

Assimilating the Twf Message into the work of Midwives and Health Visitors

Report for the

Welsh Language Board



by

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1. Introduction

- 1.1. Increasing global diversity and the enhanced status of many indigenous minority languages have highlighted the numerous advantages of bilingualism for individuals and their communities (Table 1). These features are key drivers for language acquisition planning in Wales that focuses on enhancing language transmission in the family.
- 1.2. Through a government-funded initiative, the Twf scheme was established in 2001 to increase the numbers of bilingual families who transmit the Welsh language to their children. The focus of Twf is to highlight the value of the Welsh language and bilingualism to parents, prospective parents and the general population; and to encourage families to raise their children to be bilingual. Twf emphasises the importance of developing bilingualism at an early age and using Welsh in the home.
- 1.3. As respected professionals within the community, midwives and health visitors offer the potential to become credible agents of the Twf scheme, through their regular contact with all prospective and new parents. With this in mind, Twf aims to bring the message of the advantages of bilingualism into the mainstream work of midwives and health visitors.
- 1.4. Nevertheless, a recent detailed impact assessment report (Irvine et al 2008) (see Appendix 1 for Executive Summary) raises concerns about Twf's ability to influence the work of the health sector. Moreover, the research shows that, although there is some commitment amongst midwives and health visitors to disseminate Twf resources, there is a general apathy towards discussing language transmission with parents and a lack of clarity, particularly amongst health visitors, about the message in relation to their public health role (Tranter et al 2010) (see Appendix 2).
- 1.5. In view of Twf's reliance on collaborating with healthcare professionals as a means of disseminating its message, a further project was commissioned by the Welsh Language Board in order to establish strategic plans for assimilating the Twf message into the mainstream work of midwives and health visitors. This report examines the current position of the Twf initiative in the health sector and identifies novel ways of assimilating the Twf message through strategic efforts that takes account of developments at the practice, policy, education and statutory levels.

Table 1: Advantages of bilingualism

Advantage	Evidence
Cultural	Baker and Prys Jones (1998); Edwards (2003)
Cognitive	Bialystok (1991); Bialystok et al (2005); Genesee (2003)
Character	Genesee et al (1975); Ben-Zeev (1977)
Curriculum	Baker (2003); Cummins (2003)
Cash and Career	Aitchison and Carter (2004)
Community	Gibson (2007)

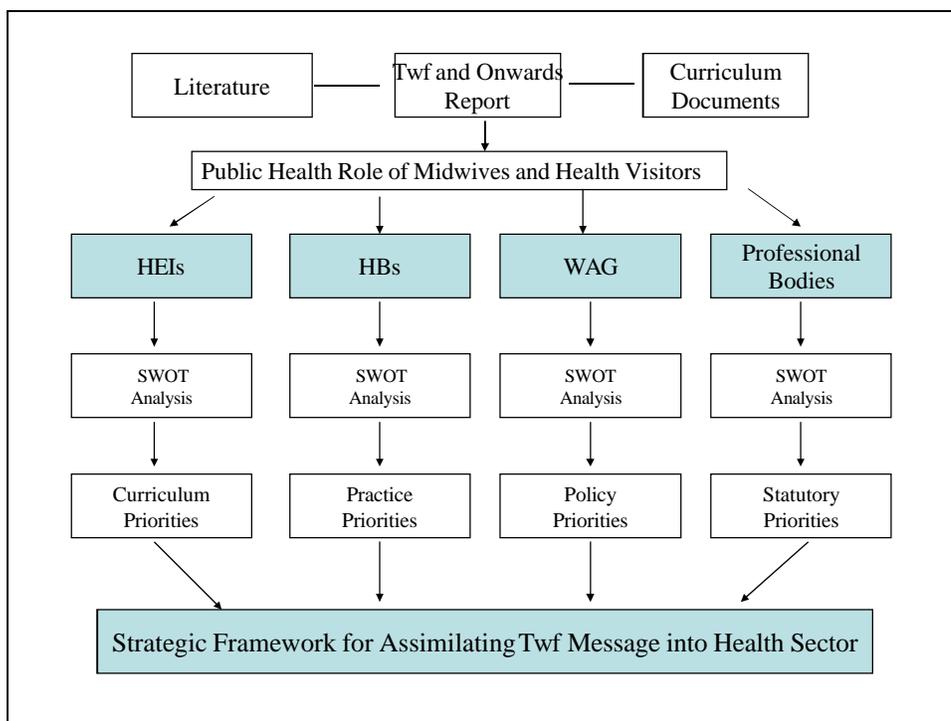
2. Project Brief

2.1. In line with the commissioned brief, the aim of the project was to execute the first four recommendations of the Twf and Onwards: Impact Assessment and the Way Forward Report (Irvine et al, 2008), as follows:

1. Clarify the public health role of health visitors and midwives in relation to supporting Welsh language transmission within families in Wales
2. Seek statutory directives from government and professional bodies to uphold standards for health visitors and midwives on entry to the register in relation to their role in supporting Welsh language transmission within families in Wales
3. Identify and maintain opportunities within the midwifery and health visiting curricula to deliver and enhance language awareness and the Twf scheme's training programmes
4. Establish a new role within healthcare organisations for health visitors and midwives designated to the Twf scheme

The project action points are detailed in Appendix 3 and summarised in Figure 1 below.

Figure 1: Plan for developing a strategic framework to assimilate the Twf message into the health sector



3. Overview of the Twf Scheme

- 3.1. The Twf scheme was established in order to increase the numbers of bilingual families who transmit the Welsh language to their children.
- 3.2. Since the introduction of a pilot scheme in 1998/99 the Twf scheme has been managed and funded by the Welsh Language Board, and since May 2001 Cwmni Iaith Cyf, a language planning agency, has been operating the field work on behalf of the Welsh Language Board. The Welsh Language Board itself deals with all other aspects of the project.
- 3.3. The Twf scheme's strategic aim is to enhance the transmission of the Welsh language within the family, and the current objectives, established in 2007 are as follow:
 1. To collaborate with midwives and health visitors so that they convey the Twf message to the target population.
 2. To raise awareness among parents, prospective parents and the public in general of the value of introducing Welsh in the home, the value of bilingualism and the benefits of a Welsh education. Twf's main targets in this respect are prospective parents and parents with babies under 6 months old.
- 3.4. Twf's primary target audience is mixed language families, where only one parent is Welsh speaking. However, Twf sets out to share the message about the value of bilingualism to as diverse a group of parents as possible.
- 3.5. Twf does not work in isolation, but rather, depends on collaboration with two main partners, these being healthcare professionals and early years' organisations. Health visitors and midwives are seen to be key to the success of the Twf scheme since collectively they have contact with all prospective and new parents in Wales. They thus have the capacity to convey the Twf message to parents of all pre-school children.
- 3.6. The Twf scheme targets prospective parents and parents of babies under 6 months old through a network of Twf field officers, who focus in the main is on encouraging parents to transmit the language within the home. Although nearly every new mother in Wales receives information from the Twf scheme about raising children bilingually, through the Bounty packs, the Twf field officers are most active in the following areas; Anglesey, Dwyfor and Eifionydd, Arfon, Conwy, Ogwen, Denbighshire, Montgomeryshire, Ceredigion, Preseli, South Pembrokeshire, Carmarthenshire, Brecon, Swansea Valley, Swansea, Bridgend, Rhondda Cynon Taf, and Caerphilly; that is, the areas of Wales where there is the potential for a larger number to transmit the Welsh language within the home.
- 3.7. The Twf message is disseminated via Twf field officers, Twf health officers or healthcare professionals who meet the parents face to face; and by means of marketing methods and resources that are produced by the Welsh Language Board. The following materials are currently produced: 6 Good Reasons (information leaflet and poster); Come to Read (information leaflet); scan card; postcard; congratulations card; car sticker; bulletins; compact disk 1; Twf calendar; Twf colouring book; and Twf bib.

4. Policy and Literature Review

Health visitors and midwives are pivotal collaborators in conveying the Twf message since they work at the individual and community level. Moreover, given the diverse advantages of bilingualism, supporting language transmission in the family reflects their increasing public health role in promoting family and community wellbeing (see Appendix 4). Thus, in order to engage healthcare professionals, particularly health visitors, in disseminating the Twf message, the scheme needs to take account of their unique public health role and the policy drivers that guide their practice.

4.1. Public Health

4.1.1. Public health is defined by Wanless (2004) as:

“... the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals.” (Wanless 2004)

4.1.2. This is interpreted by the Welsh Assembly Government (2005) as:

- supporting the role of citizens in promoting their health, individually and collectively
- developing the role of local communities in creating and sustaining health

4.1.3. WAG (2005) asserts that lifelong health has its focus on health and wellbeing, not illness, by using every avenue to promote healthy communities and empower individuals to take responsibility for their own health.

4.1.4. Mobilising these resources through trusting relationships and supportive networks can help build solidarity amongst communities that contributes to the development of social capital and overall health improvement (Cowley 2010; Gibson 2010).

4.1.5. Given the significance of language as a means of identity and integration, facilitating bilingualism in the home can further the development of cohesive social groups with positive implications for raising social capital and public health.

4.1.6. On this basis and in view of the positive impact of bilingualism on the wider determinants of health, it is evident that conveying the Twf message through empowering parents to raise their children bilingually and promoting bilingual communities is a public health issue.

4.1.7. This has particular implications for health visitors who are recognised as “public health workers in the entirety of their role.” (SNMAC 1995, page 20)

4.2. Health Visiting

4.2.1. Health visiting consists of:

“...planned activities aimed at the promotion of health and prevention of ill health. It therefore contributes substantially to individual and social well-being by focussing attention at various times on either an individual, a social group or a community.” (CETHV 1977: 8)

4.2.2. The four health visiting principles that underpin professional practice (CETHV 1977: 9) offer a solid framework on which to build public health, that is:

1. The search for health needs
2. The stimulation of awareness of health needs
3. The influence on policies affecting health
4. The facilitation of health-enhancing activities

4.2.3. Given the social, cultural, psychological and economic health benefits of bilingualism for individuals and their communities, these principles have particular significance for health visitors in relation to their role in disseminating the Twf message and supporting Welsh language transmission and bilingualism in the family.

