



Llywodraeth Cymru  
Welsh Government

Cymraeg

# More than just words

Five Year Plan 2022-27

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SECTION 1

# Ministerial Forewords

## Eluned Morgan MS, Minister for Health and Social Services

Picture the scene, an old lady who has lived in a close-knit Welsh language community all of her life suffers increasingly with dementia and is suddenly admitted to a hospital or a care home where the predominant language is English.

If she is unable to understand fully what is happening to her as her carers cannot speak her language – she is likely to become more frustrated which could impact on her clinical outcomes. When it comes to discussing our health and care needs we have long established that we aim to give the option of delivering these provisions increasingly through the medium of Welsh. That is why following the first five years of Mwy na geiriau our plan for how we deliver on our vision on providing health and care services through the medium of Welsh – we know we need to offer more and faster.

When individuals access and receive health and social care services, it is usually when they are at their most vulnerable and emotive and this is why language is important. How many of us have walked out of a consultation with a medical professional not understanding what was said? Now just imagine receiving the news in your second language.

The use of Welsh language in health and social care is about individual centred care based on their emotional well-being and need and this is why it is so important. It is especially critical for the priority areas outlined in the framework.

I will be championing this framework over the next five years to ensure we deliver on the aims and outcomes and will publish a statement on an annual basis that will honestly assess progress including on-going barriers and challenges. I will look forward to engaging with the Advisory Board on how we are doing and how we can work innovatively together to find solutions and deliver best practice across the whole system.

Health and social care have had challenging times during the pandemic and will continue to be under pressure as we tackle current and future priorities. I see the delivery of the Active Offer and developing the language skills of our workforce as a USP for our health and social care system that is proud to deliver services within a bilingual country. I am confident the teams will rise to the challenges in delivering the framework and wish to thank Marian Wyn Jones and the members of the task and finish group for rising to the gauntlet I set to be ambitious and bold. Together we can embed the culture that Cymraeg belongs to us all across health and social care.



## Julie Morgan MS, Deputy Minister for Social Services

Communication with individuals is a key component of delivering social care. It helps individuals to understand what is happening to them and around them and makes them feel safe and content. The many thousands of staff in social care interact with individuals many times a day, and the vast majority of those interactions will involve communication.

The Welsh language skills of the workforce are critical to effectively engaging with Welsh speakers and to ensure the success of this *More than just words* workplan. We hope that colleagues will want to learn Welsh or improve their existing skills. But that doesn't mean that everyone has to be fluent in Welsh. Being able to say a few words in Welsh 'dipyn bach yn y Gymraeg' can go a long way – they can include words of comfort or offering a “paned”. It doesn't matter how many words of Welsh you have – what matters is that you use it. And even if you don't speak Welsh a little bit of understanding about the needs of Welsh speakers can go a long way.

The Covid-19 pandemic further demonstrated the importance of providing services in Welsh, particularly to vulnerable individuals. Relatives and friends were unable to accompany or visit these individuals at health or social care settings, and therefore words of comfort and encouragement in Welsh from carers was more important.

Many of these individuals will have been older people where receiving services in Welsh is often a matter of need. This is especially true for those with dementia where it is vital that assessments can be provided in Welsh. The Welsh Government has commissioned IaitH: Welsh Centre for Language Planning with Bangor University to conduct research on Welsh language versions of cognitive assessments scales that are commonly used in Wales, allowing the confident interpretation of assessments carried out in a clinical context.

There is of course more that needs to be done and we can't achieve everything overnight. Strengthening Welsh language services in health and social care was always going to be a journey that belongs to us all. Everyone who works in health and social care can make a difference by asking themselves “what can I do to help improve Welsh language provision?” and make that journey as smooth as possible. Small changes can make a big difference.

The Welsh language belongs to us all as should the ability to receive high quality health and social care services. Language and care go hand in hand and this workplan brings both together to ensure that Welsh speakers can be treated and cared for safely, with dignity and respect.



## Lynne Neagle MS, Deputy Minister for Mental Health and Well-being

The Welsh language is an integral element in the care and support of many Welsh speakers, but some groups have a greater need to receive their services in Welsh. These include mental health service users, where the Welsh language can make a huge difference to their care and rehabilitation.

I'm pleased this plan continues to identify mental health service users as one of the priority groups and recognises more needs to be done to improve the availability and quality of these services. Not just to comply with legislation, but for the safety and respect of patients.

When discussing our mental health one of the most important things for the individual is being able to communicate effectively in order to express feelings, thoughts and emotions. The past few years have been particularly challenging for many due to the pandemic. Children and young people in particular may have felt anxious dealing with loneliness and having concerns about school or university work. Mental health issues can happen to anyone at any time. Imagine therefore you are a child or young person who was a first language speaker and you had to discuss your personal feelings and receive support in English. It wouldn't be easy in any language, let alone in a language that wasn't part of your sense of self and personality. That is why it is vital mental health care through the medium of Welsh is actively offered as individuals may find themselves in disempowering circumstances that mean demanding or complaining is difficult, if not impossible.

Although there are examples of good practice, we need to share these to encourage a greater use of the Welsh language across the sector. Leadership and culture change will be key to start making changes and I know that all workers in health and social care services will appreciate the active part they have to play in realising this vision.

Mental health services are about the well-being of the individual which means that we need to think about what matters to the individual, not just doing the same things we have always done because that is what is comfortable to us. After all in mental health speaking one's own language is part of the therapy.



## Marian Wyn Jones, Chair of the Group

It's been a pleasure and a privilege to chair the *More than just words* task and finish group. It's a subject, which is very close to my heart.

The Welsh Government's strategic framework for the Welsh Language in health and social care aims to support Welsh speakers to receive services in their first language. As the Minister for Education and the Welsh Language said recently in a keynote speech, Cymraeg belongs to us all, regardless of where in Wales we live, however much we speak or use it.

