

Health & Social Services Committee

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Date: Wednesday 1 February 2006

Venue: Committee Rooms 3 & 4, National Assembly for Wales

Title: The provision of services in Welsh and other languages and meeting other cultural needs

Purpose

1. At the meeting on 13 April 2005, the Committee considered the Welsh Language Awareness Research commissioned by the Welsh Assembly Government and has subsequently asked for a paper on the provision of services in Welsh and other languages and meeting other cultural needs.

Summary

2. The paper describes the provision of services through the Welsh language, ethnic languages and services to meet other cultural needs. Key issues noted in the paper include:

- the Welsh language awareness work, which has resulted in over 11,000 staff in the NHS receiving language awareness training
- the development of the Welsh Language Healthcare Awards
- the development of Race Equality Schemes by NHS organisations
- the development of the Equality Self Assessment Toolkit by the NHS
- the strategic framework for workforce development for social services, which addresses Welsh and other languages as a mainstream subject

a) The provision of services in Welsh

Background

3. The 2001 Census data showed 20.8% of the population of Wales were Welsh speakers (See Annex 1).

4. The introduction of the Welsh Language Act 1993 placed a responsibility on health and social care organisations to respond positively to the growing expectations of Welsh speakers. To achieve this, organisations must strive to give full effect to the principle of equality and offer real language choice in delivering services to patients and their families.

5. In February 2002, the Health Service and the Welsh Language Health Circular, WHC (2002) 20, was issued informing the NHS in Wales of the establishment of the Welsh Language Task Group. It asked Trusts and Health Authorities to nominate Welsh Language Contact Points and Champions - individuals responsible for taking the agenda forward.

The operational framework for Welsh Language provision

6. In order to improve the provision of Welsh language services in the NHS the Minister established the Task Group in August 2001. The Task Group is responsible for raising the awareness, status of the Welsh language as a care issue in the NHS and partnership organisations in Wales.

7. Trusts and Local Health Boards in Wales have nominated Welsh Language Champions. These are senior managers who champion the development of Welsh language provision within their organisation. Welsh Language Contact Officers are responsible for the implementation of Welsh Language Schemes within the health service.

8. The NHS Welsh Language Unit was established within the Health and Social Care Department in 2002 to raise awareness, and promote and facilitate the use of the Welsh language within health and social care.

9. In 2004 the Task Group commissioned a Study of Welsh Language Awareness in Healthcare Provision in Wales. The research conducted by the University of Wales, Bangor provided baseline information on Welsh language awareness within the NHS. The Committee received the study at its meeting in April 2005. The Welsh language awareness training packages that were developed have resulted in over 11,000 NHS employees receiving language awareness training.

10. To support this development Welsh language awareness training was added to the balanced scorecard performance management system within the NHS in Wales. Its use is being broadened to include the Primary Care sector.

11. In 2004 the Assembly Government introduced the Welsh Language in Healthcare Awards to improve Welsh Language provision in healthcare for patients and the public and to offer an opportunity to recognise and share good practice. In 2005, seventy nominations were received from the NHS in Wales. Details of the 2005 Award winners and the 2006 Awards are included in Annex 2 and 3.

12. In July 2003, a consultation paper "Working Together", relating to services for children and young people with speech and communication problems, was published. One of the actions arising from this consultation was the appointment of a National Liaison Officer for Welsh/bilingual speech and language therapy services to support service providers practising through the medium of Welsh and identify the extent of need in Wales.

13. The Care Council for Wales' publication of "They all speak English Anyway", a training pack which

focused on improving language awareness and the need for linguistic sensitivity when providing social care services in Wales, was recognised as best practice and has been used extensively to raise language awareness across social care and by other sectors. The Council ensures that language and cultural sensitivity is built into national occupational standards and training standards for all groups of staff.

14. In recent years work taken forward by the Social Services Inspectorate for Wales and the Care Council for Wales has included further development of a strategic framework for workforce improvement and a toolkit to support the framework's implementation. The toolkit addresses Welsh and other language issues specifically as a mainstream subject.