4.2.4. For example, the second principle of health visiting relates to helping people to become aware of what may be possible to achieve in an effort to improve their personal health or the health of the community. Disseminating the Twf message directly to individuals and communities stimulates an awareness of their health needs in relation to bilingualism; whilst extending the message to health service commissioners and policy makers offers scope for influencing policies affecting bilingualism and facilitating bilingual health-enhancing activities.

4.2.5. Over recent years, UK government efforts have focussed on modernizing the roles of nurses, midwives and health visitors in community and primary care (DoH 1999a; DoH1999b). This has led to the endorsement of a public health role for health visitors that moves away from an individualistic approach to practice and focuses on reducing health inequalities in a wider arena.

“We are encouraging all health visitors to develop a family-centred public health role, working with individuals, families and communities to improve health and tackle inequalities. Health visitors need to work in new ways, across traditional boundaries and with other professionals and voluntary workers.’ (DoH 1999a, page 61).

4.2.6. Signing up to Twf and other public health messages through collaborative initiatives thus reflects the thrust of contemporary health policies and a strengthening professional commitment within health visiting and specialist community public health nursing (SCPHN) towards:

“... partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.” (NMC 2008)

4.2.7. The emphasis on community has prompted health visitors to engage in community development working practices, emphasising a holistic approach and acknowledging the importance of personal and community empowerment in improving health and wellbeing (Craig 2000). Community development in health includes:

“... a commitment to a holistic approach to health which recognises the central importance of social support and social networks. A community way of working attempts to facilitate individual and collective action around common needs and concerns. These concerns and needs are identified by people themselves, rather than being imposed from outside.”(Adams 1989)

- 4.2.8. Health visitors are thus well placed to effectively convey the Twf message at the individual and the community level. Moreover, there is evidence to suggest that individual health promotion may be more effective when backed up by a community development approach (Doyle & Thomas 1996; Hoskins 2000).
- 4.2.9. Nevertheless, despite such developments, there is a lack of clarity concerning role definitions for health visitors (Carr 2000; Craig 2000) and tensions arise in translating policy to practice (Bryan et al 2009). This has led to an ongoing struggle for practitioners between engaging in individual practice and community and population work (Molloy & Caraher 2000; Carr 2005; Watkins & Joonum 2010); with less attention to community based efforts to enhance family health (Perkins 1998; Elkan 2000; Hogg & Hanley 2008). Given the way the Twf scheme connects individuals with their communities, there is scope for Twf to provide significant opportunities and support for health visitors to enhance their community development work whilst at the same time addressing the wider determinants of health.
- 4.2.10. A review of health visiting in Wales (Clark et al 2000) identified that at the start of the new millennium the service was ‘... under-developed, under-managed and under-resourced’ (page 36). Moreover, a service re-organisation was advised to support the following three roles:
- A generalist health visiting service to families with children
 - A generalist health service to particular groups identified by assessment of need, e.g. older people
 - A public health and community development role
- 4.2.11. Given the forthcoming health visiting review in Wales and the recommendations of the Twf Impact Assessment study (Irvine et al 2008), the time is ripe to consider a new designated role for health visitors that marries the public health and community development responsibilities with that of Twf specialist.
- 4.2.12. At another level, the Department of Health (2007) recommends that health visitors focus their work on early intervention, prevention and health promotion for young children and families where it is believed their public skills and knowledge have greatest impact. Given that young children and families are the prime target audience for the Twf scheme, its objectives in promoting bilingualism are well aligned with the core elements of health visiting as outlined in Table 2.

Table 2: Aligning the Twf message with the core elements of health visiting

Core elements of Health Visiting (DoH 2007)	Promoting the Twf message
Public health and nursing	Engage in family and community focussed initiatives
Working with the whole family	Consider language diversity within families
Early intervention and prevention	Commence support during ante-natal period
The value of knowing the community and 'being local'	Establish linguistic profile of community
Pro-active in promoting health and preventing ill health	Promote benefits of early bilingualism
Progressive universalism	Engage hard to reach groups
Safeguarding children	Protect rights of children for personal growth through bilingualism
The value of working across organisational boundaries	Collaborate with bilingual early years organisations
Team work and partnership	Working in partnership with Twf Officers
Readiness to provide health protection service	Not applicable
Home visiting	Tailor support for individual needs

4.2.13. Whilst the Standing Nursing and Midwifery Advisory Committee (SNMAC 1995) declared that all nurses, midwives and health visitors have a contribution to make to public health, recent policies focus increasing attention on the role of community midwives and their scope as public health practitioners.

4.3. Midwifery

4.3.1 Midwives have contact with people at critical points in their lives which offers significant opportunities to promote health. (DoH 1999a). This has particular relevance for the Twf project where expectant parents are the prime target audience for Twf's message about the value of establishing bilingualism from an early age.

4.3.2 A number of key national policy areas recognise the need for an increasing public health focus to midwifery work (DoH 1999a; DoH1999b):

“Midwifery is a profession already embedded in the ethos of public health. As midwives we should be contributing to improving public health ... acknowledging that childbirth is a transformative life event for the whole family.” (DoH 2001)

4.3.3 Moreover:

“Midwives cannot focus solely on the clinical aspects of the pregnant woman and her unborn baby if they are to make an impact on their health... pregnancy (should not) be viewed in

isolation from other important factors that influence health and outcome. Although pregnancy and the prenatal period are relatively short, they provide a window of opportunity ... this puts midwives in a unique position to promote public health.” (DoH 2003, 17)

4.3.4 This strong policy drive is reflected in a broad professional consensus that:

“Maternity care is not just a delivery service, it makes a major contribution to family well being and wider public health and its contribution is yet to reach its full potential.” (RCM 2000)

4.3.5 Nevertheless, as with health visiting practice, the literature calls for greater clarity of the midwife’s public health role and better recognition of midwives’ contribution at a national and political level (Dunkley 2000; Edwards et al 2005; Garrod & Byrom 2007; McKay 2008).

4.3.6 Edwards et al (2005) argue that, to be truly effective in their public health role, midwives need to adopt a ‘radical and open social stance on health’ (page 48). This involves a shift from adopting a medical model of care with its focus on:

- Diagnosis and treatment
- Service / specialist centred
- Fragmented care

to a social model of care that focuses on:

- Holistic approach
- Woman / family centred
- Wider determinants of health

4.3.7 In this vein, the literature recommends that midwives focus their efforts on aligning their practice with national and local health improvement goals (Dunkley 2000; Edwards et al 2005; Garrod & Byrom 2007; McKay 2008); establishing multi-professional and multi-agency collaboration (Edwards et al 2005; McKay 2008); and integrating public health into the curriculum (Bennett et al 2001; McKay 2008).

4.3.8 Given that raising children bilingually is a public health issue, all these efforts have a bearing for assimilating the Twf message into the mainstream public health work of midwives.

4.4 Public Health Frameworks

4.4.1 There are numerous approaches to health promotion and these are defined by Ewles & Simnet (2003) as:

- Medical/preventative
- Behaviour change
- Educational
- Empowerment
- Social change

4.4.2 Health visitors and midwives adopt various models as a basis on which to guide and evaluate their public health practice. Beattie's model of health promotion (1991), revised by Twinn (1993) for health visiting practice and Piper (2005) for midwifery practice is outlined in Figure 2. It depicts four paradigms which practitioners use to guide their practice: personal counselling; health persuasion; community development and legislative action. The role of the health practitioner varies according to the paradigm adopted, as follows:

- Personal counselling – empowerment facilitator
- Health persuasion – behaviour change agent
- Community development – collective empowerment facilitator
- Legislative action – strategic practitioner

4.4.3 On the basis of this model, four different approaches are identified that may be adopted for incorporating the Twf message into public health:

- Empowering parents to make choices about language transmission
- Conveying the Twf message to prospective parents
- Participating in community language initiatives
- Targeting priority groups

4.4.4 Bryan et al (2009) argue that all health visiting models tend to focus on a particular level of intervention without addressing the relationships between them. The authors draw on the work of Bronfenbrenner (1979) to establish an integrative model (see Figure 3) with four distinct levels or systems which are at increasing distances from the person:

- Microsystem – concrete interactional system of an activity as experienced by an individual and having direct impact on that individual, eg mother-child
- Mesosystem – linkages between microsystems, where personal development is enhanced, eg extended family
- Exosystem – settings that affect microsystems, eg social networks,
- Macrosystem – cultural, political and ideological factors that shape Microsystems

While working with individual family members at the microsystem level, health visitors sensitively contextualise their work within the family's macrosystem and its constraints and actively mediate between the family and potential resources within their exosystem.

4.4.5 On the basis of this model, there is scope for midwives and health visitors to work with individual family members, sensitively contextualising the Twf message and actively mediating between the family and potential language resources within the community.