At its core is the principle of 'the Active Offer'. It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them. Whilst the framework was designed to encourage greater availability of public services in Welsh when published over 10 years ago, the momentum appears to have diminished. As highlighted in *ARAD Research and OB3's* independent evaluation, it's failed to deliver the required step change.

We've seen inconsistency of progress with widespread variation in both availability and quality of Welsh language services. We heard heart-rending stories from vulnerable patients in a system, which too often fails to appreciate the importance of language, that a little Welsh can make a huge difference to patients, especially in identified priority areas like mental health, children, older people, stroke or those with learning difficulties.

The health minister tasked us to develop an ambitious five-year plan to address these key issues. Our terms of reference required consideration of patients' experience, evidence from Welsh government, civil servants, regulators, professional bodies, stakeholders from health and social care and beyond, as well as from the education and training sectors. We've identified an urgent need to mainstream the Welsh language and to strengthen system leadership and accountability at all levels. Workforce planning, commissioning and training demand increased focus so that we appropriately identify and develop the capacity to deliver. Digital systems, data capture and processes must embed the principles of bilingualism in both design and development.

Regrettably, these findings are not new. Whilst the *More than just words* principles are referenced in several legislation and policy documents such as the NHS Wales Planning Framework against which Health Boards are required to evidence their compliance, we discovered a surprising lack of awareness of the Active Offer with little evidence of it being referenced in actual plans. It's also unclear who is currently being held to account for delivering the Active Offer or how. This is a challenge, which requires a major cultural shift. Unless we see that cultural shift, we will not see the change we need to see.

On a more positive note, we've been heartened by the pragmatic response from a number of organisations and leaders who've pledged their support to ensure quality and consistency for the people of Wales. There are notable examples indeed of excellent progress in a small number of organisations and pockets of good practice in others, which can, and should be replicated across Wales.

On behalf of my colleagues, Dr Dafydd Trystan, Sarah McCarty, Morwena Edwards, Eleri Jenkins and Huw Owen, I'd like to thank the language policy team for their guidance and support and we are extremely grateful to the many others across health and social care for their positive contributions and commitment to this work. We hope that our five-year plan will provide solid foundations, leading to better outcomes and that the Active Offer is embedded in health and social care services so that Welsh speaking patients and individuals can easily access the care that they both deserve and require.



## SECTION 2

# Context and Vision

Cymraeg: belongs to us all. It is important that we recognise the concept of language need. Receiving services in Welsh, especially when we are at our most vulnerable should be an integral component of person-centred care. Professional standards in health and social care services note that effective communication is a key requirement, highlighting the need to maintain dignity and respect. Adoption and delivery of *More than just words* should therefore help improve the quality of care for individuals living in a bilingual country.

Its significance was formally acknowledged over ten years ago in January 2011, when Welsh Government established an independent Steering Group to develop a strategic framework for promoting the Welsh language in health, social services and social care. *More than just words* was published in November 2012 following consultation with service users, representatives from the health and social care sectors, stakeholders, regulators and academia. It outlined a series of key objectives, supported by complimentary action plans – one for the NHS and one for Social Services.

The two follow-on strategic frameworks published in 2016 and 2019 aimed for a more integrated approach with one single action plan for both sectors. The plan, published in 2016 included seven priority areas, putting the needs of the individual at the centre of care. It aimed for a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter

of need. This led to a greater focus on outcomes to help ensure that individuals and families understand what the framework could mean for them, with the Active Offer a core element of each framework. The 2019 action plan structure was on the three themes of the Welsh language strategy: *Cymraeg 2050*.

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**An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a culture that places the responsibility on health and social care providers to provide a proactive language offer so that people can access care, as equal partners, through the medium of Welsh.**

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A number of groups were identified as a priority in previous frameworks and action plans to receive services in Welsh, including:

- children and young people
- older people
- people with learning disabilities
- mental health service users
- people living with dementia
- people accessing stroke services
- people accessing speech and language therapy services.

Since *More than just words* was first published, there have been a number of significant legislative changes. The Welsh Language (Wales) Measure 2011 has become law giving the Welsh language official status in Wales, making it the only language that is de jure official in any part of the United Kingdom, with English being de facto official. The Welsh language standards were introduced for social care and more recently for health and *More than just words* should effectively complement the implementation of the standards. The Wellbeing of Future Generations Act of 2015, which aims for a healthier Wales, and a vibrant Welsh language has also become law. *A Healthier Wales: our long term plan for health and social care* launched in 2018 also set out actions to make health and social care services work together to listen to people needs and help provide more care at home or as close to home as possible.

We must also acknowledge the world has also changed significantly since the launch of the follow-on framework in 2016: the United Kingdom has left the European Union and COVID-19 is still with us. This all presents various challenges in terms of our language in health and social care, and a number of opportunities that we will want to take advantage of. Our future plan takes this context into consideration as well as the **Programme for Government** and **Co-operation Agreement**.

We commissioned an independent evaluation of the *More than just words* framework in 2019, although publication of its findings were delayed due to the pandemic. The final report, published in August 2021, suggests that the strategic aims of *More than just words* appear to have gained more traction within social care than in health. It concludes that whilst some progress has been achieved in relation to each of the seven objectives, not one of them could be considered to have been fully delivered. It highlighted that *More than just words* had set

a clear strategic direction and raised awareness of the need for continued increase in the provision of Welsh language services in many areas. By placing the principle of the Active Offer at the heart of its strategic aims, *More than just words* had conveyed the importance of Welsh language service provision not only as a right or a choice, but as an essential need for many Welsh speakers. Key areas of success include increased use of visual markers identifying Welsh speaking staff; investment in Welsh language health and social care higher education courses; and renewed focus on the importance of Welsh language provision and the Active Offer in both higher education and induction programmes for employees.

