID-19 restrictions. However, Welsh language officers noted that ensuring all new recruits are made aware of the need to deliver Welsh language services remains one of their key intentions.
- 8.24 In relation to increasing the use of Welsh across the sector, the findings presented above indicate that progress has been made in the availability and take up of Welsh language training aimed at workers who are new to Welsh. Progress has also been made in relation to raising the awareness of workers, particularly new recruits, of the need for Welsh language services and the Active Offer. There was less evidence to support the theory of change assumption that training and other workforce development practices would encourage more Welsh speakers to use their language skills in the workplace. Also, only a few examples were available of the introduction of practices to recruit more Welsh language skills into the sector.

## 9. Regulation and Inspection

9.1 The *More than just words* follow-on framework notes that the role of the inspectorates is vital in assessing whether services deliver the principles of the Active Offer and in identifying whether service users receive 'linguistically appropriate care.'

9.2 An assumption of the theory of change is that health, social services and social care settings would be regularly held to account in relation to the progress they make towards increasing the Welsh language capacity of their workforce and in their delivery of Welsh language services.

9.3 The evaluation reviewed the extent to which progress against the aims of *More than just words* has been assessed, the extent to which services have been held to account in relation to progress towards delivering the Active Offer and who has held them to account.

### *Health Inspectorate Wales (HIW)*

9.4 HIW inspects all types of NHS settings in Wales, including hospitals, GP practices, NHS dentists as well as many independent health settings. As part of this role, the inspectorate checks that Welsh language services are provided by healthcare services<sup>11</sup>.

9.5 The evaluation evidence gathered indicates that HIW inspections prioritise investigating the clinical standards of the settings they visit. Although the use of the Welsh language is a clinical consideration, the extent to which HIW can inspect how settings use the Welsh language has often been limited to reviewing the extent to which Welsh language signage and information is in place as well as the extent to which lanyards to identify Welsh speaking members of staff are used. The evidence also indicates that feedback from service users relating to whether they can access services in Welsh is captured in service user questionnaires which HIW occasionally distribute.

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<sup>11</sup> [Healthcare Inspectorate Wales Welsh Language Statement](#)

### *Care Inspectorate Wales (CIW)*

- 9.6 CIW regulates and inspects services and settings that range from child minders to homes for older people. As part of its remit, CIW reviews and reports on whether an Active Offer is made to service users and inspects care settings on the extent to which they use Welsh in signage and public information displays and adhere to the aims of *More than just words*<sup>12</sup>.
- 9.7 The evidence gathered indicates that ensuring that staff have training and induction guidance relating to the Active Offer is a priority for CIW. CIW also has Welsh speaking inspectors available who can focus on these points during visits to settings. However, reviewing progress achieved in relation to the Welsh language is one of a wide range of other inspection priorities undertaken by CIW.
- 9.8 One stakeholder noted that in some cases, the guidance offered to care homes by SCW regarding areas that should be prioritised in order to achieve the *More than just words* aims has differed from the areas prioritised within inspections by CIW when reviewing the progress made in relation to the same aims. This has in some cases caused confusion and frustration for the care settings in question. In response, SCW and CIW have been working together to ensure that a consistent approach is adopted by both organisations.
- 9.9 Some stakeholders noted that assessing the progress of health and social care settings against the aims of *More than just words* was not, and should not, solely be the responsibility of CIW and HIW. Instead, it was noted that leaders within health and social care settings should be accountable for their own progress. However, the evaluation found little evidence to suggest that leaders within settings across the sector have to date held themselves to account in this way.

### *Reporting on progress*

- 9.10 Welsh language officers and champions have been required to periodically report to the Welsh Government on progress against the *More than just words* aims. However, in the view of some Welsh language officers, the

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<sup>12</sup> Care Inspectorate Wales – [More than just words: action plan for Welsh Language in Health, Social Services and Social Care](#)

information they have been required to report on each time has been based around the same general themes; as a result, the information they provide has often been repetitive and vague. In addition, some Welsh language officers noted that they have not always received feedback on the progress they report or the way they report it. These Welsh language officers noted that a lack of feedback, alongside the knowledge that there were no real consequences to not achieving the *More than just words* aims, has at times created a disincentive to thoroughly report on progress.

- 9.11 The Welsh Language in Health and Social Services Partnership Board established and chaired by the Welsh Government is made up of representatives of many professional bodies. The Partnership Board has played an important and influential role in analysing and scrutinising progress in relation to the aims of *More than just words*. However, the Partnership Board has had no formal powers with which to hold services to account in relation to progress achieved against these aims.

*More than just words forums*

- 9.12 *More than just words* forums have been established in several areas of Wales; however, the North Wales forum appears to have been the most active and attended. The forum is made up of representatives from health, social services and social care across North Wales. It also includes representatives from the education sector as well as the Welsh Government. The aim of the forum has been to encourage collaboration and support across all relevant institutions and settings in North Wales in order to fulfil the requirements of *More than just words*. Members reported that the forum recognised that not all geographical areas across North Wales were starting from the same point in relation to achieving the aims of *More than just words*. As such, one of its fundamental aims has been to enable services to learn from each other and share good practice.
- 9.13 The forum has not held any services to account in relation to their progress against the aims of *More than just words*. However, collective achievement targets have been set, and members have reported on their progress against these targets during forum meetings. Some forum members noted that the process of regularly meeting with other organisations and reporting

on progress, has encouraged greater self-accountability for progress in a supportive environment.

#### *Welsh Language Standards*

- 9.14 In March 2016 the Welsh Language Standards came into force for social care and social services in Wales. In June 2019 the standards came into force for NHS organisations. As a result, health, social services and social care settings now have a statutory obligation to meet the standards set by the Welsh Language Commissioner. The Welsh Language Commissioner can undertake statutory investigations into suspected failures to comply with the standards, and the Commissioner can require relevant persons to comply with the standards or ultimately impose a civil penalty.
- 9.15 Some stakeholders questioned the need for the *More than just words* strategic framework now that the standards are in place to hold organisations to account in relation to delivering services in Welsh. However, the standards set out the *legal* framework with which health and social care organisations must comply; *More than just words* sets out a *strategic* framework outlining what health and social care organisations need to do in order to strengthen Welsh language provision and achieve the principles of the Active Offer. Most stakeholders therefore appreciated that they play different, but complementing, roles in achieving the same aim of increasing Welsh language services in health and social care. As such, most stakeholders were of the view that the sector needs both.

‘If we use *More than just words* as the lens through which we view the Welsh Language Standards, then the importance of the standards become clearer.’ (stakeholder)

#### *More than just words accountability in independent primary care settings*

- 9.16 The aims of *More than just words* relate to all health, social care and social services in Wales. Stakeholders were of the view that in many cases, *More than just words*’ impact on Welsh language service provision has been strengthened by the statutory influence of the Welsh Language Standards. However, independent primary care settings (e.g. GP practices, dental practices and opticians) are currently exempt from the standards, even

though it is through primary care that most individuals come into contact with health and care services in Wales.