Figure 2: Incorporating the Twf message into a public health framework (after Beattie 1991; Twinn 1991; & Piper 2005)

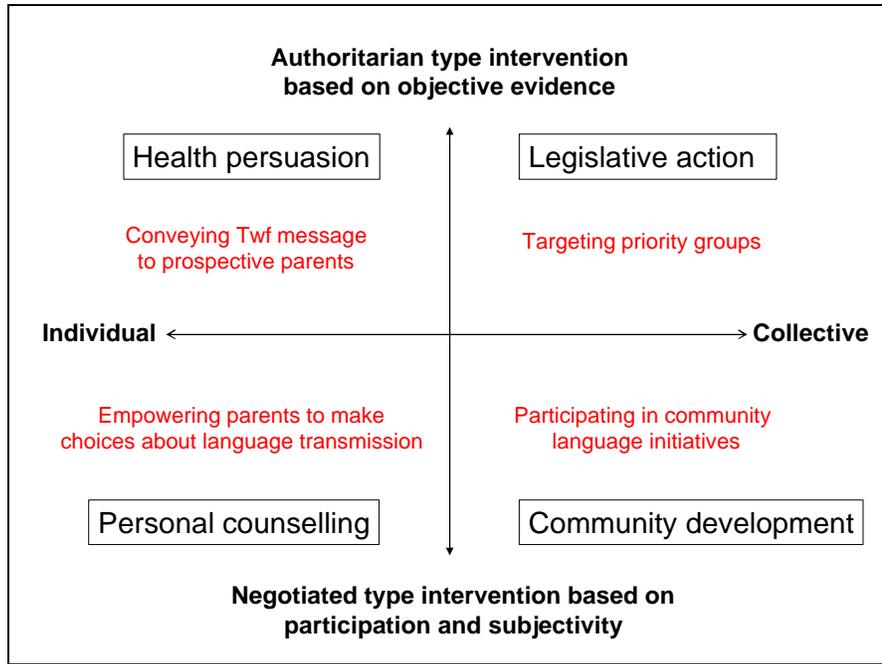
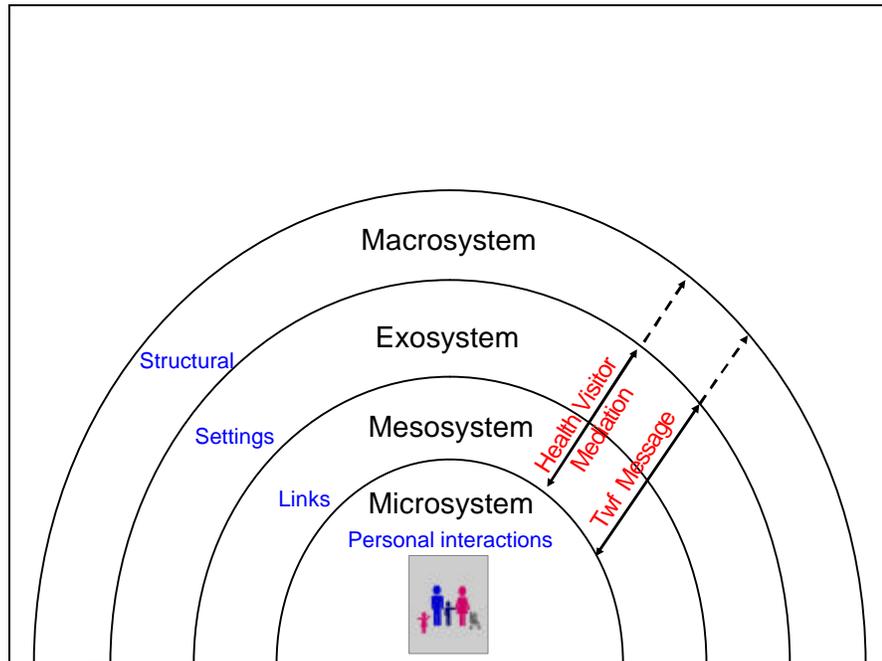


Figure 3: Integrated framework for public health (after Bronfenbrenner 1979)



5. Stakeholder Survey

As part of the project, 24 stakeholders were contacted and invited to participate in a semi-structured telephone interview focussing on the views of midwives / health visitors about their role in disseminating the Twf message. All staff were then contacted by telephone to arrange a mutually convenient interview date. A total of 15 staff (63%) agreed to be interviewed and these were held between 13th November 2009 and 4th February 2010 by the two main authors (see Table 3 and Appendix 7). Each interview lasted approximately 30 minutes and included the following items: familiarity with Twf; working with Twf; perceptions of role; education and training; moving forward. Participants included Twf health officers; directors of midwifery and health visiting services; and course directors of midwifery and health visiting education programmes in Wales.

Table 3: Stakeholder survey participants

Stakeholder Group	Number	Number of interviews conducted	Percentage
Twf Health Officers	2	2	100%
Directors of Health Visiting Education	4	3	75%
Directors of Midwifery Education	4	2	50%
Heads of Health Visiting Services	7	3	32%
Heads of Midwifery Services	7	5	71%
Total	24	15	63%

In line with the Framework Analysis approach (Ritchie and Spencer 1994), the interview notes were examined for content immediately following data collection. Key ideas and recurrent themes were identified and categorised within an emerging framework (Figure 4). The discussion below outlines the collective responses of the five key stakeholder groups.

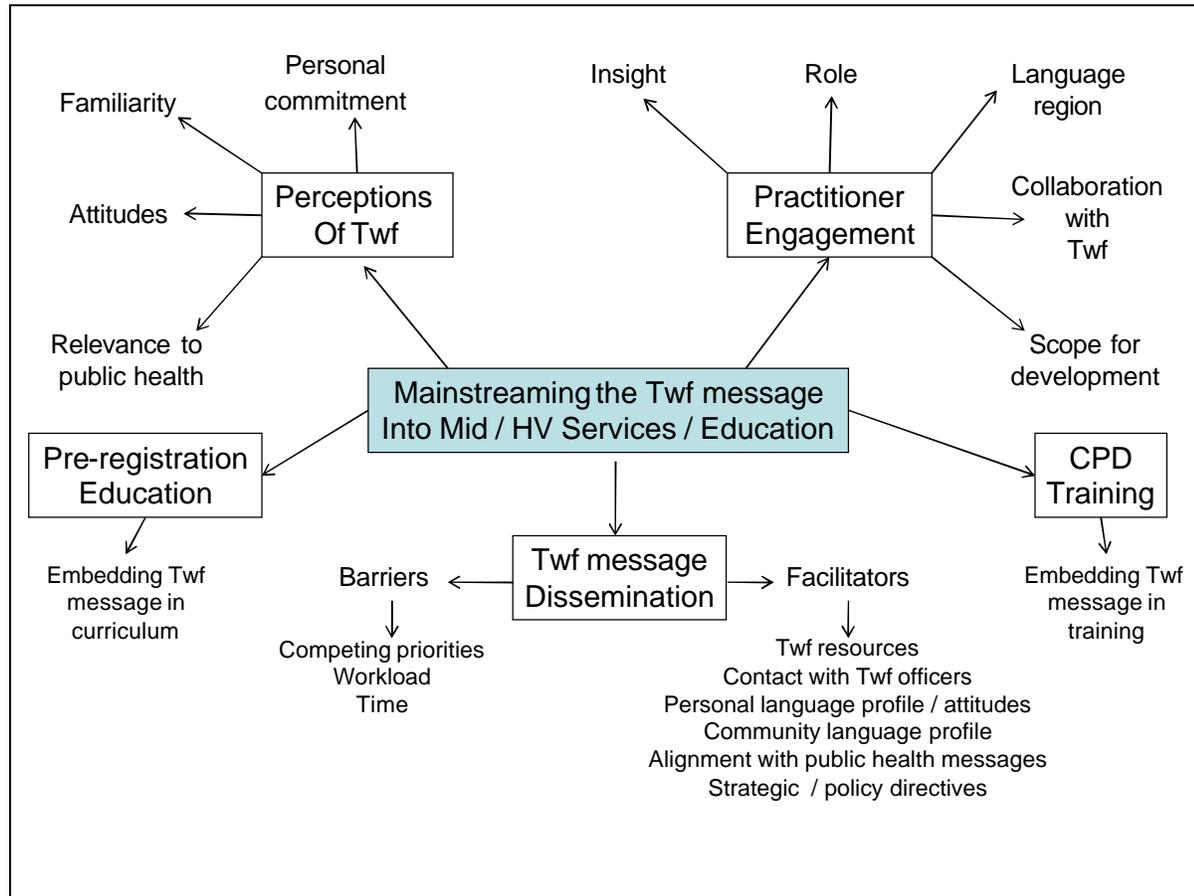
Findings

The respondents expressed some clear views about mainstreaming the Twf message into midwifery and health visiting services and the implications for education and training. The following five themes emerged from the interview data:

- Perceptions of Twf
- Practitioner engagement
- Barriers and facilitators to Twf message dissemination
- Pre-registration education
- Continuing professional development training

The following section discusses each theme in turn.

Figure 4: Category tree of themes arising from stakeholder survey



5.1. Perceptions of Twf

- 5.1.1. All respondents were familiar with the Twf scheme, albeit to varying degrees. Those with the greatest insight were able to confirm the main aims of the scheme, its target audience and potential impact. In contrast, those with the least insight were unfamiliar with the main Twf message and the way in which Twf targets parents.
- 5.1.2. Health professionals with the greatest insight held a strong personal commitment towards bilingualism or had inevitably been closely involved in disseminating the Twf message as community practitioners in a previous role.
- 5.1.3. For these individuals, Twf is perceived as a way of encouraging prospective parents to bring up their children bilingually and access bilingual education; leading to enhanced opportunities and broader health benefits.
- 5.1.4. For others who view the scheme with greater ambivalence, there was some confusion about the Twf message and activities and a misled perception that Twf is concerned with promoting Welsh language services in maternity and child healthcare.
- 5.1.5. The response was varied in relation to identifying bilingualism as a public health issue. Whilst most participants were convinced of the health benefits incurred through bilingualism, these

were largely confined to the individual (family) level, such as the child's development, identity and educational attainment. In contrast, one respondent in particular admitted that she had never given the issue a thought.