Evidence suggests that whilst *More than just words* may have won the hearts and minds of strategic level policy makers and some frontline practitioners, it has been less successful at operational planning level. Progress in those priority identified areas has been particularly disappointing. Awareness of the Active Offer appears to be at best, patchy. There are major challenges in understanding the importance of offering services to Welsh speakers in their first language and in understanding how to deliver effectively in practice. For example, the Welsh Language in GP practices survey 2019<sup>1</sup> reported that six out of every ten GP's were not even aware of the Active Offer. While 75% of practices believe they have sufficient Welsh speaking reception staff to meet the language needs of their patients, less than half those Welsh-speaking staff say they wear laith Gwaith badges/lanyards. As a result, Welsh language services have been limited and Welsh language skills underutilised. The sector has failed to target training strategically towards priority areas where the greatest need has been identified and there is evidence that primary care practitioners would welcome further support and guidance on implementing the Active Offer.

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1 <https://gov.wales/primary-care-workforce-and-welsh-language-0>

Paucity of consistent data relating to workforce and patients' Welsh language skills have been further barriers to fully delivering the framework's objectives, accompanied by a lack of systems and processes to gather and share data easily. This is something that must be addressed in our future plan.

Understanding the role of, and need for, *More than just words* appears to have become less clear among some stakeholders in recent years, following understandable preoccupation with the introduction of the Welsh Language Standards. The findings indicate that there is a continued need for *More than just words* and that its role may need to change from being a strategic framework to being an enabler, guiding the sector to support the delivery of Welsh language services and the Active Offer and complement the standards. We see them very much as part of the same jigsaw.

In response to the evaluation findings, the Minister for Health and Social Services set up a task and finish group chaired by Marian Wyn Jones to develop a five-year work plan. The group met each month, working with stakeholders from October to April 2022. Two sub groups were established to focus on workforce, governance, and accountability. The Chair talked to a number of partners and key individuals across health and social care. A virtual stakeholder workshop was held in March to share emerging themes and actions and to seek further feedback and views. The themes were positively received and additional information presented to further develop the actions. There remains universal support for the principle of the Active Offer. One of the key frustrations highlighted in the evaluation report was the paucity and quality of data to support planning so that progress can be properly measured and outcomes achieved. In Annex 1, we have started to map the available data. This work needs to be further developed to ensure we can together plan more effectively and monitor the delivery of outcomes of future actions.

This framework sets out how together we will drive forward progress under the overarching theme of **culture and leadership** and the following three themes:

## Theme 1

Welsh language planning and policies including data

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## Theme 2

Supporting and developing the Welsh Language skills of the current and future workforce

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## Theme 3

Sharing best practice and an enabling approach

## Our vision and approach

Our vision for *More than just words* is for Cymraeg to belong and be embedded in health and social care services across Wales so that individuals receive care that meet their language needs, leading to better outcomes, without having to ask for it. All workers in health and social care services will appreciate they have an active part to play in realising this vision.

This is in the context of the Welsh language strategy *Cymraeg 2050*: which sets out Welsh Government's vision for reaching a million speakers by 2050.

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**The year 2050: The Welsh language is thriving, the number of speakers has reached a million, and It's used in every aspect of life. Among those who do not speak Welsh there is goodwill and a sense of ownership towards the language and a recognition by all of its unique contribution to the culture, society and economy of Wales.**

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## Realising the vision

In Wales, almost 200,000 staff deliver health, social services and social care, by far the largest employer in Wales. There is therefore a huge opportunity here for health and social care to become exemplars in providing Welsh language services and to contribute to Welsh Government's ambition to increase language use and the numbers of Welsh speakers by 2050.

The challenge of achieving a million Welsh speakers by 2050 calls for far-reaching changes. Boundaries must be pushed and ambitious action is required to inspire and enable more people to learn and use Welsh. The strategy builds on existing foundations and moves us to the next stages in our language journey, identifying three strategic aims to achieve this vision:

1. Increasing the number of Welsh speakers.
2. Increasing the use of Welsh.
3. Creating favourable conditions – infrastructure and context.

The actions set out in this plan should help deliver on these aims including embedding a cultural change, that supports an increase in the use of Welsh in health and social care services over the next five years and create an infrastructure and approach to enable this. We want to create a culture where Cymraeg belongs to us all; where there's a pride in working in a bilingual health and social care system that's centred on the individual, providing a pro-active Welsh language offer.

The Well-being of Future Generations (Wales) Act sets out the approach to improve social, economic, environmental and cultural well-being; to make public bodies think more long-term, looking to prevent problems before they arise. In doing so, it sets out well-being goals, including a healthier Wales and a Wales of vibrant culture and thriving Welsh Language. Health and social care has a key role to play in delivering this goal.

## SECTION 3

# The Plan

## Culture and Leadership

### Context

The *More than just words* evaluation demonstrates that the Welsh language is still largely a marginal consideration in health and social care and that accessing Welsh language services can still be challenging in many parts of Wales.

Leadership is a key driver for the successful implementation of *More than just words*. We'll need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. We'll deliver this within the compassionate leadership principles expected in all health and social care services.

Researchers at Bangor University have referenced the macro-miso framework, identifying Welsh Government's responsibility for setting policy and direction at the macro level and health and social care providers at the miso levels. It was highlighted that many of the barriers to strengthening Welsh language services occur at the levels of the 'miso' middle tier level, with practitioners often preoccupied with the implications to themselves of providing Welsh language services, as opposed to focussing on the benefits to individuals accessing and

receiving such services. Whilst there are examples of excellent initiatives across the sector encouraging greater use of Welsh, we know they have often been instigated by the efforts and enthusiasm of individual Welsh language officers and practitioners rather than being inspired by system leadership to drive system change.

We fully acknowledge the complexity of health and social care and the extent of the challenge should not be underestimated. Cultural change does not happen through systems and processes, it happens through co-production and collaboration from Board to ward, from leaders to frontline care staff and this will require investment and support. Welsh Government, professional bodies, regulators, inspectorates, health boards, social care and social service leaders will all need to take ownership of strengthening Welsh language provision.