- 9.17 One stakeholder noted that without the statutory power of the standards, it has often been challenging to encourage GP practices to prioritise achieving the aims of *More than just words*. A 2019 survey of the Welsh language in GP practices indicated that most practices were not aware of the Active Offer (58 per cent) and less than one in five (19 per cent) were aware of it and had made at least some effort to partly implement it (Welsh Government, 2019). This suggests that *More than just words* still has a particularly important role to play in raising awareness of the need to deliver Welsh language services and actions that support delivery of the Active Offer amongst GP practices.
- 9.18 The findings presented above indicate that the extent to which services have been held to account on their progress towards achieving the *More than just words* objectives, has often been limited and inconsistent. However, the Welsh Language Standards have introduced greater accountability. Although this accountability does not relate directly to *More than just words*, by complying with the requirements of the standards, services also achieve many of the aims included in *More than just words*. The standards, therefore, have indirectly provided the continued accountability that is assumed to be necessary within the theory of change.

## 10. Service users' views on the availability of Welsh language services

10.1 At the core of the *More than just words* follow-on framework and the Active Offer is the aim to meet the Welsh language needs of health, social care and social service users. This chapter presents views expressed by service users as to the extent to which they felt Welsh language services were available to them and the difference this made to the quality of the health and care services they received. The findings are presented around three main areas of service delivery:

- Initial contact with services - the availability of a Welsh language service when making an appointment with a service provider or during initial contact with the reception staff at service settings
- Receiving written and online information in Welsh - the availability of information and correspondence in Welsh
- The Active Offer - the availability and provision of Welsh language services without having to ask for it.

### *Initial contact with services*

10.2 For many service users, the most frequent initial contact they had with health and social services was with reception teams in primary care settings. Some service users interviewed as part of this evaluation, mainly those located in predominantly Welsh speaking areas of Wales, noted that their first contact with reception staff in primary care settings was usually in Welsh. However, service users located in other areas noted few, if any, opportunities to speak with reception staff in primary care settings in Welsh.

10.3 A survey conducted by Cymdeithas yr Iaith Health Sub-Group (2020) found that almost half of the respondents (48 per cent) were unable to receive any provision in Welsh – not even a Welsh greeting from reception staff – when contacting their local GP practice.<sup>13</sup> A 2019 survey of the Welsh Language in GP practices noted that most GP practices in Wales (86 per cent) did not

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<sup>13</sup> It should be noted that these findings are based on a relatively small sample, and not representative of all service users.

have a policy as to which language(s) staff should use when answering the phone (Welsh Government, 2019).

- 10.4 Two service users from South Wales noted that they had recently been pleasantly surprised that the automated telephone message for their GP surgery offered an option to receive recorded information in Welsh or English. However, even in these cases, the receptionist they eventually reached did not speak Welsh.
- 10.5 Some service users noted that they were familiar with the reception staff at the primary and / or social care settings they accessed on a regular basis. Service users therefore knew which receptionists spoke Welsh and the Welsh speaking receptionists knew who the Welsh speaking service users were. As such, interaction with reception staff in Welsh was automatic.
- 10.6 However, service users noted that they were usually unsure whether or not reception staff within hospital settings could speak Welsh, especially when contacting by phone. Service users noted that unless they were greeted by hospital reception staff in Welsh or in the case of face to face contact, the staff member was wearing the Working Welsh lanyard or badge, they would assume that the staff member could not speak Welsh. In these cases, service users felt obliged to start and continue their conversation with reception staff in English, even if the staff member could speak Welsh.
- 10.7 Most service users noted that they did not expect to be able to access all services in Welsh. However, many were also of the view that it would be relatively easy for reception staff to use Welsh greetings with all service users, even if they could not continue the conversation in Welsh. This in itself, in their view, would be positive progress towards normalising the use of Welsh.
- ‘If more staff could greet in Welsh, or could even say simple words in Welsh that would make a big difference – everyone should be able to achieve at least that.’ (service user)
- 10.8 Chapter 6 notes that visual markers to identify Welsh speaking staff had helped service users identify those they could interact with in Welsh in health and care settings. However, they were not necessarily used by all staff members.

*Receiving printed and online information in Welsh*

- 10.9 Service users interviewed noted that the availability of bilingual information differed across services. One service user with cancer noted that most of the general letters and information he had received from hospital and other medical and social services during his cancer experience had been provided bilingually. However, he also noted that specific information relating to his condition was often only available in English – see service user example 5. Some stakeholders noted, however, that positive steps had been made in relation to producing more bilingual information, and examples were offered of some health boards increasing their investment in translation services.
- 10.10 Most service users noted that they received appointment letters from hospitals in Welsh and English, although this was not necessarily the case for appointments with primary care services.
- 10.11 Some service users noted that they were only offered registration forms written in English when initially accessing services. Also, some service users noted that even where a registration form asked for their language preference, this was not necessarily acknowledged in the service they subsequently received – see service user examples 6 and 12.
- 10.12 One service user noted that although Welsh and English registration and consent forms were available at a setting they attended, they were often only offered English versions of these forms. They found this frustrating and, in their view, it demonstrated the low priority given to Welsh in some healthcare settings.

‘I attended the hospital a couple of years ago to have surgery [...]. I was given a consent form to complete before undertaking the procedure. I asked for a Welsh version – which I was sure they had, but the member of staff there said, “I haven't got time for that.”’  
(service user)

### **Service user experience: – example 5**

The following example reflects the experiences of a service user who was living with cancer and had undergone several procedures and received various treatments from a range of services. In most cases the information he received from these service providers had been provided in Welsh as well as English, which pleasantly surprised him.

When the service user received specialist treatment at the cancer unit, he was offered various information leaflets relating to his specific type of cancer. However, this information was only available in English. When he asked why the information was not available in Welsh, he was told that the information leaflets were produced in England and therefore no Welsh versions were produced.

The service user was also told by staff at the cancer unit that the words and medical terms used in the information documents were complex and therefore very difficult to translate. He was told that even if the information could be translated, it would be unlikely that most people would be familiar with these technical terms in Welsh.

The service user noted that he agreed that some of the technical jargon would be difficult to understand in Welsh, but he would have nevertheless appreciated having most of the information in Welsh even if it included English technical terms – if these are the terms commonly used in both languages.