5.2. Practitioner engagement

- 5.2.1. Most heads of services were familiar with the way in which their staff collaborate with Twf in order to disseminate the message amongst service users. Nevertheless, despite repeated attempts by Twf officers, direct contact between them and heads of services appears limited, with meetings generally arranged on an annual basis to update on initiatives and developments.
- 5.2.2. The lack of a designated Twf officer in two regions is reported to diminish the Twf input and significantly reduce the potential to raise issues of bilingualism with new parents.
- 5.2.3. Direct contact with lead practitioners appears more fruitful, with reports of Twf officers attending regular practitioner meetings. Other examples were offered of Twf officers involved in staff training sessions and partnership working, such as co-hosting a public event.
- 5.2.4. At the service user level, Twf officers were reported to link with practitioners in supplying Twf resources; and attending clinics, antenatal road shows and parent craft sessions to make direct contact with new parents. Where relationships have been forged with Twf officers, these were described as 'strong' and 'valuable'.
- 5.2.5. A more polarised picture emerges from the interviews with the education directors whereby some seemed oblivious, even indifferent, to the way in which practitioners collaborate with Twf, whilst others reflected a steady confidence in strengthening relationships across the organisations.
- 5.2.6. Whilst collaborating with Twf officers and disseminating resources was well reported amongst the participants, opinions were also freely given of the role of midwives and health visitors in relaying the advantages of bilingualism directly to new and expectant parents.
- 5.2.7. It was evident that many practitioners identify with this role in order to facilitate the child's social and educational development. Nevertheless, respondents were more cautious about any further impact of bilingualism on general health and well-being; and opinions were divided with regard to the public health aspect of the Twf message.
- 5.2.8. The advantages of bilingualism are more easily recognised in language regions where proportions of Welsh speakers are at their highest, where bilingualism is seen as beneficial for community integration. Respondents were therefore keen to note that role perceptions may vary with demography.
- 5.2.9. Although previous research suggests that health visitors are more likely to embrace the Twf message as part of their role than midwives (Irvine et al 2008), this trend was challenged by many of our respondents. Nevertheless, whilst some suggested that health visitors may be better placed to engage parents in discussions on bilingualism, others argued that the midwives' role is crucial as a first point of contact for prospective parents and, as such, carries with it a responsibility to plant the seeds.
- 5.2.10. Whilst many claimed that the midwifery role was sufficiently developed to attain maximum impact, others felt that more could be done in order to embed the Twf message into the everyday work of midwives and health visitors.
- 5.2.11. Scope for role development appears to rest with midwives and health visitors recognising the advantages of bilingualism as a public health issue and engaging in multi-professional / multi-agency approaches to individual as well as community focussed initiatives.

5.3. Barriers and facilitators to the dissemination of the Twf message

- 5.3.1. Heavy workloads and competing priorities were identified as a major barrier to the dissemination of the Twf message. Many respondents identified these as real challenges for maternity and child health services, whose work is heavily focussed on safeguarding children and imparting a host of public health messages to new parents, including the advantages of breast feeding, early screening and immunization.
- 5.3.2. Inevitably, these competing priorities take precedence and limit the time available for midwives and health visitors to impart the Twf message to parents. Moreover, it was suggested that any attempts to force the issue, particularly in the midwifery context, could result in a backlash with negative consequences.
- 5.3.3. Nevertheless, whilst promoting bilingualism is often viewed as the poor relation amongst common public health messages, a few participants noted how this situation could be improved by firmly embedding the Twf message within the public health agenda and introducing clear audit trails and outcome measures. For these respondents, the success of Twf depends on a pragmatic approach and a closer alignment of the message to the daily work of midwives and health visitors.
- 5.3.4. One way of strengthening this alignment is through closer collaboration with Twf officers, as alluded to earlier. Nevertheless, this is clearly problematic in some regions where no Twf officers are placed.
- 5.3.5. Another approach is via the Twf information resources which are reported to be popular with midwives and health visitors. Most are charmed by their appearance and succinct message, particularly given that they offer an evidence base which is so fundamental to current practice.
- 5.3.6. Nevertheless, it is evident that these resources are not universally available and the lack of current Twf input across two counties gives rise to particular concerns amongst the stakeholders.
- 5.3.7. Moreover, unless formal training is offered to practitioners to support the literature, respondents shed doubts on the extent to which healthcare professionals can truly embrace or fully impart the Twf message.
- 5.3.8. According to heads of services, engaging with the Twf message is also dependent on practitioners' attitudes. Whilst many claimed that their staff were receptive and committed to the scheme, others reported negative attitudes, where Twf was heavily criticized.
- 5.3.9. Given these negative attitudes and the increasing multilingual profile of communities, some respondents felt that Twf would benefit from broadening its message to align with individual communities and embrace other forms of bilingualism.
- 5.3.10. There was a general consensus that midwives and health visitors have a role in disseminating the Twf message, regardless of their own language background. Nevertheless, whilst some perceived Welsh speakers to be the most appropriate to talk to parents about bilingualism, others argued that non-Welsh speakers were more keen to convey the message than their Welsh-speaking colleagues.
- 5.3.11. Levels of practitioner engagement with the Twf message appear to vary across regions, with practitioners generally adopting a more proactive approach in communities with the greatest proportion of Welsh speakers. That said, an air of ambivalence was evident whereby those based in regions where the Welsh language is most widely spoken felt that their efforts were not generally required.
- 5.3.12. Whilst most heads of services were satisfied with the status quo, others called for a clearer

directive from the Welsh Assembly Government (WAG) with appropriate clinical strategies and opportunities to embed Twf in ongoing review processes, such as the forthcoming community nursing review. Further recommendations were made to employ existing forums to take the work forward; raise the Twf profile amongst SCPHN mentors, other professional groups and professional bodies; commit to the Twf scheme in the Welsh language schemes of health boards; and incorporate the Twf message into pre-registration education programmes and continuing professional development (CPD) training.

5.4. Pre-registration Education

- 5.4.1. All directors of education reported some level of Twf input into the midwifery / health visiting curriculum but this is confined to an annual presentation by a Twf officer.
- 5.4.2. Given the lack of professional or government directives to incorporate issues of bilingualism into the curriculum, decisions around embedding the Twf message into teaching and learning are left to individual course directors and module leaders. This arrangement thus calls for a heavy reliance on the goodwill of HEI lecturers to provide access to students.
- 5.4.3. These sessions, which have been running for up to five years in some higher education institutions (HEIs), make use of the Twf resources in focussing directly on the benefits of bilingualism at the individual / family level. They thus centre primarily on the child's development and educational achievement, with little or no reference to the practitioners' community development role.
- 5.4.4. Whilst this Twf input is generally included within the public health module of the curriculum, it is additional rather than integral to the module and thus not embedded into the course learning outcomes or assessment protocol. Moreover, given that it is delivered by a Twf officer with limited insight into the curriculum, no formal links are established between the Twf message and public health.
- 5.4.5. Nevertheless, this input is generally well evaluated and staff offer anecdotal evidence to suggest that students embrace the Twf message and raise its importance in practice.
- 5.4.6. Given the increasing emphasis on the public health role of midwives and particularly health visitors, together with the forthcoming re-validation of pre-registration programmes, respondents expressed a commitment towards incorporating the Twf message more explicitly into the new curriculum through the public health agenda. Whilst this approach was viewed as a potential way forward across a number of HEIs, more work is needed to embed the Twf message into community development work and overcome other demands on the curriculum.

5.5. Continuing professional development training

- 5.5.1. Whilst there is evidence in some regions of incorporating the Twf message into CPD training, respondents suggested that universal adoption would require further efforts and a mandate from the NMC or WAG.
- 5.5.2. Moreover, such training, it is argued, needs to be delivered by a credible academic source.

6. Curriculum Review

Background

Interviews with heads of health visiting education programmes elicited a strong conviction on the part of participants that public health is a core element of the business of health visitors. Indeed, this conviction is evident in the Nursing and Midwifery Council's Standards of Proficiency for Specialist Community Public Health Nurses (2004) and in the QAA (2001) Subject Benchmarks for Health Visiting.

Whilst there was varied opinion amongst interviews about the relationship between the Twf message and public health, we have produced a compelling case that the Twf message is indeed a public health message (Tranter et al 2010) and thus should feature as part of the health visiting curriculum.

Methods

Within this study, we set out to scrutinise the curriculum documents for all health visiting programmes in Wales, in order to identify areas where either the Twf message was identified in the document or there was potential for the Twf message to be embedded into the programmes. Thus, we invited heads of health visiting programmes in Wales to forward their curriculum documents to the research team. Invitations were given verbally either through face to face or telephone contact and were followed up by email requests and reminders. Of the 4 programmes that run in Wales, we received positive responses from two of the programme leaders, one based in North Wales and one in South Wales. Whilst this is a disappointing response, the documentary review gives findings that are relevant across Wales, since it is obligatory that all programmes address the NMC (2004) standards and this gives some equivalence to the programmes delivered across Wales.

The first level of documentary review involved a process of familiarisation with the curricula to identify the core, specialist and optional modules that were contained in the programme. The module outlines were then appraised to identify the key learning outcomes, indicative content and methods of assessment and to establish whether the Twf message featured explicitly in the documents. Finally, the documents were examined to establish how these mapped to the NMC standards, and the QAA subject benchmark statements for health visiting programmes. These key documents were then examined to distinguish those standards that provided an opening through which the Twf message could be introduced to the health visiting programme.

6.1. Findings

6.1.1. As might be expected, the curriculum for health visiting has at its core the principles of public health nursing, addressing issues such as public health policy and practice; health promotion and health education and health needs assessment. These issues featured either as discrete modules or as part of various module learning outcomes and were addressed in the assessment strategy.

- 6.1.2. However, *no reference was made to Twf in learning outcomes or assessment strategies* and since the indicative content of modules was absent from the documents, we are not able to say whether or not Twf featured at this level.
- 6.1.3. In the absence of any direct reference to Twf in the available documents and in view of the fact that all health visiting programmes are obliged to meet the NMC standards and QAA subject benchmark statements for health visiting programmes, a mapping of the standards to the Twf message was undertaken to highlight the potential to embed Twf in the curriculum and this is presented in Appendix 4.

7. Service Standards Review

7.1. Incorporating the Twf Objectives into the National Service Framework (NSF) for Children, Young People and Maternity Services (WAG 2004)

- 7.1.1. A meeting was held with Ann Noyes, Head of Branch, Children's Health and Well Being, on 2 February 2010 at the Welsh Assembly Government to discuss the potential for incorporating the Twf objectives into the NSF for Children, Young People and Maternity Services (WAG 2004). A paper was tabled by Gwerfyl Roberts outlining a proposal for the way forward (see Appendix 5).
- 7.1.2. Following discussions, agreement in principle was given to the draft proposal outlined in Appendix 5. Ann Noyes agreed to present the paper to the project consultation group during the next few weeks and arrange a further meeting within 6 weeks.
- 7.1.3. Further discussions centred on the need for a generic statement within the introduction section to incorporate the government's commitment towards bilingualism, as highlighted in the One Wales document. It was agreed that the Welsh Language Unit and Welsh Language Board should advise.
- 7.1.4. A further meeting was held with Ann Noyes on 17 March 2010 where it was agreed that the main recommendations of the proposal would be incorporated into Chapter 2 of the revised NSF document, Key Actions Universal to all Children. It was noted that the precise wording will need attention in order to establish a measurable standard.
- 7.1.5. It is anticipated that progress may be monitored through the annual reporting mechanism.