We want to enable a healthy culture, where the workforce will commit to the Welsh Language, based on a sense of belonging.

### Key Aims

- To embed a healthy culture of belonging for the Welsh language in health and social care and to deliver the aims and principles of *More than just words*.
- To demonstrate evidence of leadership at all levels to support the use of Welsh to deliver quality services and improved outcomes for individuals.

**Together we will – Actions**

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
1.	We'll set personal performance objectives to ensure the delivery of <i>More than just words</i> so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework).	All health and social care bodies  Welsh Government to lead on objectives for Chairs.	Short Term
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan.	Welsh Government/ HEIW/ SCW	Short to Medium Term
3.	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of <i>Cymraeg 2050</i> in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use.	Chairs and Chief Executives of health and social care bodies	Medium Term
4.	We'll appoint national cultural change makers to work with organisations across health and social care to facilitate change and transformation and to support practitioners and middle managers to overcome challenges or barriers in delivering the Active Offer.	Welsh Government	Medium Term with appointment process undertaken during the first 12 months.

## Outcomes

Positive change in culture, ethos and attitude that Cymraeg belongs to us all and leadership at all levels support service delivery interventions to underpin the Active Offer and focus on Welsh language in practice to transform user experience.

The Welsh language will be normalised and the Active Offer embedded across NHS and care settings with clear lines of accountability from regional partnerships to deliver Welsh Language plans and services, initially prioritising identified vulnerable groups.

## Theme 1

Welsh language planning and policies including data

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### Context

Alongside a healthy culture and strong leadership, we need to have the right plans and policies in place. We need to focus on the Welsh language in planning and policies at national, regional and local level. It will be necessary to improve data collection processes to provide us with the basis to plan for delivering the Active Offer especially in those service areas of need, matching language skills in the workforce with the care of the individual. The actions under this theme also align closely with the governance and accountability arrangements of the plan set out in Section 4.

### Key Aims

- To identify and collect data and views of individuals that will provide us with the understanding and evidence base to support policy decisions and monitor progress.
- Welsh planning requirements are understood and are embedded in guidance and policy.

## Together we will – Actions

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
5.	Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how <i>More than just words</i> supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard).	Welsh Government/ Universities, Citizen Voice Body for health and social care and think tanks	Medium Term
6.	Develop tools to support mainstreaming Welsh language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services.	Welsh Government/ Health and social care bodies	Long Term
7.	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments.	Welsh Government	Short Term

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
8.	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh.	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors.	Medium Term
9.	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards.	HEIW/SCW, health and social care bodies	Short/Medium Term
10.	<p>That action 30 of the ‘Health and Social Care Workforce Strategy’ – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified.</p> <p>The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate.</p>	HEIW / Social Care Wales	Short term

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
11.	The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') <sup>2</sup> became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies.	Welsh Government	Short Term
12.	The importance of the Welsh language in planning and delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the <i>More than just words</i> accountability arrangements including the dashboard.	Welsh Government	Medium Term

## Outcomes

Greater understanding and awareness of effective service planning and delivery to embed the Active Offer.

Delivering the Active Offer is an integral part of service quality and delivery across health and social care settings in Wales.

## Theme 2

Supporting and developing the Welsh Language skills of the current and future workforce

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### Context

The importance of developing the Welsh language skills of the current and future workforce is not to be underestimated to achieve the aims of *More than just words*. This is recognised in the Health and Social Care workforce strategy jointly published by HEIW and Social Care Wales setting out ambitious goals for a bilingual workforce.

Given some gaps in data and information, careful consideration was given to what short-term actions could be appropriately made in relation to the current workforce and the workforce in training in order to better understand our baseline in all parts of Wales to identify the areas of greatest challenge and aid decisions on targeting priority areas. These will then be reviewed and considered further alongside the workforce planning actions set out under Theme 1.

### Key Aims

Our aim aligns with one set out in the Health and Social Care workforce strategy:

*‘Our aim will be to understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as we move forward.’*

*Supporting our workforce to deliver care using the Welsh language is a fundamental principle which must underpin every area of this Workforce Strategy.’*

## Together we will – Actions

### Current Workforce

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
13.	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW.	Health and social care bodies. HEIW and SCW	Medium Term
14.	We'll expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.	Health and Social Care bodies	Medium Term
15.	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning.	Welsh Government/ National Centre for Learning Welsh	Medium Term

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
16.	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities.	Health and social care bodies	Medium Term (Guidance to be developed and shared in the short term)
17.	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, <b>all staff</b> working in health and social care should have courtesy level Welsh.	Health and social care bodies	Short Term – introduction  Long term – all staff have courtesy level Welsh
18.	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in <i>More than just words</i> key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers / employers to also create the conditions for individuals to use their Welsh).	Health and social care bodies	Medium Term
19.	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of Welsh has in improving outcomes for individuals.	Welsh Government/ SCW and HEIW	Medium Term

## Future workforce

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
20.	Careers Wales/ HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people.	Careers Wales/ HEIW and SCW	Short/Medium Term
21.	HEIW, HEFCW and SCW monitor the numbers of bilingual students <sup>3</sup> being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/ or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in th dashboard development set out under Section 4,	HEIW/ HEFCW and SCW	Short Term
22.	Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4.	Welsh Government	Short Term

3 We differentiate here between Students – who are studying at Higher Education Institutions, and Learners studying at Further Education Institutions and Apprentices undertaking apprenticeship frameworks.

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
23.	<p>Welsh Government / HEFCW<sup>4</sup> have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School.</p> <ul style="list-style-type: none"> <li>• HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training.</li> </ul>	HEIW/SCW/ Coleg Cymraeg Cenedlaethol	Short Term
24.	<p>Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce.</p>	Welsh Government	Short Term
25.	<p>Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply successfully to study medicine and other subjects.</p>	Welsh Government	Short Term

4 There will be new legislation to establish the Commission for Tertiary Education and Research (CTER) from 2023, which will replace and build on the Higher Education Funding Council for Wales (HEFCW) and be responsible for the funding, direction and oversight of our higher and further education, local authority maintained school sixth forms, apprenticeships, adult community learning, and aspects of the research and innovation.