### **Service user experience: example 6**

The following example reflects the experiences of a service user who registered as a new patient with a GP practice in South Wales. The registration form was only available in English and he was told that Welsh forms were not available. On the form there was a box that asked 'what is your preferred language?' The service user noted Welsh, but he perceived that the question was not intended to ask for preferences between Welsh and English, but to identify if patients were unable to speak English and required translation services during consultations. The service user therefore felt a bit awkward putting Welsh down on the form and felt that perhaps he should not have. His language choice selection was never referred to, and the service he subsequently received was in English only.

- 10.13 Some service users noted that, when information had been provided to them bilingually, the Welsh versions often included terms they were not familiar with, or did not use plain Welsh; this, in their view, made it difficult to read and understand. One stakeholder attributed this to printed material used by services being designed in English, and then translated to Welsh at a later stage.

'The accessibility and user friendliness of the written information produced for service users is probably considered in the English version produced; however, much of this may be lost during the process of translating it to Welsh.' (stakeholder)

- 10.14 Written information was not the only source of bilingual information offered to service users. One service user who was referred to online mental health information noted that in her experience, the quality of some of the Welsh language information videos available on the NHS website was lower than the quality of similar information presented in the same format in English – see service user example 7.

### **Service user experience: example 7**

The following example reflects the experiences of a service user who was accessing mental health services. The mental health nurse referred the service user to bilingual mental health information that was available online. A lot of this information was, in her view, really good. However, some of the NHS mental health information available in Welsh was in her view 'terrible'.

The service user noted that Welsh language videos available on some of the sites were not properly edited in the way the English versions were, and one person providing information in a Welsh language video appeared uncomfortable speaking the language.

'It was like they were reading from an auto prompter. At one point they made a mistake and they started laughing, as if they were scoffing. This should have been edited out as watching it in the fragile state of mind I was in at the time really upset me.'

#### *The Active Offer*

- 10.15 Service users noted a range of experiences relating to the extent to which they had been offered services in Welsh without having to ask for it – i.e. the Active Offer. Service users' ability to access health and social care services in Welsh varied across geographical areas in Wales. However, as many stakeholders noted, service users who need services in Welsh are located in all areas of Wales not only in those where the Welsh language is more widely spoken.
- 10.16 In areas where larger proportions of the local population speak Welsh, most service users interviewed noted that they could easily gain access to local primary care and social care services in Welsh without having to ask for it. Service users in areas where a lower proportion of the local population spoke Welsh noted that accessing local Welsh language primary care and social care services was difficult, and it had hardly ever been offered without them having to ask for it.
- 10.17 Some of those who lived in areas where fewer Welsh language services were available noted that they could sometimes access primary care and

social care services in Welsh if they actively sought out settings where this provision was available. However, these services were not always local to them and service users' ability to access them was often dependent on them having transport to travel to the settings where they were delivered. Even where this had been possible, service users noted that they were not always guaranteed to be able to access the services they wanted in Welsh – see service user example 8.

### **Service user experience: example 8**

The following example is based on a service user located in Powys who had a young daughter who could only speak Welsh. Most primary care services in the area were delivered by English speaking practitioners. When a local GP practice took on a Welsh speaking GP, the service user was pleasantly surprised and registered herself and her daughter at this practice in order to access a Welsh speaking service.

Registering at the surgery was a simple process, and she had the opportunity to note during the application process that they were Welsh speakers. However, she found that when booking appointments with the surgery, it was not always possible to specify which doctor they wanted to see. As such they were not guaranteed an appointment with the Welsh speaking GP even though this was the main reason they registered at the practice.

- 10.18 Other service users located in areas of Wales where lower proportions of the local population speak Welsh noted that they had not been able to access local primary care or social care services in Welsh even if they asked for it, as it simply was not available. For some of these service users, the lack of Welsh language services had caused them distress and in one case, was reported to have had detrimental knock-on effects on other members of the family – see service user example 9.

### **Service user experience: example 9**

The father of one service user suffered from chronic obstructive pulmonary disease and received treatment in the community. Due to the father's health condition, he needed carers to come to the house to care for him during the day. Carers did come to the house for a short while. However, none of them spoke Welsh and the father was uncomfortable speaking with them in English and became agitated and upset when they visited. The family enquired if they could have Welsh speaking carers but were told that none were available. After a short while the family decided to discontinue with the home care service because it was upsetting the father.

The service user was certain that if the carers spoke Welsh – even if they just offered a greeting in Welsh before turning to English – that her father would have felt more comfortable having them in the house. Because the father refused to have carers in the house, the burden of caring for him fell on his elderly wife. The service user felt that the pressure of caring for her husband over time led to, or contributed to, a deterioration in her health.

- 10.19 As noted above, some service users referred to examples where they had changed primary care service provider in order to access a Welsh language service. However, the ability of service users to choose where they received their hospital treatment was more limited. As such services users' ability to access Welsh language services in hospitals, according to stakeholders, was usually dependent on whether Welsh language services were available at the time.
- 10.20 Service users who claimed that in other situations they would often ask for a service in Welsh if one was not automatically offered to them, noted that they were reluctant to do the same with health and social care services, particularly hospitals. The main reason was that they did not want to 'create a fuss' or be 'awkward', especially given that staff in these settings were usually 'very busy' and 'under a lot of pressure'. Some service users also noted that they were reluctant to ask for a Welsh language service if one

was not automatically offered for fear that this may result in having to wait longer for the service, which could have a negative impact on their care.

‘There’s nothing obvious in most places [health settings] to let you know that it’s ok to speak Welsh here – so you tend to just speak to people in English.’ (service user)

- 10.21 Service users noted that Welsh language services were often not available at all from specialist healthcare services in hospitals, even in areas where Welsh was the language predominantly spoken. Some service users noted that before attending hospital appointments they had been asked what their preferred language was. However, even in cases where they noted that their preference was Welsh, it did not automatically follow that they received a service in Welsh – see service user example 10.
- 10.22 For most service users interviewed – particularly, but not exclusively, those located in areas where a smaller proportion of the local population spoke Welsh – accessing Welsh language services in hospital usually happened by chance. Most service users noted that they did not expect to receive a Welsh language service in hospitals, and none had asked for hospital services in Welsh if it was not offered. However, service users who had received a hospital service in Welsh noted that it made a significant positive difference to them – see service user example 11.

### **Service user experience: example 10**

The following is based on the experiences of a cancer patient. Many of the early discussions about his diagnosis were with his GP who spoke Welsh. Receiving information about his condition was difficult, but being able to ask questions, convey his concerns and receive a response from his GP in his first language, gave him assurance that he understood as best as he could what the situation was. Being able to speak Welsh during these consultations also made him feel more at ease in what was already a stressful and emotional situation.

Before attending his first appointment at the cancer unit within his local hospital, he received a bilingual appointment letter which offered him the option of noting his preferred language – Welsh or English. He chose Welsh. However, when he attended his first appointment at the cancer unit, there was no recognition of the language preference he had noted.