7.2. Incorporating the Twf Objectives into the Technical Guides for the Care Standards (2010)

- 7.2.1. Discussions were held by telephone with Wendy Morgan, Project Manager, Healthcare Standards for Wales, on 25 January 2010 concerning incorporating the Twf message into the Technical Guides for Standard 3: Health Improvement and Promotion of the Care Standards (WAG 2010).
- 7.2.2. Work is currently underway on developing a template for the supporting guidance to the standards. There are two templates - a generic guide and a guide for each individual standard. The key supporting information will be loaded onto the NHS Wales Governance e-Manual and links will be created to signpost further relevant information. www.nhswalesgovernance.com.
- 7.2.3. It is anticipated that reference could be made to the Twf message within the individual guide for Standard 3: Health Improvement and Promotion; and links provided from the NHS Wales Governance e-Manual to the Twf web site.

8. Strategic Framework for assimilating the Twf message into the mainstream work of midwives and health visitors

In line with the analytical approach outlined in Figure 1 and in light of the emerging evidence, the strengths and weaknesses of current approaches for assimilating the Twf message into the mainstream work of midwives and health visitors were considered in turn. On this basis, ten actions are proposed to progress developments in practice and education. These are outlined in Table 4.

Table 4: Strategic Framework for assimilating the Twf message into the mainstream work of midwives and health visitors

Current Strengths	Current Weaknesses	Proposed Action	Target
1. Increasing awareness of health benefits incurred through bilingualism	Public health benefits of bilingualism largely perceived at individual level	Increase awareness of positive impact of bilingualism on wider determinants of health	WAG, HEIs, Health Boards
2. Strong emphasis on public health in health service policy	Conflict between individual and community level public health work	Promote Twf message as a public health issue at the individual and community level	WAG, HEIs, Health Boards
3. Increasing public health role of midwives and health visitors	Heavy workloads and competing priorities hamper public health work	Align Twf work with public health frameworks	WAG, HEIs, Health Boards
4. Familiarity with Twf scheme amongst practitioners	Misunderstandings concerning the Twf message	Increase awareness of Twf scheme through mandatory CPD training	WAG, Health Boards
5. Stock of readily available Twf resources	Lack of Twf input in specific regions	Universal dissemination of Twf resources	Twf, Health Boards
6. Commitment of practitioners towards mainstreaming Twf message	Some ambivalence towards mainstreaming Twf message	Establish practice directive to mainstream Twf message into the public health work of midwives and health visitors	WAG, Health Boards
7. Proactive collaboration between Twf officers and lead practitioners	Reliance on goodwill of individuals	Designate Twf role for specific lead practitioners	WAG, Health Boards
8. Proactive dissemination of Twf message by committed practitioners	Lack of local strategies for tailoring dissemination of Twf message for local communities	Designated Twf practitioner to work alongside Twf in establishing local strategies to tailor Twf message to reflect community language profiles	Health Boards, Twf
9. Twf officers present Twf scheme in midwifery and health visiting programmes across Wales on an annual basis	Current Twf input dependant on goodwill of HEIs	Increase awareness of Twf scheme through mandatory training in midwifery and health visiting programmes	Cyngor, HEIs
10. Commitment of educationalists towards mainstreaming Twf message into new curriculum for midwifery and health visiting through public health agenda	Current Twf input peripheral to curriculum in midwifery and health visiting and focussed on individual benefits of bilingualism	Establish education directive to mainstream Twf message into new curriculum for midwifery and health visiting through public health agenda	Cyngor, HEIs

9. The Response of Government and Professional Bodies

- 9.1. Ms Allison Wall, Professional Advisor, SCPHN, NMC was contacted on 28 January 2010 in order to discuss the potential to seek a statutory directive from the NMC to uphold standards for health visitors and midwives on entry to the register in relation to their role in supporting Welsh language transmission within families in Wales.
- 9.2. Several correspondences were exchanged as well as discussions by telephone. Nevertheless, it was confirmed in due course that the NMC would not be prepared to comment on specific programmes.
- 9.3. It was proposed by the NMC that Health Inspectorate Wales (HIW) should be contacted in their quality assurance role for nurse and midwifery education in Wales.
- 9.4. Mr Mick Fisher, Professional Advisor, Quality Assurance, HIW was contacted on 8 March 2010 in order to discuss the matter further. However, it was revealed that the HIW contract with the NMC expires on 31 March 2010 since the NMC has decided that they will be better served by having a single quality assurance provider for the whole of the United Kingdom.
- 9.5. The Chief Nursing Officer was contacted on 20 January 2010 in order to discuss the potential to seek a statutory directive from WAG to uphold standards for health visitors and midwives on entry to the register in relation to their role in supporting Welsh language transmission within families in Wales.
- 9.6. The request was referred to Dr Andrea Thomas and Ms Polly Ferguson, Nursing Officers, and a meeting was held with Ms Ferguson on March 2010. It was agreed that she would bring the following proposals to the attention of the chief nursing officer:
 - Mandatory Twf training as an integral part of continuing professional development
 - Practice directive to mainstream the Twf message into the public health work of midwives and health visitors
 - Designated Twf role for specific lead practitioners in each health board
- 9.7. Furthermore, it was agreed that the attention of CYNGOR should be drawn to following proposals:
 - Mandatory Twf training as an integral part of midwifery and health visiting education programmes
 - Education directive to mainstream the Twf message into the curriculum.

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Appendix 1: Twf and Onwards: Impact Assessment and the Way Forward: Executive Summary

Introduction

The Twf scheme was established in order to increase the numbers of bilingual families who transmit the Welsh language to their children. The focus of Twf is to highlight the value of the Welsh language and bilingualism to parents, prospective parents and the general population; and to encourage families to raise their children to be bilingual. Twf emphasises the importance of developing bilingualism from an early age and of using Welsh in the home. Twf's primary target audience is mixed language families, where only one parent is Welsh speaking.

This research was commissioned by the Welsh Language Board to provide an evaluation of the impact of the Twf scheme and identify ways of taking the scheme forward.

The research was undertaken between 1st March 2005 and 28th February 2008, and comprised of four main studies, namely: structured telephone interviews with expectant parents; face to face interviews with new parents; focus group interviews with health visitors and midwives and an ethnographic analysis of Twf activities. The original brief was to conduct the study in the counties of Ceredigion, Carmarthenshire and Pembrokeshire. However, in addition, telephone and face to face interviews were also conducted in the county of Denbighshire.

This executive summary gives a brief overview of the findings of the various elements of the research and summarises the recommendations that are tendered as a means of taking the Twf scheme forward.

Results

The research findings are categorised into three main constituents, namely home influences on Welsh language transmission; influences on Welsh language transmission at the interface between the home and the community; and community influences on Welsh language transmission. The impact of Twf is considered within each of these constituents.

Home influences

The research demonstrates that within the home, a number of factors influence language transmission. High levels of parental Welsh language fluency and confidence in using Welsh, together with positive attitudes towards bilingualism all positively influence parents' intention to transmit Welsh to their children; and a strong sense of Welsh identity has a similar affirmative influence. A high socio-economic status and greater educational attainment are also positively correlated to Welsh language transmission in the home. The language profile of the family is shown in the research to directly affect Welsh language transmission, with more parents from families where both parents speak Welsh demonstrating an intention to transmit Welsh to their children than families in which only one of the parents speak Welsh. The study shows that there is neither a relationship between the gender of the parent and language transmission; nor the position of the child in the family and Welsh language transmission. These findings give some direction for the Twf scheme and suggest that families with particular demographic, linguistic and personal characteristics should be targeted to receive more intensive Twf input in order to increase the likelihood of Welsh language uptake in the home. However, the research

shows that Twf could improve its targeting approach, and this gives rise to a number of recommendations that point to a more strategic and systematic approach, with more emphasis on tailoring the input to influence parents' perceptions of their ability to manage language transmission in the home.

Influences at the home/community interface

Family and friends and childcare provision are shown to affect the language patterns of families with small children. The impact of these factors can be either positive or negative and therefore need to be carefully considered by the Twf scheme in order to induce a positive trend in Welsh language transmission. There is the potential for the messages disseminated by Twf; and the resources and activities that are used to convey such messages to be pivotal in increasing the level of language transmission from parents to children. The research shows that at present Twf input can have a significant impact on parents' language related decision making. However, where plans for language transmission are already established, this generally reinforces the decision to transmit Welsh. These findings generate a series of recommendations that focus on developing strategies to influence behavioural beliefs and behavioural intentions amongst parents and the people who are significant in the family's lives so that Welsh language transmission becomes a reality for families with small children.

Community influences

The language profile of a community and the status afforded to the Welsh language are both shown to be critical indicators of language transmission in the home. Where Welsh is perceived to be dominant in a community and a desirable language, parents are more likely to express intentions to transmit Welsh to their children. Health visitors and midwives are respected professionals within the community and offer the potential to become credible agents of the Twf scheme. However, although there is some commitment to disseminate Twf resources, there is a general apathy towards discussing language transmission with parents. Schools and nurseries and local employment both emerge as settings that can either facilitate or inhibit Welsh language transmission and the Twf scheme needs to pay attention to how it can encourage parents to access supportive educational and employment settings.

Moving forward

At present, the Twf scheme is charged with tackling Welsh language transmission at the individual level and therefore efforts are concentrated on conveying its message with a view to influence parent-child language use. There is a need for the Welsh Language Board to consider how it can work in partnership the Twf project contractor, and with partners such as Mudiad Ysgolion Meithin, Mentrau Iaith, Welsh for Adults Centres and the Board's own Language Action Plans to explore how the Twf project could engage in more community activities. This would ensure that Welsh language transmission in the home is not solely the responsibility of individual parents but is also facilitated at the structural level.