15. The reform of social work training has been completed. One of the objectives of the reform was to ensure that services could meet service users' needs in Welsh. The Rules and Requirements for the new degree mainstream Welsh language and culture issues. It is encouraging to note that there has been an upward trend in the number of Welsh speakers who registered for an award in social work in recent years.

16. The Assembly's Social Care Workforce Development Programme grant provides matched funding to Local Authorities to increase the proportion of staff across all social care employers with the requisite skills, knowledge and qualifications to help them with their work, and makes specific reference to staff development in Welsh language and language-appropriate practice.

17. The Inspectorates operate in line with the Assembly's Welsh Language Scheme. CSIW, SSIW and HIW carry out inspections through the medium of Welsh, when this is requested and take account of language and culture.

Developments in the service

18. Considerable progress has been made across the NHS in Wales during the last four years. Examples can be seen at Annex 4.

b) The provision of services in ethnic languages and meeting other cultural needs

Background

19. The Race Relations (Amendment) Act 2000 places a duty on organisations to promote race equality and required all organisations to publish a Race Equality Scheme by 31 May 2002

The Operational Framework

20. All NHS Trusts and LHBs in Wales have a Race Equality Scheme. These schemes are viewed as dynamic and will expand and develop overtime.

21. The NHS Centre for Equality and Human Rights (CEHR) has produced a 'Toolkit for Carrying out Equality Impact Assessments'. The toolkit has been developed to help promote fair and equal treatment in the delivery of health services across Wales. Its purpose is to enable NHS organisations to identify and eliminate detrimental treatment caused by the adverse impact of health service policies and strategies upon groups and individuals for reason of race, disability, gender or other equality areas.
22. Measurement of performance is undertaken using the Balanced Scorecard and healthcare organisations will be expected to demonstrate their progress in relations to race equality via the reporting mechanisms.
23. The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services.
24. NHS organisations are developing training packages and utilising e-learning materials in order to support staff in the attainment of the relevant dimensions and levels of the KSF.

Developments in the Service

The following provide a cross section of developments in the service:

25. Many NHS organisations in Wales, particularly Trusts, use the language skills of clinical staff, by asking if these staff will volunteer to act as translators. One group of staff in particular, the Junior Doctors, have a diverse range of ethnic backgrounds and language abilities and volunteer to be placed on such a register.
26. One of the Eye Care Initiative's three strands offers people who are particularly vulnerable to eye disease a comprehensive eye examination by optometrists. These groups include Black African, Black Caribbean, Indian, Pakistani and Bangladeshi and some others who are vulnerable due to the history of their race. Communication work to promote the initiative has focused on this target group with support material available in Arabic, Gujarati, Bengali, Hindi, Punjabi and Somali. Approximately 350 optometrists across Wales have been trained to give this eye examination.
27. With the increasing use of telemedicine and other related technologies, language translation services may be accessed via similar technological solutions. Or, as the NHS Electronic Staff Record is rolled out across the NHS in Wales, this can be flagged on the individual's record following the Doctor and other volunteer translator staff, wherever they work in the NHS.
28. The Patient Equality Monitoring Project will result in the availability of disaggregated racial/ethnic group information and provide an evidence base that will shape the future planning and delivery of services.
29. The NHS KSF and the NHS CEHR CD-ROM will both raise awareness of the various cultures

within the communities served and help ensure that cultural issues are considered by all NHS staff when carrying out their roles and delivering services.

Conclusions

30. The paper provides an overview of provision to meet linguistic and cultural needs. Much has been achieved in raising awareness and ensuring that language choice is central to good health and social care. Likewise the services strive to respect various cultural differences. These developments need to be built upon in order to ensure that health and social services respond effectively to people's linguistic and cultural needs. If we are to provide equality in service provision, then there is a need to ensure that users of the service are able to understand and be understood.

31. John Griffiths the Deputy Minister has been given special portfolio responsibility for many of the areas covered in this paper. He will be working closely with the NHS and partners to see that the momentum that has built up in the important areas is maintained and developed.

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Minister for Health and Social Services