‘All the information I received from the unit was in English only; all the staff spoke English with me; even the nurse who wore a Welsh speaking lanyard answered me in English when I asked her a question in Welsh. This made me wonder what the point of offering me a language choice was’.

The service user noted that a lack of Welsh language service in the hospital meant that he no longer felt as assured and at ease with what was going on as he had been during discussions with his Welsh speaking GP. It appeared to him that each time he underwent specialist procedures such as X-rays, CAT scans and chemotherapy, the only language spoken by practitioners delivering these services was English. On the general hospital wards and in community nursing services, Welsh was more frequently spoken. However, it was during his treatment in the specialist units that he felt most vulnerable, and it was at these times that he would have most appreciated being able to speak with someone in Welsh.

‘It seemed to me at the time, that for some reason nurses and doctors felt it necessary to only speak English within the specialist units of the hospital even if they could speak Welsh’.

### Service user experience: example 11

The following example is based on the experiences of a service user who had multiple sclerosis (MS). The service user considered herself to be completely bilingual and therefore able in most situations to converse equally well in Welsh or English. When she was first diagnosed with MS, she had to travel across the border for treatment. She noted that her condition was stressful enough already but having to travel a long way to receive treatment added to this stress. As it happens, one of the doctors there spoke Welsh.

‘When I realised that the hospital doctor spoke Welsh, I immediately felt calmer and felt closer somehow to the doctor. As I was more relaxed, I could better explain how I felt, and the doctor also seemed to become more approachable and appeared to use terms and phrases when explaining things that felt closer to my level – it made a big difference’.

As her condition progressed, she found that although she could still speak Welsh and English fluently, she sometimes struggled to remember English terms or words she needed in order to convey to English speaking health practitioners how she felt. The service user noted one example where a Welsh speaking student sat in on her session with an English-speaking Occupational Therapist. During the session she found herself automatically turning to explain things in Welsh to the student as this was much easier than explaining the same thing clearly to the Occupational Therapist.

- 10.23 The *More than just words* follow-on framework document outlines that the availability of Welsh language services is ‘an even more fundamental element of service provision’ for some groups of service users, including children and young people, older people, people with learning disabilities, mental health service users, people with dementia, people who have had a stroke and people accessing speech and language therapy services. The examples noted earlier in this chapter reaffirm the importance of Welsh language services for some vulnerable individuals, for example older people – see service user examples 9 and 12; young children – see service user

example 8 and mental health service users – see service user example 7. The impact that difficulties in accessing Welsh language counselling services had on some young people was also highlighted in a [BBC article](#) (2021). The article described the experiences of two young people who had struggled to find Welsh language counselling support, which they felt affected their progress. These examples highlight the need for Welsh language services that are aimed specifically at vulnerable service users and adds further support to a core message of *More than just words* that ‘the Welsh language is not just a matter of choice but also a matter of need...especially for many vulnerable people and their families’.

- 10.24 Although the findings presented above reflect the views and experiences of only a small sample of service users, they offer an indication of the progress or otherwise made in achieving the *More than just words* objectives from the perspective of service users. The Active Offer is a fundamental element of *More than just words*. The extent to which it was available to service users appeared to vary according to geographical location and the type of service accessed. Where an Active Offer was not made and the availability of Welsh language services was not clear, service users reported they were usually reluctant to ask for services in Welsh. Chapter 4 suggests that the views of service users reflect those of stakeholders that progress has been made in the use of visual markers. Views expressed by service users also reflected those of stakeholders outlined in section 5.14 – i.e. that examples of good practice, relating to the general availability of Welsh language services do exist, but they are few in numbers and inconsistent.

## 11. Influence of COVID-19

- 11.1 The evaluation research took place during the second wave of the COVID-19 pandemic. Although much of the evaluation research focussed on the influence of *More than just words* during the pre-pandemic period, COVID-19 significantly changed the landscape within which services were being accessed and delivered. Some of these changes may have long-term or possibly permanent influence on the way the sector operates and therefore potentially on Welsh language services and the aims of *More than just words* in the long term. As such we consider it appropriate to review the influence of COVID-19 within the context of *More than just words* as a specific theme. The interview schedules for stakeholders and service users included a question about changes in Welsh language services in the context of COVID-19 (see Annexes 1 and 2), and their views are presented in this chapter. Some points are also included in chapter 8 (see sections 8.18 and 8.23).
- 11.2 Some stakeholders noted that in their view, the focus previously placed on the Welsh language diminished across some health and social care services during the pandemic. In many cases this may have been understandable as priorities shifted towards emergency health and care. Some Welsh speaking staff members, including some Welsh language officers, were redeployed during 2020 to support colleagues to deal with additional challenges caused by the pandemic. Stakeholders noted that this reduced the availability of staff with Welsh language skills to deliver and support services in Welsh in some areas.
- 11.3 Some stakeholders noted that the COVID-19 pandemic further demonstrated the importance of providing services in Welsh, particularly to vulnerable individuals. COVID-19 restrictions prevented relatives or friends from accompanying or visiting these individuals at health or social care settings, and therefore their ability to support communication or offer words of comfort and encouragement in Welsh. These views and other examples noted during the evaluation fieldwork (see service user example 12) outline the important role that Welsh speaking friends and family members play in plugging the gap between the Welsh language needs of service users and the availability of Welsh language services.

- 11.4 The perceived lower priority placed on the Welsh language during this period therefore reflected, in the view of these stakeholders, a continued lack of understanding of the need for and importance of delivering services in Welsh across of the health and social care sector.

### **Service user experience: example 12**

The following example relates to the experience of a service user who had to take her elderly mother to an Accident and Emergency department following an accident. The mother's first language was Welsh, and she tended to get a little confused at times. Prior to the COVID-19 pandemic, the service user would have accompanied her mother on hospital visits of this nature. This ensured that she could help her mother to explain her situation and condition in English to non-Welsh speaking staff. It also enabled her to interpret or translate information provided by the medical staff from English to Welsh to her mother where required.

However, due to COVID-19 restrictions, she was not able to accompany her mother to the hospital on this occasion. As such, she did not know whether her mother had access to Welsh speaking staff and therefore whether her mother could explain what had happened or understand what she was being told. This created a very worrying situation for the whole family.

The service user noted that she appreciated that the priority was to provide the medical treatment required to get her mother better. However, in her view, the restrictions further highlighted the need for more Welsh language services for vulnerable Welsh speaking people like her mother.

- 11.5 However, some of the changes introduced as a result of COVID-19 have created opportunities as well as challenges in relation to providing services in Welsh. Stakeholders provided examples of how greater use of online technology had or could be harnessed to improve access to information and communication. These included opportunities to provide online Welsh language training to workers across the sector. It also created some

opportunities for Welsh speaking practitioners to provide online services and thus reach more Welsh speaking service users across a wider geographical area.