Recommendations

Fifteen main recommendations are tendered in this report and these are mainly derived from mapping the research findings against the current objectives of the Twf scheme. The recommendations can be found in full from pages 83-94 of the main report.

Appendix 2: The Role of Midwives and Health Visitors in Promoting Intergenerational Language Maintenance in the Bilingual Setting: Perceptions of Parents and Health Professionals.

Tranter S, Irvine F, Roberts G, Spencer L, Jones P (2010) The role of midwives and health visitors in promoting intergenerational language maintenance in the bilingual setting: perceptions of parents and health professionals. *Journal of Clinical Nursing* (Accepted for publication)

Abstract

Aims and objectives: The increasing status and regard of indigenous minority languages across Europe, means the advantages of bilingualism for individuals and communities are now well established. We set out to elicit parents' and health professionals' views of the role of health visitors and midwives in promoting bilingualism in the family and to consider whether health professionals acknowledge the contribution that bilingualism makes to public health.

Background: A three year study was completed to measure the impact of a language transmission initiative which depends on the input of midwives and health visitors with new parents; and how its effect could be improved. This paper reports on one element of that study.

Design: A qualitative approach was used.

Methods: Six focus group interviews were conducted with health visitors and midwives and 33 post natal interviews were completed with parents across four counties in Wales. Thematic content analysis was undertaken by two researchers, a third trailed decision processes and scrutinised categories and themes.

Results: Findings suggest that health visitors and midwives perceive their roles relating to the promotion of bilingualism differently. Influences on their involvement include their language profile, contact with parents, personal experience, timing of the interaction and time in their workload. The relationship between promoting bilingualism and public health was accepted by some and denied by others. Data from the interviews with parents suggested that few health professionals discuss issues of language transmission with new parents.

Conclusions: Some individual health visitors and midwives are willing to promote bilingualism with parents. However, there are challenges in enlisting the support of health visitors and midwives to discuss language transmission and bilingualism with parents.

Relevance to clinical practice: These findings challenge practitioners to consider their role in promoting bilingualism and its effect on public health; and suggest the need for more defined responsibilities.

Introduction

Many of the world's living languages are in danger of becoming extinct because economic, political and social change supports *majority* languages (Baker 2003). Languages contribute to both cultural identity and heritage and when a language is lost many associated facets also become extinct.

In an attempt to prevent language decline, many countries are now recognising the advantages of adopting language planning measures and revitalisation programmes to prevent further language loss (Byram 2000). Language policies guide governments to determine how languages are used and promoted to meet national priorities and to establish rights to use and maintain languages. In 1992 the European Charter for Regional or Minority languages (Council of Europe 1992) was adopted to promote and protect minority languages in Europe. The Charter outlines many measures that can be adopted to encourage the use of the minority indigenous languages of Europe.

One of the measures outlined in the European Charter concerns education: whereby the teaching of minority languages in preschool, primary school and higher education is endorsed. Baker (2003) describes this as acquisition language planning which promotes language transmission in families and schools. He suggests that a minority language dies when parents do not speak it to their children and education occurs through the majority language.

From his review on age of second language acquisition, Singleton (2001) concludes that learning a second language is best done in childhood because early second language acquisition is easier to achieve. There are many advantages of early bilingualism, including intellectual, psychological, social, cultural and economic benefits (Ben-Zeev 1977, Edwards 2003, Aitchison & Carter 2004, Bialystok *et al.* 2005). These advantages and the importance of language attainment at an early age suggest that health visitors (HVs) and midwives (MWs) should consider the relevance of language acquisition in the families that they serve. Although families are in the best position to establish and encourage bilingualism with their children, HVs and MWs are well placed to alert parents to the link between bilingualism and positive health and well-being. In short, if HVs and MWs fail to emphasise the relationship between language and health they are disregarding an essential factor that influences the health and wellbeing of families.

This paper sets out to explore some of these issues based on the findings of our study, which explored the views of parents and health professionals on promoting bilingualism in the family.

Background

This study is set in Wales, UK where Welsh is the indigenous language. Although according to the 2001 Census (Office for National Statistics 2001), Welsh is spoken by over half a million people (21% of the population), it is, by definition, a minority language in terms of its relative power and status (European Council for Regional and Minority Languages 1998). Nevertheless, after centuries of decline, legislation (Welsh Language Act 1993) and strategic language planning in Wales means that Welsh, like many other European minority languages, is gaining ground, particularly amongst children. For example, whilst a 2.1% rise in Welsh speakers was noted amongst the general population between 1991 and 2001; an increase of 13.4% was identified amongst children aged between 3 and 15 years during the same period (National Assembly for Wales 2003). This increase is due, in part to the success of Welsh medium education, especially with pupils from non-Welsh speaking homes. Immersion education, which is practised in many bilingual countries worldwide, allows pupils the opportunity to interact with teachers and other pupils in the indigenous minority language and to use that language as a medium for learning (Baker 1993), thereby developing their individual bilingual skills. But acquisition language planning theory suggests that when a minority

language is not spoken in the family there is less chance of future generations speaking that language (Fishman 1993). There is thus a need to transmit the minority language in the home to secure its future.

Where both parents speak Welsh, the statistics suggest that 91% transmit Welsh to their children but this figure drops to 61% when only one parent speaks Welsh (Census 2001). These figures show the potential to enhance language transmission in mixed language families. To address this issue the Welsh Language Board established an initiative known as the Twf (meaning *growth*) scheme, to encourage parents to transmit Welsh to their children.

The focus of Twf is to highlight the value of the Welsh language and bilingualism to parents, prospective parents and the general population; and to encourage families to raise their children to be bilingual. Twf emphasises the importance of developing bilingualism from an early age and of using Welsh in the home. One of the aims of Twf is to bring the project's message into the mainstream work of HVs and MWs (Morris & Jones 2002). Involving HVs and MWs offers an efficient way to promote the advantages of bilingualism to all parents of pre school children (Edwards & Pritchard Newcombe 2005). Therefore, through this collaboration, Twf is potentially able to reach all future parents and parents of pre school children in Wales.

The Department of Health (2007)) steers health visitors to focus their work on early intervention, prevention and health promotion for young children and families, where it is believed their public health skills and knowledge have greatest impact. This position is upheld in Wales where promoting and sustaining public health is identified as a fundamental role of the HV (Williams *et al.* 2004).

Acheson (1988) defines public health as the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society. Although public health work does not belong solely to one professional group it seems that HVs and MWs are well placed to assume public health approaches in their work. Indeed the NMC suggests that:

‘Specialist community public health nursing (SCPHN) aims to reduce health inequalities by working with individuals, families and communities promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations’ (NMC 2009 a).

In Wales there are currently 1387 (over 30,000 in the UK) nurses and midwives on the SCPHN register who practice in health visiting, school nursing, occupational health nursing or family health nursing (NMC 2009 b). These practitioners work in public health at a specialist level and focus on individuals and families and also direct their work to the context of specific populations such as those determined by age, gender, geography, ethnicity or social circumstance. HVs engage in community development working practices, emphasising a holistic approach and acknowledging the importance of personal and community empowerment in improving health and well being (Craig 2000).

The Twf scheme, embraces the concept of personal empowerment by providing information to facilitate informed choice. The resources that Twf produce suggest ‘six

good reasons' for bilingual acquisition in childhood, based on research evidence (Table 1). These highlight the cognitive, educational and social advantages for the child, with a far-reaching positive impact on social capital in later life.

The concept of 'social capital', whereby individuals benefit from social networks, provides the theoretical support for the emphasis on the importance of an integrated community to improve health and reduce inequalities (Miers 2003). Social capital is an individual resource involving social networks, support and trust in local environments and relations between individuals (Lin 1999). Collective social capital is attributed to communities and regions. Both individual and collective capital has been linked with health outcomes. Many researchers (Kennelly *et al.* 2003, Lindstrom 2004 and Lofors & Sundquist 2007) have established relationships between social capital and health. Nyqvist *et al.* (2008) study investigated the effect of social capital on health amongst two language groups in Finland. The results demonstrate a positive association between individual, social capital and health outcomes; and evidence a positive relationship between community language and structural and individual social capital, suggesting that language congruence is a social determinant of health. It is with this evidence in mind that HVs and MWs can afford to consider their role in the promotion of bilingualism. Following a review of international literature Khan and Landes (1993) found that a common feature of public health nursing shared by several countries was a focus on a defined community. The DH (2007) identifies a priority role for HVs as preventing social exclusion amongst children and families. One demarcation of a community is the language that is spoken and thus it follows that encouraging families to maintain (or develop) the language of the community will facilitate social integration, facilitate social capital and ultimately, improve health.

In Wales, collectively HVs and MWs have contact with all prospective and new parents and as such have the facility to communicate the Twf message to parents of all pre school children. Given the positive impact of bilingualism on health and the assertion made by Edwards and Pritchard Newcombe (2005) that HVs and MWs are key to the success of the Twf project, a study to explore the perceptions of both parents and health professionals about their role in promoting intergenerational language maintenance in the bilingual setting was completed.

The study

Design

A comprehensive research programme, which involved a series of qualitative and quantitative studies, was conducted to evaluate the Twf initiative. Parents were interviewed both before and after the birth of their child. A detailed activity analysis of the Twf project was undertaken and focus group interviews were conducted with MWs and HVs, to enhance the Twf activity analysis and triangulate the data. This paper reports on two qualitative elements of the study: focus group interviews with HVs and MWs and face to face interviews with new parents.

Ethical issues

The University Ethics Committee granted ethical approval for both studies. In addition NHS Research Ethics Committee approval was gained for the focus group interviews. Written consent was obtained from each participant to take part in an interview and for the interview to be audio-taped. Confidentiality was assured and all data were anonymised.