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
26.	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans.	Health and social care training providers	Short Term
27.	Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments.	Welsh Government	Short Term
28.	Coleg Cymraeg Cenedlaethol is tasked with undertaking a review of bilingual provision in health and social care across the FE and apprenticeship sector and making recommendations as appropriate as to further steps required to develop bilingual skills amongst level 2 and 3 learners.	Coleg Cymraeg Cenedlaethol	Medium Term

## Outcomes

Implementation of the actions set out under this framework will provide a sound foundation for delivering the expected outcomes and significant development of bilingual provision during the next decade:

- Increased Welsh language capacity across the workforce to meet the language needs of individuals
- Increased Welsh language capacity amongst new entrants within the health and social care workforce.

Following the implementation of planning actions under theme 1 alongside progressing the actions above, the annual data from HE providers will need to be monitored and reviewed. This work should be undertaken by Social Care Wales for Social Work courses, by HEIW for courses commissioned by HEIW, by HEFCW for all other Health courses in HEIs and Welsh Government for FEI courses and Apprenticeships<sup>5</sup>

To ensure progress there will be a three step approach in response to the review that will be incorporated in the wider performance and accountability framework of the plan outlined under section 4.

- **Monitoring:** Where the numbers of students graduating with bilingual skills are in line with workforce needs, that annual monitoring of the data takes place.
- **Target Setting:** Where the numbers of students graduating with bilingual skills (either nationally or at a specific HEI) are somewhat below the numbers identified as required that specific targets are set in terms of training sufficient students with bilingual skills. These could as appropriate identify the level of skills required as part of this process.
- **Binding Targets:** Where monitoring and target setting have not delivered the required numbers and mix of professionals with the requisite bilingual skills consistently, and where HEIs have been specifically tasked with improving the situation and have failed to do so; binding targets should be set which could be supported through the contracting process, the accreditation process and/or the student funding process as appropriate.

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<sup>5</sup> This recommendation could be implemented in due course for both HEIs and FEIs by the proposed Commission that's due to be established as part of Welsh Government reforms to Post-Compulsory Education and Training.

## Theme 3

### Sharing best practice and an enabling approach

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#### Context

Sharing best practice and learning will be critical so that we can deliver whole system change when needed. It is telling that those organisations with progressive executives leading on Welsh Language services across health and social care have made significantly greater progress. There is clear demand across the sector, including primary, secondary and social care practitioners for more sharing of best practice and effective initiatives to be introduced across Wales. We see *More than just words* as both support and enabler and technology has an enormous part to play to make the use of Cymraeg in health and social care more accessible, particularly within primary care clusters where most interactions take place. Primary Care regulations now include duties on Welsh language that include promoting visual markers including badges for staff that speak Welsh and are willing to offer services in Welsh. There is evidence that visual indicators and ICT systems can be powerful enablers to increase Welsh language interactions between patients, service users and professionals.

The actions set out under this theme are about sharing and creating a supportive environment for the Active Offer both in person and digitally to enable the delivery of consistent Welsh language services across Wales.

#### Key Aims

- We'll work together with the whole sector to make sure that we design systems bilingually by default and with Welsh-speaking service users.
- We'll ensure pockets of good practice are identified, shared to influence and enable a more system wide enabling approach.

## Together we will – Actions

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
29.	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.	Welsh Government/ Welsh language officers	Short
30.	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.	DHCW / NHS Wales organisations	Short Term
31.	We'll provide the required structured and resourced support for <i>More than just words</i> regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care.	Welsh Government and Chairs of Regional Forums, clinical networks, Royal Colleges, British Association of Social Workers	Medium Term
32.	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting <i>More than just words</i> within existing awards and accolade schemes.	Welsh Government, Health and social care bodies	Short Term

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
33.	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters.	Health Boards and Primary Care Clusters	Medium Term
34.	Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia.	Welsh Government	Long Term
35.	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)	Welsh Government/ DHCW/ health and social care bodies	Short Term

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027
36.	We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the Sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use and understand in Welsh and English.	Welsh Government/ DHCW	Medium
37.	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example <i>Gair i Glaf</i> . This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Welsh Government/ Health and social care bodies	Short Term – joint working and approaches on developing standard terms  Long Term – health and social care terminological corpus
38.	We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice.	Regulation and Inspection Bodies	Medium Term

## Outcomes

Individuals will receive a consistent Active Offer across health and social care leading to better user / patient experience and improved outcomes across Wales.

Health and social care organisations will be inspired to emulate best practice and sector-leading initiatives from other parts of Wales.

## SECTION 4

# Monitoring Progress

## Context

It is clear that the paucity and quality of data to support planning and the lack of systems and processes to measure progress against the *More than just words* framework has been a source of frustration, hampering the sector's ability to deliver over the last ten years. The more often you monitor progress, the more likely you are to succeed. We therefore recommend the

mapping of available data and the introduction of a performance management framework as outlined in the following actions, measuring progress against the five-year action plan to deliver our objectives, which should help enable future success. We have set out below actions to ensure success as progress is made on the data and development of indicators and dashboards. We know this will lead to safer care and better outcomes.