- 11.6 Stakeholders noted that for many health and care professionals, the pandemic increased their direct service delivery responsibilities. The consequence of this in many cases is that it reduced their immediate ability to focus on other areas of continued professional development, including possibly their development of Welsh language skills. However, this was not the case for all practitioners working in the sector. One intensive care nurse in South Wales noted in a [news article](#) that she found learning Welsh an ‘enjoyable distraction’ during what had otherwise been a very stressful period (Nation.Cymru, 2021). The nurse was also using the Welsh language skills she developed in the workplace when speaking with colleagues and patients.
- 11.7 The findings presented above offer an insight into some of the challenges and opportunities that COVID-19 has created in relation to delivering and accessing Welsh language services. The evaluation data that informed these findings were gathered at a time when COVID-19 restrictions were still in place. As such, they offer a snapshot of the opportunities and limitations at that time. Further research will be required in the future to review the longer-term effect that COVID-19 has had on the need for, and availability of, Welsh language services across the sector.

## 12. Conclusions

12.1 The aims and objectives included in the *More than just words* follow-on framework have provided strategic direction and guidance to enable the health, social care and social services sector in Wales to increase and strengthen its Welsh language service provision. For many stakeholders across the sector, the framework's objectives provided a base upon which they could prepare for the introduction of the Welsh Language Standards.

### *Areas of progress*

12.2 This evaluation has reviewed the progress made towards achieving the seven objectives included in the *More than just words* follow-on framework. The findings indicate that good progress has been achieved in ensuring that *More than just words* and the Active Offer are recognised and directly referred to within national and local health and social care strategic documents. Progress has also been achieved in relation to the framework's objective of promoting the Welsh language across the sector. For example, this includes an increase in the use of visual markers to identify Welsh speaking staff as well as an increase in the focus placed on introducing new staff to the Active Offer and the importance of Welsh language provision during inductions.

12.3 There is also evidence that some progress has been achieved in relation to the data and mapping objective of the framework. More data relating to the Welsh language skills of the workforce has been gathered across most health boards. However, gaps in the data remain, particularly in primary care. Also very few examples exist that demonstrate how this data has been used to inform workforce development and service delivery plans.

12.4 Significant progress has been achieved in relation to the professional education objective of the framework. Investment in the development and delivery of Welsh language health and social care courses across HEIs in Wales has increased significantly in recent years. However, stakeholders perceived that this has not necessarily been accompanied by significant increases in the demand for and take up of Welsh language courses.

12.5 Progress has also been achieved in the requirements placed upon education providers to focus on the Welsh language in the courses they

deliver. This is evident in the most recent contract issued by HEIW to education providers commissioned to deliver healthcare courses, which includes a requirement for providers to include in their courses sessions focusing on raising student awareness of the importance of the Welsh language in healthcare services.

- 12.6 The theory of change underpinning this evaluation identifies assumptions upon which the successful achievement of the *More than just words* objectives are reliant. One of these assumptions is that the framework encourages more support for the Welsh language and the Active Offer. The evidence suggests that, by placing the principle of the Active Offer at the heart of its strategic aims, *More than just words* has successfully raised awareness of the importance of Welsh language service provision not only as a right or a choice, but also as an essential need for many Welsh speaking service users. Although the evidence suggests that awareness of the need for Welsh language services has increased, less progress appears to have been achieved across most settings in relation to delivering the Active Offer.
- 12.7 The evaluation findings suggest that the strategic aims of *More than just words* may have gained more traction within the social care sector than they have within the health sector. This may be partly due to the earlier introduction of the Welsh Language Standards in social care compared to healthcare. However, the findings also suggest that it may be due to the role of SCW, who have taken ownership of the aims of *More than just words* and demonstrated strong leadership in terms of supporting the social care sector to put these aims into practice. There may be opportunities for the health sector to learn from some of the practices demonstrated within social care. There may also be a role for *More than just words* to support individual organisations in the process of sharing positive practices more broadly across the whole sector.

#### *Achievement gaps*

- 12.8 The evaluation evidence suggests that although *More than just words* has successfully set a clear strategic direction and raised awareness of the need for a continued increase in the provision of Welsh language services,

gaps remain in the progress achieved. While progress has been made in relation to each of the seven objectives included in the strategy, none of them can yet be considered to be fully met.

- 12.9 The evaluation indicates that a lack of parity remains between Welsh and English language provision across many areas of the sector, and some health and social care representatives continue to question the viability of delivering Welsh language services. The evidence suggests that *More than just words* may have successfully won the hearts and minds of many strategic level policy makers as well as frontline practitioners, but the challenge of changing the culture and mindset has been greater at the operational planning level.
- 12.10 A fundamental assumption of the theory of change is that in order to achieve the strategic objectives of the *More the just words* framework, aims that reflect these objectives within national and local delivery plans must be implemented. However, examples that demonstrate how Welsh language delivery plans have been comprehensively and consistently implemented remain few and far between and have often been limited to pockets of good practice.
- 12.11 The evaluation highlights numerous practical challenges to implementing the aims of *More than just words*. These include a discrepancy between understanding of why increasing Welsh language provision is necessary and understanding of how to do this effectively in practice. They also include a perception among some operational level managers that implementation is too difficult. A lack of time and resources was identified as a challenge. Further challenges included a reluctance to include Welsh language skills within job descriptions and a reluctance among some Welsh speaking staff to use their skills. As a result, the provision of Welsh language services within many settings has been more limited than it should have been, and Welsh language skills available in some areas of the workforce have remained underutilised.
- 12.12 There has been a focus in some areas of the sector on providing Welsh language training opportunities to workers. The findings indicate that much of this training has been aimed at workers who have no or very limited

Welsh language skills and not strategically targeted towards specific areas of the workforce where the greatest need for Welsh language skills development have been identified. The training has not usually formed part of the continued professional development plans of individual workers. Very few examples were found during the evaluation of the skills that were developed being put into practice in the workplace. The evidence suggests that very little of the training provided has been aimed at supporting those who already have Welsh language skills but lack the confidence to use these skills in the workplace, even though a number of workers across the sector fall into this category.

- 12.13 The limited availability and inconsistency of data relating to the Welsh language needs of service users and the Welsh language capacity of the workforce has placed further restrictions on the extent to which Welsh language service provision can be planned and implemented. A lack of bilingual compatible digital systems is also evident, limiting the extent to which any data relating to the Welsh language or recorded in Welsh can be shared within and between services and settings.
- 12.14 The evaluation found that progress in relation to achieving the aims of *More than just words* was particularly limited in some areas of the sector e.g. within some specialist hospital care and primary care settings. Although examples were noted of Welsh language services being available in some primary care settings, such as GP practices located in predominantly Welsh speaking areas, these appeared to be the result of staff within these settings coincidentally being Welsh speakers, rather than any deliberate planning to encourage and support the provision of Welsh language services. The evidence suggests that the lack of progress towards achieving the aims of *More than just words* in independent primary care is possibly a reflection of the fact that the Welsh Language Standards do not currently apply to these settings. Given that for many service users, primary care is the initial and often only point of contact they have with the sector, the lack of progress towards achieving the framework's aims in this area means that most service users have yet to experience benefits of the progress made towards increasing Welsh language provision.