Data collection

Relevant managers were asked to circulate invitations to the HVs and MWs, asking them to attend a focus group interview. Six focus group interviews were conducted with a self selecting group to establish their professional perspectives on promoting bilingualism in children. Two researchers were present at each of the focus groups: one acted as the main interviewer and used a semi-structured interview schedule to guide the process. The second researcher took notes and highlighted key issues to facilitate discussion. Four of the interviews were conducted in English and two were conducted bilingually, that is, the respondents and interviewers switched between English and Welsh according to the preference of the respondents. Interviews were taped and transcribed verbatim.

For the interviews with prospective parents, a purposive sample of 33 sets of parents (mother and father i.e. 66 individuals) who participated in an earlier interview were selected to participate on the basis of their responses in the initial interview. A sampling matrix was used to identify a heterogeneous group of respondents based on the family language profiles, levels of Twf experience, socio-economic backgrounds, county of residence and position of the new baby in the family (first, second, third child etc). Face to face interviews were completed with parents to capture parental opinions and experiences of language transmission. Semi-structured interviews were conducted by one of two bilingual researchers with respondent families in the language of their choice. The interviews involved a series of open-ended and probe questions to elicit the perceptions of new parents about language transmission in the family and to ascertain the main influences on such perceptions.

Data analysis

Both data sets were analysed separately and were subjected to framework analysis (Richie & Spencer 1994) whereby a data classification system was created to identify the apparent themes and categories. Both sets of data were coded independently by two researchers. To remain true to the meaning of the respondents and to prevent misinterpretation through translation (Twinn 1997) the analysis was completed in the language of the interview. The categories and themes that emerged from this process were compared and revised until consensus was reached. A third researcher trailed decision processes and scrutinised categories and themes. Revisions were made until all three were satisfied with the analytical framework and agreed that conceptual equivalence (whereby the identified themes and categories had comparable meaning in both languages) was achieved. Since the coding frameworks developed for each data set were comparable, the decision was taken to amalgamate the two sets in one coding framework.

Results and discussion

The data reflected the perceptions of HVs, MWs and parents regarding the Twf initiative and the factors that enhance bilingualism in children. The data were classified into three main themes (Table 2). The findings suggest that there are several influential factors in the community, which affect the family's decision about language transmission, one of which relates to health professionals. In this paper, we will explore the findings that relate specifically to the HVs and MWs. These include their role in promoting bilingualism, promoting bilingualism and public health, influences on HVs and MWs involvement, parental responses to the Twf intervention and personal experiences of the HVs and MWs (Fig. 1).

HVs and MWs role in promoting bilingualism

HVs and MWs expressed clear views about their position in promoting bilingualism in the family and generally saw this as minimal, either by distributing Twf resources or answering questions from parents. They often justified this position by delegating the role to another professional group or individuals who they felt were more competent in their use of the Welsh language:

‘I think it’s (talking about language) probably more a health visitor’s role’. (MW02)

‘I think it’s quite difficult if you...don’t speak any Welsh - I think possibly *Welsh speaking* health visitors more (have a important role in promoting bilingualism)...I don’t think I would say that is part of my remit.’ (HV01)

The consensus from the parents supports the assertions of the professionals that MWs and HVs rarely discuss the issue of language transmission with new parents. The following response was typical:

‘I think that they (health visitors) could have (an important role on promoting bilingualism) but ours, to be honest, haven’t mentioned it at all...no health professional has said to me what language are you going to use?’ (Mother15)

HVs and MWs are involved in all aspects of child, maternal and family health. In particular, HVs are concerned with child development and take part in a child’s ongoing assessment of speech and language (Watkins, Edwards and Gastrell 2003) so it is pertinent that parents and health professionals raised the issue of bilingualism in this context.

Although the health professionals in our study demonstrated some commitment to disseminate Twf resources there was general apathy towards discussing language transmission with parents. This may limit the impact of the Twf message since, in the context of public health promotion, Webster and Austoker (2007) claim that leaflets do not always improve knowledge and face to face discussions are significantly more effective in changing attitudes than written information (Murphy and Smith 1992).

There is no doubt that HVs and MWs have a role in promoting public health and, given the advantages of early bilingualism, this could extend to enhancing language transmission in the family. However, our study findings demonstrate that the promotion of bilingualism features only on the periphery of HVs’ and MWs’ work with parents.

Promoting bilingualism and public health

Many respondents made comments about the relationship between supporting public health and the promotion of bilingualism. These responses ranged from acknowledgment to denial of a relationship, as illustrated in the following accounts:

‘I think part of our public health role is to be able to communicate in two languages...and raising issues that maybe they haven’t thought about themselves and I think communication is an essential part of not only health... (HV07) Because if you’ve got a happy unit- that is not isolated and not excluded, then they are happier and healthier individuals.’ (HV06)

‘I wouldn’t say that discussing language transmission is part of the public health role. (HV04).’

Although none of the parents mentioned the association between language transmission and facilitating public health, some remarked that the ability to speak Welsh fostered a sense of belonging that strengthened their sense of community identity. This is supported by Edwards (2003) who is resolute that speaking a certain language can lead to a feeling of belonging to a specific speech community. He argues that the importance of being bilingual is social and psychological rather than linguistic and that ‘the psychological heart of bilingualism is identity’ (Edwards 2003 pp 6). A link to social capital is evident here, since as we discussed earlier, language congruence with a community can affect social integration in terms of support and trust, mutual help and involvement with community issues (Watt 2007).

Central to contemporary public health practice is an emphasis on social action, tackling the determinants of health and addressing key issues such as inequalities in health and disempowerment (Irvine 2009). Ilett and Munro (2000) believe that the social model of health promotion, where issues such as social support, integration and isolation are addressed to increase health status provides sufficient basis to support community interventions such as the Twf scheme. However, HVs and MWs in our study were divided about whether promoting language transmission in the family forms part of this public health practice.

In the health promotion agenda there is a clear distinction between home and community approaches. The focus of individual approaches tends to be in the home and the focus of structural approaches is at the community level. Individual approaches focus on encouraging and empowering the individual to modify behaviour and in the case of health promotion, adopt a healthier lifestyle. Structural approaches focus on efforts to change the wider determinants of health such as the physical, social and economic environment (Douglas *et al.* 2007). Elkan *et al.* (2000) contend that successful health promotion is based on connecting individuals with their communities. This, they argue, decreases isolation and helps develop support networks. The social factors influencing any given community include issues such as class, gender, culture and language. Through home visiting, HVs are given the opportunity to establish connections into local communities to address the wider determinants of health that influence individuals and their families. One of the ways HVs could connect individuals with their communities is through language and the promotion of bilingualism.

HVs and MWs are respected professionals in the community and are recognised by the Twf scheme as pivotal collaborators in conveying the Twf message to new parents. Yet our study shows that healthcare work in this area is inconsistent and depends on the inclination of individual practitioners rather than a well designed strategy that is aligned with the Twf scheme.

Influences on MWs and HVs involvement

Health professionals identified many issues that influence their involvement in promoting bilingualism, including their own language profile, contact with expectant parents: the timing of the interaction and time in which they had to carry out all aspects of their role. The respondents who were able to play a role in promoting bilingualism talked of the importance of adapting the information to meet the needs of the families such as the

receptiveness of the family to the information, the age of the baby and the language spoken by the language. However, several parents highlighted missed opportunities on the part of HVs and MWs. For example, as illustrated in the following extract, some suggested that health professionals assumed that parents who were Welsh speaking would speak Welsh with their children and therefore it was unnecessary to provide them with information:

‘Because she took the stuff out of her bag and then said ‘Oh you don’t need this’ she could hear me speaking Welsh to my daughter.’ (Mother 06)

Timing, in the sense of the best time for the child to learn Welsh, was identified by parents as an important consideration. Parents in the study acknowledged that learning Welsh is best done in early life:

‘Teaching them (Welsh) early, it expands their brain, they learn a lot wider range of things.’ (Mother48)

This position concurs with Singleton’s (2001) review on age and second language acquisition, from which he concludes that acquiring a second language early in life results in more language proficiency. In early childhood the structure of language and appropriate uses develop rapidly. It is for these reasons that the introduction of a second language seems appropriate at this young age. Indeed this is why the Twf project focuses on early childhood as their ‘target’.

Time was also raised as an issue by parents in terms of the health professional’s ability to spend time with families:

‘The other thing, health visitors o’n nhw i weld fel bod nhw yn rili fishi anyway, so effallai bod just dim amser i siarad am gwybodaeth fel hwn.’ (Father 15) (*The other thing, health visitors looked as if they were really busy anyway, so perhaps they just don’t have the time to discuss information like this*)

Respondents perceived the promotion of bilingualism as a less pressing role when time is limited, a finding that concurs with the work of Craig and Adams (2008) who found that HVs reported increased workloads and the inability to meet their professional role in full. Thus, issues that HVs considered to be of low priority were not always addressed in their day to day work with parents.

Of course some HVs and MWs did address the issue of language transmission with parents; and the reaction they received from this was captured in the data.

Parental responses to the Twf intervention

When HVs and MWs raise the subject of bilingualism with parents, they stated that they normally receive indifferent responses, where parents fail to give bilingualism a priority in their lives, or a positive response, where parents demonstrate an interest in the issue. The overall consensus was that parents did not respond negatively to their interventions as illustrated by the following remark:

‘I haven’t had one negative – I mean I’ve had some fairly passive ones, but not one reaction where you can see by body language ‘we don’t want to know.’ (HV07)

Parents in our study generally demonstrated a positive attitude to speaking Welsh, suggesting it fostered a sense of belonging and identity:

‘...I think they understand it’s important that if they are going to move into an area like this and stay in the area, they have to adopt the language...’ (Mother38)

Many respondents valued the ability to speak Welsh and some non Welsh speaking parents were making an effort to learn Welsh in an attempt to integrate themselves into society and the Welsh culture. This finding is in keeping with Gathercole *et al*’s. (2006) study where issues of identity were associated with language. Similarly parents in our study identified the fact that there was a strong resolve to act in the best interests of their child, in terms of their linguistic development and integration into the community. A non Welsh speaking child may feel isolated, on many levels in a bilingual community so, by learning Welsh, a child can benefit from integration into the community and ultimately, this will enhance the child’s health.