## How together we will monitor progress

Action	Lead Accountability	Timeline Short Term – by 2023 Medium – by 2025 Long Term – by 2027
Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress.	Welsh Government	2023
Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify data gaps that would further help measure progress.	Welsh Government	Develop initial indicators – 2023 Identify data gaps – 2023 Fill data gaps where possible – 2025
Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting.	Welsh Government	Establish working group 2023 First dashboard publication 2025 Summit to share dashboard with data owners 2025

<b>Action</b>	<b>Lead Accountability</b>	<b>Timeline</b> <b>Short Term– by 2023</b> <b>Medium – by 2025</b> <b>Long Term – by 2027</b>
All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities	October 2022
<i>More than just words</i> progress monitoring: Provide a written update on progress with actions on a 12 month basis.	All accountable organisations listed in this plan	First Annual Report – Summer 2023
Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress.	Welsh Government	Annual advisory report 2023  Advisory report to include reflection on dashboard data from 2025
Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required.  Statement on progress to be shared with Senedd Members annually.	Welsh Government	First Annual Progress Meeting – Autumn 2023  First Statement to Senedd Members – Autumn 2023  From 2025 the progress report to include the performance data dashboard

SECTION 5

# Looking Ahead

**We have in our plan for the next five years set out how we'll work together to deliver the vision and how we'll monitor how we are doing.**

The Welsh Language Partnership Board for Health and Social Care has over the past five years provided challenge on progress and ensured the voice of individuals accessing health and social care services is at the heart of the work. Our plans to monitor progress for the next five years includes establishing a new Advisory

Board and annual progress meetings with the Minister to replace the role of the Partnership Board. The new Citizen Voice Body will play a key role in providing insight and advice from the experience and views of patients and individuals on progress in actively delivering person centred care in Welsh.

The new Advisory Board to be established during 2022 and the first annual report published in summer 2023.

# Annex A

## Data Mapping Exercise

This document aims to bring together the data sources that exist in relation to:

- i. the Welsh language ability of people working in health and social care
- ii. the 'Active Offer' of Welsh services within the health and social care sector.

Below is a summary of the data sources that may be relevant to this area.

Main points to consider are:

- The Welsh Language in GP practices survey 2019 shows that 6% of practices had funded or released staff to attend Welsh language skills training in the previous 3 years. **58% of practices were not currently aware of the 'Active Offer'**.
- Most practices (86%) do not have a policy for which language(s) staff should use when answering the phone. Over half of staff who can speak Welsh do not wear a laith Gwaith badge/lanyard. **Around half of practices have at least a member of reception staff who can speak with patients in Welsh.** This varies from 94% in Hywel Dda to 8% in Aneurin Bevan.
- 75% of practices responded that they have a sufficient number of Welsh speaking reception staff to meet the language needs of their patients. 79% felt that they had a sufficient number of Welsh speaking GPs to meet the language needs of their patients. **Half of practices have a GP who is able to provide clinical consultations in Welsh.**
- The National Survey for Wales 2014-15 showed that **17% of Welsh speakers preferred to communicate in Welsh with health and social care staff.** In the previous 12 months, **31% had used Welsh to communicate with health and social care staff**, and 69% had not used Welsh in this way.
- The 2011 Census shows that 16% of people aged 16 or older living in Wales in employment in 'Human, health and social work activities' the week before the 2011 Census were able to speak Welsh. This compares with 17% across all industries.
- ONS data shows that the highest percentage of health and social care workers who have **some skills in Welsh are in Gwynedd (48%), Isle of Anglesey (33%) and Carmarthenshire (70%).** The highest percentage that have no skills in Welsh is in Cardiff (13%). Per Health Board, the highest percentage of health and social care workers who have some skills are in Betsi Cadwaladr and Hywel Dda. **45% of those who answered they can speak, read and write in Welsh are in Betsi Cadwaladr, 24% in Hywel Dda**, with the rest under 10%. The highest percentage of workers with no skills in Welsh was in Aneurin Bevan at 21%.
- The General Medical Services Census shows that **Abertawe Bro Morgannwg ULHB has the highest number of Welsh speaking GPs per 10,000 Welsh speaking population at 9.5**, followed by Cardiff & Vale ULHB at 8.4. Overall, Wales is 6.6 Welsh speaking GPs per 10,000 Welsh speaking population.
- HESA 2019-20 data shows that nursing has the highest percentage of Welsh speakers at 26%, followed by Midwifery at 24% and Social Care at 22%. Lowest percentage is Medicine and Dentistry, both at 13%. **Health and Social care**

is 20% Welsh speakers.