12.15 Generally, the findings indicate that one of the main barriers to achieving the *More than just words* strategic aims and objectives has been a lack of Welsh language skills as well as an underutilisation of the Welsh language skills that already exist across the workforce. A further barrier has been an understanding, particularly at an operational director or manager level, as to how to implement actions that further support the delivery of Welsh language services. A lack of consistent data relating to the Welsh language skills of the workforce as well as the Welsh language needs of individual service users, accompanied by a lack of available systems and processes to gather and share this data, have been further barriers to achievement.

*Future role of More than just words*

12.16 The evidence suggests that promotion of *More than just words* at Welsh Government ministerial level was very prominent when the strategy was initially launched in 2012. However, promotional support for the strategy at this level has become less obvious in recent years. As a result, the extent to which Welsh Government ministers have directly influenced or encouraged the sector to progress towards achieving the strategy's objectives has also diminished to some extent over time.

12.17 Understanding the role of, and need for, *More than just words* also appears to have become less clear among some service providers in recent years. The introduction of other national strategies, policies and practices since the introduction of the *More than just words* follow-on framework are likely to have contributed to this reduction in clarity. For example, the Welsh Language Standards, introduced in 2016 in social care and 2019 in healthcare, are now widely considered to be the main factor driving forward Welsh language service delivery and promotion across the sector. In other examples, since its formation in 2018 one of HEIW's responsibilities has been to strengthen the Welsh language focus in the health sector's education, training and workforce development. Also, the recently established Digital Health and Care Wales has responsibility for supporting digital healthcare systems including information sharing, which will have an important influence on the way bilingual information is gathered and shared across the sector. These developments have changed the wider context

within which *More than just words* now operates, and these need to be taken into consideration within its future role and purpose.

- 12.18 The findings of this evaluation indicate that there is a continued need for *More than just words*, although its role and focus may need to change following the introduction of the Welsh Language Standards and due to the nature of the challenges that remain. *More than just words*' current role was often perceived by stakeholders as highlighting the need and demand for Welsh language provision, supporting the sector to deliver services that meet this need and cascading evidence of best practice in a way that complements the regulatory framework of the Welsh Language Standards: the carrot that accompanies the stick. In that respect, although both the Welsh Language Standards and *More than just words* work towards the same goal, they play different but complementary roles in doing so. We therefore conclude that there is room and need for both. Moving forward, the challenge for *More than just words* is to ensure that there is clarity in its role and the way it can support the sector to expand its Welsh language services in a way that complements rather than duplicates the Welsh Language Standards. The same is also true in terms of the role of *More than just words* in relation to Cymraeg 2050, the Welsh Government's strategy to reach a million Welsh speakers by 2050.
- 12.19 Based on the evidence, we recommend that *More than just words* should consider focusing on its role as an enabler, supporting the sector to put the framework's strategic aims into practice. This could be achieved by providing the sector with practical guidance relating to specific actions and examples of good practice where plans to support an increase in Welsh language provision have been successfully implemented. This would require *More than just words* to move from being a strategic framework upon which the sector can plan provision, to an action plan, to guide the sector towards implementing practices that support the delivery of Welsh language services and the Active Offer.
- 12.20 *More than just words* could increase its focus on acknowledging and applauding good practice and undertaking an advocating role that communicates to the sector how best practice can result in positive outcomes for the service user. This would further ensure that its role is

recognised as being distinctly different, but also closely linked, to that of the Welsh Language Standards.

- 12.21 Increasing and strengthening Welsh language provision across the sector will require a further culture shift. This is likely to take some time to achieve, but the journey starts with winning the hearts and minds of policy makers and service providers. *More than just words* has already demonstrated over recent years its ability to undertake this role. Continuing with this focus should therefore remain one of *More than just words*' aims.
- 12.22 There is a continued role for *More than just words* in supporting Welsh language provision in areas of the sector where the Welsh Language Standards do not apply – most notably independent primary care services. *More than just words* could continue to offer a guiding light in this area of the sector by continuing to demonstrate why there is a need to focus on the Welsh language and offering guidance as to how this can be achieved.
- 12.23 *More than just words* also has a role in further supporting the sector to promote career opportunities within health and social care that require, or benefit from having, Welsh language skills.
- 12.24 The COVID-19 pandemic led to necessary changes in the way health, social care and social services are delivered in Wales, including greater use of digital platforms. Greater use of digital technology has presented both challenges and opportunities in the way service users engage with services, as well as the way those working in the sector access information and training. There is a need to ensure that the sector remains aware of the risks and opportunities for Welsh language provision that accompany service delivery changes such as these. Moving forward, *More than just words* may have a role in providing support and guidance that ensures Welsh language provision is considered as a fundamental part of wider service delivery changes. *More than just words* may also have a role in reviewing the longer-term impacts that the COVID-19 pandemic may have on Welsh language service needs and provision.
- 12.25 The sections above provide high level recommendations on the future direction of *More than just words*. These lead to the more focused series of recommendations below:

## *Recommendations*

1. As *More than just words* is now a well-recognised and strong brand, there is a need for Welsh Government to continue to use it and the fundamental principles it represents, to support and lead the way in strengthening the use of Welsh in the health, social services and social care sector.
2. The Welsh Government should ensure that *More than just words* evolves from a strategic framework for Welsh language provision into a three to five-year implementation framework that offers practical guidance to support the sector to increase its use of the Welsh language and progress further towards delivering the Active Offer.
3. Within its role offering practical guidance, the Welsh Government should ensure that *More than just words* takes on the role of an enabler, supporting the sector towards implementing practices that adhere to the Welsh Language Standards.
4. Service providers across the sector should continue to document examples of practices relating to the way they use the Welsh language across the sector. The Welsh Government should consider establishing a central online portal to facilitate the process of gathering these examples and to make them widely accessible across the sector. Examples of successful implementation of policies and practices that support the Welsh language and the Active Offer which the Welsh Government also consider to be good practice should be further recognised and celebrated under the *More than just words* brand.
5. The Welsh Government should, using the principles of *More than just words*, continue with efforts to win hearts and minds through its focus on the Active Offer and use of service-user focussed examples to illustrate the need for Welsh language provision. This will be a key factor in supporting the shift in culture required to encourage sustained increases in Welsh language provision.