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
National Survey for Wales	1	The National Survey for Wales 2014-15, communication with health and social care staff	National Survey for Wales	<a href="http://www.gov.wales/national-survey-wales-headline-results-april-2014-march-2015">www.gov.wales/national-survey-wales-headline-results-april-2014-march-2015</a>	14 September 2015	Headline results	<p>17% of Welsh speakers preferred to communicate in Welsh with health and social care staff. In the previous 12 months, 31% had used Welsh to communicate with health and social care staff, and 69% had not used Welsh in this way. No information has been collected about the active Welsh language offer in health and social care services.</p> <p>When asked their preferred language to communicate with health and social care staff, % of Welsh speakers (and all people), Wales, 2014-15, 50% of Hywel Dda ULHB preferred to use Welsh or had no preference, closely followed by Betsi Cadwaladr ULHB at 43%. Cardiff &amp; Vale ULHB were 37% and Powys Teaching LHB at 20%. Lowest were Abertawe Bro Morgannwg ULHB, Cwm Taf ULHB and Aneurin Bevan ULHB at 19%, 16% and 14% respectively. This follows the 2011 Census pattern for Welsh speakers in each Health Board.</p> <p>When asked whether they had communicated in Welsh with health and social care staff in the last 12 months, 45% of Betsi Cadwaladr ULHB answered yes, followed by 44% in Hywel Dda ULHB. Powys Teaching LHB was 24% and Abertawe Bro Morgannwg was 14%. Lowest was Cwm Taf ULHB and Cardiff &amp; Vale ULHB both at 12% and Aneurin Bevan ULHB at 10%.</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Population Census	1	Ability to speak Welsh by industry (DC2611WA)	The Office of National Statistics (ONS)	<a href="http://www.nomisweb.co.uk/census/2011/dc2611wa">www.nomisweb.co.uk/ census/2011/dc2611wa</a>	29 November 2013	Dataset	<p>This table includes information about the Welsh-speaking ability of people aged 16 or older living in Wales in employment the week before the census, by industry. This includes people working in 'Human, health and social work activities'. It's not readily available at a more detailed level.</p> <p>16% of people aged 16 or older living in Wales in employment in 'Human, health and social work activities' the week before the 2011 Census were able to speak Welsh. This compares with 17% across all industries.</p>
Population Census	1	Ability to speak Welsh by occupation (DC2612WA)	The Office of National Statistics (ONS)	<a href="http://www.nomisweb.co.uk/census/2011/dc2612wa">www.nomisweb.co.uk/ census/2011/dc2612wa</a>	29 November 2013	Dataset	<p>This table includes information about the Welsh-speaking ability of people aged 16 or older living in Wales in employment the week before the census, by occupation. This includes people working in 'Professional occupations' and 'Caring, leisure and other service occupations', for example. It's not readily available at a more detailed level.</p> <p>21% of people aged 16 or over living in Wales in 'Professional occupations', for example, the week before the 2011 Census were able to speak Welsh, compared with 17% across all occupations.</p>
Population Census	1	Age by industry by Welsh language skills (Unitary Authorities in wales)	The Office of National Statistics (ONS)	<a href="http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/14388ct12042011census">www.ons.gov.uk/ peoplepopulationandcommunity/ populationandmigration/ populationestimates/ adhocs/14388ct12042011census</a>	11 March 2022	Dataset	<p>This table provides 2011 Census estimates that classify all usual residents aged 16 years or over in employment the week before the Census by age by industry (selected category and remainder) by Welsh language skills (detailed) for Unitary Authorities in Wales on census day (27 March 2011).</p> <p>The highest percentage of health and social care workers who have some skills in Welsh are in Gwynedd (48%), Isle of Anglesey (33%) and Carmarthenshire (70%). The highest percentage that have no skills in Welsh is in Cardiff (13%).</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Population Census	1	Age by industry by Welsh language skills (Local Health Boards)	The Office of National Statistics (ONS)	<a href="http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/14389ct12052011census">www.ons.gov.uk/ peoplepopulationandcommunity/ populationandmigration/ populationestimates/ adhocs/14389ct12052011census</a>	11 March 2022	Dataset	<p>This table provides 2011 Census estimates that classify all usual residents aged 16 years or over in employment the week before the Census by age by industry (selected category and remainder) by Welsh language skills (detailed) for Unitary Authorities in Wales on census day (27 March 2011).</p> <p>The highest percentage of health and social care workers who have some skills are in Betsi Cadwaladr and Hywel Dda. 45% of those who answered they can speak, read and write in Welsh are in Betsi Cadwaladr, 24% in Hywel Dda, with the rest under 10%. The highest percentage of workers with no skills in Welsh was in Aneurin Bevan at 21%.</p>
Population Census	1	General Medical Services Census	TBC	General Medical Services Census, GP Welsh language ability, health boards in Wales, September 2014, <a href="http://www.gov.wales/primary-care-workforce-and-welsh-language-0">www.gov.wales/primary-care-workforce-and-welsh-language-0</a>	2014	Dataset	<p>GPs on the Medical Performers' List who listed Welsh as a language they were able to speak including all levels of fluency, from basic to fluent. This data does not represent the number of GPs who currently consult in Welsh.</p> <p>Abertawe Bro Morgannwg ULHB has the highest number of Welsh speaking GPs per 10,000 Welsh speaking population at 9.5, followed by Cardiff &amp; Vale ULHB at 8.4. Cwm Taf ULHB and Powys Teaching LHB are 7.6 and 7.1 respectively. Betsi Cadwaladr ULHB and Hywel Dda ULHB are both 6.0. Lowest is Aneurin Bevan ULHB at 5.1. Overall, Wales is 6.6 Welsh speaking GPs per 10,000 Welsh speaking population.</p> <p>Latest data not published yet due to COVID-19 but the Welsh Government holds it. The data is collected quarterly, and coverage seems good (some missing data), but hasn't been thoroughly validated yet. Welsh Government aim to publish this data either in the next release at the end of January 2022, or the following release provisionally scheduled for end of April 2022. Plan is to roll out WNWRS across other medical professions.</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Healthcare	1	Welsh Language in GP practices survey 2019	TBC	<a href="http://www.gov.wales/primary-care-workforce-and-welsh-language-0">www.gov.wales/primary-care-workforce-and-welsh-language-0</a>	2019	Dataset and high level summary	<p>Survey done in the past to look at the use of the Welsh language in GP practices, as part of the evaluation of <i>More than just words</i>. The final number of responses was 251 – a response rate of 61.1% (411 practices).</p> <p>Most practices (86%) do not have a policy for which language(s) staff should use when answering the phone. Over half of staff who can speak Welsh do not wear a laith Gwaith badge/lanyard. Around half of practices have at least a member of reception staff who can speak with patients in Welsh. This varies from 94% in Hywel Dda to 8% in Aneurin Bevan. The cluster responses show in BCU almost 100% in areas such as Gwynedd and Anglesey. 75% of practices responded that they have a sufficient number of Welsh speaking reception staff to meet the language needs of their patients. 79% felt that they had a sufficient number of Welsh speaking GPs to meet the language needs of their patients.</p> <p>Half of practices have a GP who is able to provide clinical consultations in Welsh. This varies from 37% in Aneurin Bevan to 65% in Hywel Dda. 6% of practices had funded or released staff to attend Welsh language skills training in the previous 3 years. 58% of practices were not currently aware of the 'Active Offer'. 19% were aware and had or partly implemented it. Most practices (76%) had checked the language preferences of some patients (26% had checked most or all). 77% of practices would be interested in receiving further guidance and support on the 'Active Offer'.</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Healthcare	1	NHS Dental Services April 2020 – March 2021		<a href="#"><u>NHS dental services: April 2020 to March 2021   GOV.WALES</u></a>	2021	Dataset and report	<p>As of 14 July 2021, there were 148 Welsh speaking dentists in Wales, according to the Dental Performers List.</p> <p>This is equivalent to 2.6 Welsh speaking dentists per 10,000 Welsh speakers in Wales and 0.5 per 10,000 people in Wales.</p> <p>This varies between health board areas. Cwm Taf Morgannwg has the highest number of Welsh speaking dentists per 10,000 Welsh speakers at 6.8, while Aneurin Bevan has the lowest at 1.1. Cwm Taf Morgannwg also have the highest number of Welsh speaking dentists per 10,000 people at 0.7, with the same number in Betsi Cadwaladr; while Aneurin Bevan has the lowest at 0.1</p>
Higher education	1	Higher Education Statistics Agency (HESA) Data 2019-20	Higher Education Statistics Agency (HESA)	TBC	2020	Dataset	<p>Breakdown of medical professions being studied by % of Welsh speakers.</p> <p>Nursing has the highest percentage of Welsh speakers at 26%, followed by Midwifery at 24% and Social Care at 22%. Lowest percentage is Medicine and Dentistry, both at 13%. Health and Social care is 20% Welsh speakers in this dataset.</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Population Census	2	2011 Census and the Welsh Language Use Survey, Percentage of Welsh speakers per Health Board	The Office of National Statistics (ONS)	2011 Census, <a href="http://www.gov.wales/primary-care-workforce-and-welsh-language-0">www.gov.wales/ primary-care-workforce-and- welsh-language-0</a>	2011	Dataset and report	<p>There are large variations within some health boards which tends to be smoothed when the local authority data is averaged. For example, Betsi Cadwaladr Health Board includes areas with high levels of Welsh-speaking (the Isle of Anglesey and Gwynedd), average levels (Conwy and Denbighshire), and low levels (Flintshire and Wrexham).</p> <p>Over all ages, the highest percentage in 2011 at 36.7% was Hywel Dda ULHB, followed by 30.8% in Betsi Cadwaladr ULHB. Powys Teaching ULHB was at 18.6%, Abertawe Bro Morgannwg ULHB at 12.0%. Cwm Taf ULHB and Cardiff &amp; Vale ULHB were 11.6% and 11.0% respectively. The lowest percentage was Aneurin Bevan ULHB at 9.9%. Overall, Wales was 19.0%.</p> <p>When compared with %s from all ages in 2001, Cardiff &amp; Vale ULHB was the only increase, up 9.7%. All other Health Boards noted decreases, the largest at Abertawe Bro Morgannwg ULHB at 8.5% down. Powys Teaching LHB and Hywel Dda ULHB were down 7.1% and 7.0% respectively. Betsi Cadwaladr ULHB and Cwm Taf ULHB was down 2.9% and 2.0% respectively. The least change was in Aneurin Bevan ULHB which was down 0.5%. Overall, Wales was down 3.5%.</p>

Category/ Search Aspect	Priority 1, 2, 3.	Title	Author	Citation	Year of Publ.	Publ. type	Abstract & Notes
Welsh Government report	3	Primary care workforce and the Welsh language, summary	Welsh Government	<a href="http://www.gov.wales/primary-care-workforce-and-welsh-language-0">www.gov.wales/primary-care-workforce-and-welsh-language-0</a>	22 June 2016	Report	<p>The aim of this report is to provide baseline data on the provision of and demand for the Welsh language for people using primary care services. It's based on a range of different sources which are outlined in this document in separate entries.</p> <p>In 2013 the Welsh Language Commissioner conducted an inquiry into the Welsh language in primary care in Wales. The aim was to investigate the experience of Welsh speakers receiving or failing to receive services in Welsh from primary care providers in Wales. The final report of the inquiry recommended the production of baseline statistics concerning Welsh Language primary care services.</p>
Healthcare	3	Calls made to NHS Direct, 2014-15	NHS Direct Wales	<a href="http://www.gov.wales/primary-care-workforce-and-welsh-language-0">www.gov.wales/primary-care-workforce-and-welsh-language-0</a>	2015	Dataset	<p>The telephone helpline NHS Direct Wales answers calls in English, Welsh, and over 120 other languages via a language line. In addition to the main 0845 telephone helpline, they handle triage calls transferred from A&amp;E departments and the Welsh Ambulance Services NHS Trust, and provide a dental information line.</p> <p>For quarters in 2014 and 2015, the proportion of calls in Welsh varied from 0.5% to 0.7%.</p>
Demand	3	Flying start, April 2020 to March 2021	Welsh Government	<a href="http://www.gov.wales/flying-start">www.gov.wales/flying-start</a>	25 November 2021	Dataset	<p>Recently published data on the number of children receiving Flying Start services whose first language is Welsh. There is no data on whether the services were delivered in Welsh but may give some indication of what 'demand' might be.</p> <p>The percentage of caseload where children were from families where Welsh is the first language was 3%. Broadly unchanged from the previous year.</p>

## A Glossary of Abbreviations and Acronyms

<b>Abbreviation</b>	<b>Description</b>
A&E	Accident & Emergency
BCU	Betsi Cadwaladr University (health board)
CIW	Care Inspectorate Wales
DHCW	Digital Health and Care Wales
FEI	Further Education Institute
HE	Higher Education
HEFCW	Higher Education Funding Council for Wales
HEI	Higher Education Institute
HEIW	Health Education and Improvement Wales
HESA	Higher Education Statistics Agency
HIW	Health Inspectorate Wales
ICT	Information and Communications Technology
IMTP	Intermediate Mid-Term Plans (NHS)
LHB	Local Health Board
NHS	National Health Service
SCW	Social Care Wales
ULHB	University Local Health Board
USP	Unique Selling Point
WLC	Welsh Language Commissioner
WNWRS	Wales National Workforce and Reporting System