6. Individual health boards and other sector representative bodies should appoint a member of their senior / executive team as a *More than just words* champion. These champions would have responsibility for encouraging and supporting the implementation of practices that support the Welsh language and the delivery of the Active Offer within their settings.
7. The Welsh Government should, under the *More than just words* brand, place particular emphasis on enabling the implementation of practices that support the Welsh language in primary care, as well as any other areas of the sector where the Welsh Language Standards do not currently apply.
8. Whilst the Welsh Language Standards require organisations to keep a record of the Welsh language skills of their staff, *More than just words* should place an emphasis on its role in guiding the sector to gather consistent data relating to the Welsh language needs of service users and use this data to address any Welsh language skills shortage. The sector could also benefit from further support relating to how patient and workforce data collected could be used to plan workforce development and service delivery – and guidance to implement these plans.
9. Senior representatives across the sector need to adopt a more strategic and targeted approach to Welsh language learning to achieve a significant increase in the Welsh language competency of the workforce, with a focus on encouraging the use of the Welsh language in the workplace, especially for those who can speak Welsh but lack the confidence to do so.
10. Digital Health and Care Wales needs to support the development of IT systems that incorporate bilingualism at the design and development stage, especially systems capturing language preference and workforce skills information.

11. Welsh language officers, champions and other representatives across the sector need to further promote career opportunities within health and social care that require or benefit from having Welsh language skills. This could be achieved by facilitating closer links with other partners including Careers Wales to arrange school and college visits during which Welsh speaking alumni who now work in the sector could outline to students the career benefits of having Welsh language skills.
12. The Welsh Government should review the role and purpose of the *More than just words* Partnership Board in the context of the need to provide scrutiny and support in the implementation of Welsh language policy in health and social care. As part of this review the Welsh Government should consider charging the Partnership Board with the responsibility of maintaining a close focus on new developments in relation to the way services are delivered across the sector. This would include offering support and guidance, where required, to ensure that the Welsh language is fully considered in any general service delivery changes that take place across the sector.
13. The Welsh Government should consider a relaunch of *More than just words* to coincide with the start of its new government administration term. This could include encouraging Welsh Government ministers to demonstrate public support for *More than just words* and communicating how it complements the Welsh Language Standards. This would provide an opportunity to further increase the profile of *More than just words* within the sector and communicate its intent and purpose for the future, taking into consideration the new strategy and policy context within which it will operate.
14. The findings of this evaluation conclude that although progress has been made in relation to the seven *More than just words* objectives, none of them can yet be considered to be fully met. As such, the Welsh Government should consider commissioning another evaluation to review the progress achieved during the next three to four years. Any future evaluation should also include a focus on the ongoing / longer

term impact of COVID-19 on the need for Welsh language services and the sector's ability to provide Welsh language services.

15. To assist future evaluations, the Welsh Government should encourage the sector to gather and share routine information that would help assess future progress and address some of the data gaps encountered in this evaluation. This could include data on the Welsh language skills of the workforce, the Welsh language needs of service users and details of Welsh language services available across settings – particularly services aimed at priority groups.

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## Annex 1. Interviews schedule for stakeholders

The aim of the interview will be to gather the views of stakeholders on the progress as well as facilitators and barriers experienced across the sector in relation to achieving the *More than just words* objectives and working towards the delivery of the Active Offer.

### General overview of progress / limitations:

- How much progress has been made in relation to achieving or working towards the Active Offer?
  - What have been the main factors that have supported any progress towards delivering the Active Offer?
  - What have been the main barriers that may have limited progress towards delivering the Active Offer?
  
- What have been the main areas of progress?
- What have been the areas / aspects where least progress has been made?
- Have these areas of progress and or limitations been more prominent in specific parts / services areas across the sector?
  - What in your view has been the reason for this?
  
- To what extent and how has the existence of the *More than just words* follow on strategy influenced any areas of progress achieved?
  - Would the same progress have been made in the absence of *More than just words*? – please explain your answer.
  
- Has the experience of service users who wish / need to access services in Welsh been affected by any changes or progress made towards delivering the Active Offer?
  - **If yes** – in what way?
  - How do you know this – has any information / evidence relating to this been collected?
  - **If no** – why not?

### Policies

- Have, and if so in what way have, the aims of *More than just words* been reflected in local policies (e.g. workforce, training, recruitment, induction and service delivery)?
  - To what extent has this been influenced by the *More than just words* follow on strategy?
  - Do these plans include specific reference to *More than just words* and / or the Active Offer?

- Do they refer specifically to the impact that delivering services in Welsh and the introduction of the Active Offer can have for service users?
- Were any of these plans informed by any research relating to the link between good-quality care outcomes and care which is sensitive to people's language needs?

## Leadership

- What was the attitude and culture among senior representatives across the sector in relation to the Welsh language and supporting the objectives of *More than just words*? Please provide examples where possible.
- Did any senior representatives across the sector take a leading role in relation to the Welsh language and supporting the objectives of *More than just words*? Please provide examples where possible.
  - What difference (if any) did this have on attitude, culture and ethos towards the Welsh language across other areas of the health board / trust?

## Upskilling the existing workforce

- Did the Welsh language capacity across the sector increase between 2016 and 2019?
  - **If yes** – what were the main factors that contributed to this increase (e.g. training, recruitment)?
  - Is there any data or other evidence available to demonstrate this?
- Were Bilingual Skills Strategies that identify the language needs across the health board / trust produced?
  - **If not** – why not?
  - **If yes** – were these used to plan any Welsh upskilling / training within the workforce? – does this plan / plans make specific reference to *More than just words*; do they make specific reference to the Active Offer?
- Was any Welsh language training for staff commissioned between 2016 – 2019?
  - **If not** – why not?
  - **If yes** – was the nature / focus of this training influenced by *More than just words*, and if so, in what way?
  - What was the nature of this training? E.g. formal / informal, what level was it aimed at: introductory, intermediate, advanced?
  - Was it available to staff in all areas / services or targeted to specific areas or services?

- Was there any training and support available to encourage those who could speak Welsh to have the confidence to use their Welsh language skills in the workplace?
- Was the commissioning / focus / nature of the training informed by the Bilingual Skills Strategies?
- Did the training focus on supporting the Active Offer?
  - **If yes** – are there any examples of good practice?
  - **If not** – what were the main reasons for this?
- Did the Welsh language capacity of the workforce in your view increase as a result of the training?
  - **If not** – why was this?
  - **If yes** – what were the main reasons for this? – any examples of good practice?
  - Is there any data available to demonstrate this?
- Did awareness of the Active Offer increase as a result of this training?
  - What leads you to say this?
- Were the Welsh language skills developed through the training put into practice?
  - **If yes** – in what way? What difference did this make to service delivery?
  - **If not** – why not?

## Systems and data

- Has the Welsh language capacity of staff across the health board / trust been recorded within the ESR?
  - If not – why not?
  - If yes – to what extent i.e. what proportion of the workforce's Welsh language skills have been recorded on the ESR?
  - Has this data been used to plan service delivery, Welsh language training or recruitment etc? – please provide examples where possible / applicable.
- Have the Welsh language needs of service users been mapped / reviewed across the sector?
  - **If not** – why not?
  - **If yes** – how were these profiles used to develop an understanding of the likely service user demand / need for Welsh language services? – please provide details

- To what extent has the Welsh language been mainstreamed into digital platforms and systems?
  - **If it hasn't** – why not?
  - **If it has** – please provide examples of how this impacted on the services provided to patients / service users.

### **Recruitment and induction**

- Were Bilingual Skills Strategies that identify the language needs across the health board / trust used to inform recruitment and induction process?
- Is the Welsh language and the Active Offer included as an integral part of all recruitment (job descriptions) and induction practices?
  - **If not** – why is this?
  - **If yes** – please offer some examples.

### **Promotion and engagement**

- Was the 'Working Welsh' logo promoted and used amongst health, social services and social care staff?
  - **If not** – why not?
  - **If yes** – in what way?
- Were staff members who could speak or were learning Welsh willing to wear the Working Welsh logo?
  - **If not** – why not?

### **Final remarks**

- (if not already addressed in earlier questions) Has any progress been made towards ensuring that the Active Offer was an integral part of service delivery within various settings across the sector?
  - **If not** – why not?
  - **If yes** – what were these? – please provide examples.

## Annex 2. Interview schedule for service users

The following questions relate to your experiences and views on Welsh language services in health, social services and social care that you have used in the last five years. The views you express will contribute to our assessment of the progress made under *'More than just words'*, the follow-on strategic framework for Welsh language services in health, social services and social care

The information gathered from you during the interview will be included in reports that will be published on the Welsh Government website, and possibly in other publications and presentations by Arad, OB3 and the Welsh Government. Your participation in the evaluation is entirely voluntary. However, your views and experiences are important in informing future policies and frameworks.

All information collected will be held in an anonymised format and any report produced will not contain any information that can be used to identify you as an individual participant.

Further details relating to the evaluation and the way we handle information collected as well as participants' personal details are available in the privacy notice sent to you by e-mail when arranging this interview.

Are you happy to proceed with this interview?

1. What is your experience(s) of receiving / accessing health and / or social care services in Welsh?
2. Which health and/ or social care services have you used most in the last five years (e.g. GP and/or carers)?
  - When did you last use these services?
3. What language (i.e. English and / or Welsh) was used when you had access to / used, different parts of this service?
  - e.g. in reception, by telephone, in written information you receive, in conversations with clinical practitioners?
4. When you accessed / used these service(s):
  - did you ask for a service / information in Welsh?
  - was a service / information in Welsh offered to you without you asking for it? If not, have you ever received a service in Welsh without you having to ask for it? Please provide details where appropriate.
  - did someone ask / note in which language you would like to receive a service?
  - have you ever received any information in Welsh from these services?
  - not sure?
5. Do you have specific examples of good service / information you have received in Welsh? Do you have specific examples of poor service / information you have received in terms of the Welsh language e.g. where no

Welsh language information was available and / or you have not been able to get a service in Welsh?

6. If you have received any service(s) or parts of the service(s) in Welsh, what difference did this make to you?
  - e.g. made you more comfortable using the service, made you feel able to explain your needs better / something else / made no difference?
7. If you have not received any services or parts of a service in Welsh, what difference does this make to you / how does this make you feel?

[Ask question 8 only if the interviewer has not already mentioned this]

8. Have you attended hospital in the last five years either as a service user, visitor or to support another service user?
  - If yes, did you receive any information / services in Welsh from the hospital? Please provide details where possible / appropriate. e.g. was information available in Welsh in the reception – Welsh posters on the wall – any other information available in Welsh?
  - Were there members of staff who could speak Welsh? If so, what staff were these e.g. reception staff, clinical staff, others?
  - What difference did it make to you that there were information / services available / not available in Welsh in the hospital?
9. When you use / attend health and/or social services in general, have you noticed staff badges or lanyards that say they are Welsh speakers?
  - If yes, does this give you confidence to use / speak Welsh with these people? – If not why? If yes, do you speak Welsh with these people?
10. Generally, do you feel confident or comfortable using Welsh when you are making enquiries with / making use of health and / or social services?
  - Are there some services where you feel more confident using Welsh than others? Why are you saying this / do you have examples?
  - Are there some services where you feel less confident using Welsh than others? Why are you saying this / do you have examples?
11. What would make you feel more confident to use Welsh when making enquiries or when using health and social care services?
12. Have you seen a change over the last five years in the number or type of health and social care services available through the medium of Welsh?
  - If yes, what differences have you seen and in what services e.g. in any particular departments or across specific services?
13. Have you seen a change in the availability and/or way services in Welsh are provided since COVID?
  - If yes, please provide details of where possible

### **Annex 3. Interview schedule for students**

Questions we will want to ask students who have attended health or social care courses in Welsh, or courses that include elements / modules in Welsh:

#### **Purpose of the interview**

The following questions relate to your experiences and views of studying health or social care courses (or part of courses) in Welsh. The views you express will contribute to our assessment of the progress made under '*More than just words*'.

The information you provide during the interview will be included in reports published on the Welsh Government website, and possibly in other publications and presentations by Arad, OB3 and the Welsh Government.

Your participation in the interview is entirely voluntary. However, your views and experiences are important in informing future policies and frameworks.

All information collected will be held in an anonymised format and any report produced will not contain any information that can be used to identify you as an individual participant.

Further details relating to the evaluation and the way we handle information collected as well as participants' personal details are available in the privacy notice sent to you by e-mail when arranging this interview.

Are you happy to proceed with this interview?

- Which course are you studying?
- What elements of this course / courses are provided in Welsh / focused on the Welsh language?
- Why did you choose this Welsh course / courses / module(s)?
- To what extent, and in what way do you think that studying this course / courses / module(s) has prepared you for using more Welsh in the workplace? Why do you say this?
- In what area of health or social care would you like to work after finishing your course?

- To what extent do you think there is a demand for Welsh language skills in the field / areas you intend to work? Why do you think so?
- What difference (if any) do you anticipate / think your ability to use more Welsh in the workplace will make to your ability to get a job in the field / areas you would like to work in? Why do you say that?
- What difference (if any) do you anticipate / think being able to use more Welsh in the workplace will make to your ability to offer a better service to users of health / social care services? Why do you say that?
- Do you have any other comments or points you'd like to offer?

Thank you for your time and contribution