Positive effects on a child’s health associated with their ability to be bilingual may not be visible for many years but this was still valued by the parents in our study who identified long term gains in being able to speak Welsh:

‘If they are going to move into an area like this and stay in the area, I think they have to adopt the language because it’s becoming compulsory now as an adult, if you want to be...you have to speak the language to have a job.’ (Mother38)

Packer and Campbell (1996) found that parents often identified the Welsh language as a career asset as well as contributing towards cultural enrichment. This was particularly evident amongst parents who did not speak Welsh, where Welsh language fluency was recognised as a valuable advantage when seeking employment in Wales. The parental opinions reported by Packer and Campbell are endorsed by the findings of our study. Our respondents recognised that not only does the financial reward of working *per se* affect health but other factors such as employment conditions in the future (Sacker *et al.* 2001) and local area conditions (Chandola 2001) can influence health status. The drive to learn Welsh at an early age thus might have a limited effect on the immediate health of the child, however, it maybe at this age that the effort must be made to improve employment prospects and ultimately, health at a later stage in life.

Finally the personal experience, of the HVs and MWs, was identified as influencing the health care professionals with regard to the promotion of bilingualism.

Personal experience of MWs and HVs

When addressing bilingualism many of the HVs and MWs respondents referred to their personal experiences and their Welsh language proficiency. These experiences influence the way in which they promote bilingualism in their practice. A typical position is illustrated by one midwife:

‘It is important (bilingualism) I do encourage it, you know, I think it’s important and I think if we live here, I encourage my son...I just feel very self conscious about speaking it (*Welsh*) and that’s for me to deal with.’ (MW2)

The fact that personal choice and experience influence professionals' practice was also identified by parents; a number remarked that the nationality of the health professional affected the extent to which they pursued language transmission with the family. This response is typical:

'...the majority of them (HVs and MWs) were English so they never spoke about language use with the baby...' (Mother15)

If the health professional was Welsh speaking and the parents spoke Welsh then an assumption was made that the language spoken to the baby would be Welsh. If the health professional did not speak Welsh then other than occasionally asking about the language intentions the subject was not explored.

It seems from the data that there is no definitive role, responsibility or format for communication channels between parents and health professionals regarding language choice. It was clear that the attitude of the health care professional depends on their individual personal background and beliefs. This influences their level of commitment in promoting bilingualism to the families they visit. It seems from our data that HVs and MWs are basing their practice on their personal experience of and attitudes to bilingualism rather than ensuring that their practice is directed by the albeit minimal, evidence base. As evidence based practice becomes a fundamental driver of health care practice (Lowe 2007), HVs and MWs cannot afford to consider their personal beliefs and experiences rather than objective evidence when making decisions about their practice.

In general HVs demonstrated a more positive disposition towards promoting bilingualism than their MWs colleagues and although there was some reluctance they were more likely to embrace this role. This is an appropriate arrangement due to the continuing relationship between families and the health visitor.

Roberts *et al.* (2007) suggest a substantial deficit in Welsh language awareness among health care practitioners in Wales. Although the Twf project has been implemented with the co-operation of the HVs and MWs, it cannot be assumed that all necessarily subscribe to the Twf ethos; and have the time or the inclination to address issues of raising children bilingually. Plews *et al.* (2000) and the DH (2007) suggest that a public health role should be determined by local perspectives. In Wales and other multilingual societies, local perspectives include the language of the community and its contribution to social capital.

Limitations of the study

The study used a mixed method approach to examine the role of HVs and MWs in promoting bilingualism. This enabled data triangulation, through obtaining the views of health professionals and parents. However, there are some limitations of the study. The self-selecting sample of MWs and HVs may have introduced bias (Parahoo 2006). Moreover, the study was confined to four counties across Wales, thus limiting the generalisation of the findings.

Conclusion

This study has revealed the importance of promoting bilingualism in Wales. The transcultural nature of bilingualism means that, irrespective of the individual country in

which the study was conducted, the findings are of relevance to nurses whose remit is to promote public health.

Our study highlights the anomaly regarding the role health professionals play in promoting bilingualism in the family. HVs and MWs are acknowledged by the Twf scheme as being partners in transmitting the Twf message to parents. However, the findings of our research suggest that the work of HVs and MWs in promoting bilingualism is variable and depends primarily on the inclination of the practitioner. The results imply several influences that affect the health professional in promoting bilingualism including role, influences on involvement, language and public health, responses to intervention and personal experience.

There is a need for HVs and MWs to provide the opportunity for improved health and wellbeing of children, families and communities and address some of the key public health issues facing society. The DH (2007) emphasises the importance of building healthy communities for children and families by working with local people and other sectors. HVs and MWs need to be aware of practice based evidence for nursing interventions underpinned by social models, where factors such as social support, integration and isolation have been addressed with a positive affect on health status. Bilingualism is neither recent nor temporary and the numbers of bilinguals are increasing. Under the right circumstances bilingualism can lead to social, cultural psychological and economic benefits for the individual and thus it is a health determinant that HVs and MWs should address with parents. We contend that health professionals need to be aware of the evidence base that should direct their work in the context of language and they should not draw solely on their personal experiences to guide their practice.

These findings challenge practitioners to consider their role in promoting bilingualism and its effect on public health; and suggest the need for more defined responsibilities.

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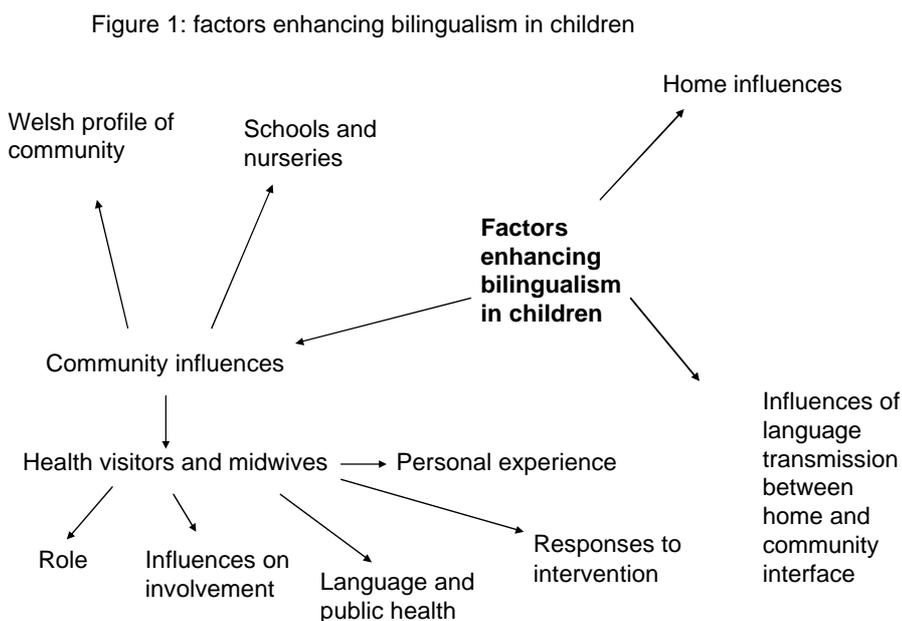
Table 1: Advantages of bilingual acquisition

Twf message	Evidence
1. Children who learn two languages have a head start when reading and counting.	Bialystok (1991); Bialystok <i>et al.</i> (2005)
2. Learning two languages is easier for young children.	Genesee (2003)
3. Many employers in Wales ask for Welsh and English skills	Aitchison and Carter (2004)
4. Speaking two languages open doors to making new friends	Genesee <i>et al.</i> (1975); Ben-Zeev (1977)
5. The best of both worlds and both cultures	Baker and Prys Jones (1998); Edwards (2003);
6. After learning two languages it's much easier to learn more	Baker (2000); Cummins (2003)

Table 2: Emerging Themes

Themes	
1.	Home influences on Welsh language transmission
2.	Influences on language transmission between home and community interface
3.	Community and community influences

Figure 1: Factors enhancing bilingualism in children



Appendix 3: Work Programme

No.	Recommendations	Action Points	Indicators
1.	To explain the public health role of Health Visitors and Midwives in relation to supporting the transmission of the Welsh languages in families in Wales	<p>To prepare a presentation / paper in order to explain the public health role of health visitors and midwives in relation to supporting the transmission of the Welsh language in families in Wales.</p> <p>To arrange and hold discussions with Local Health Boards concerning the distribution of a professional directive explaining the public health role of health visitors and midwives in relation to supporting the transmission of the Welsh language in families in Wales.</p> <p>To arrange and hold a discussion with the Chief Nursing Officer of Wales concerning the distribution of a practice directive, explaining the public health role of health visitors and midwives in relation to supporting the transmission of the Welsh language in families in Wales.</p> <p>To note the manner in which HEIs can ensure that the relationship between public health and bilingualism be included in the curricula of health Visiting and Midwifery.</p>	<p>Presentation / paper in electronic format.</p> <p>Discussions held with seven Health Boards in Wales concerning their priorities.</p> <p>Discussions held with Wales' Chief Nursing Officer concerning her priorities.</p> <p>Opportunities noted/highlighted within the health visiting and the midwifery curriculum and the information circulated amongst higher education institutions.</p>
2.	To request statutory directives from the government and professional bodies to maintain standards for	To submit comments on the National Services Framework for Children, Young People and Maternity Services concerning the role of health visitors and midwives in supporting the transmission of Welsh in families in Wales.	Discussions held with the five higher education institutions, who provide health visiting and midwifery education, concerning their priorities.

	<p>health visitors and midwives as they go on the register in relation to their role in supporting the transmission of Welsh in families in Wales.</p>	<p>To submit comments on the Health Care Standards concerning the role of health visitors and midwives in supporting the transmission of Welsh in families in Wales.</p> <p>To submit observations on the Strategy for Bridging the Generations concerning the role of health visitors and midwives in supporting the transmission of Welsh in families in Wales.</p> <p>To hold a discussion with the Chief Nursing Officer of Wales on the importance in health visiting and midwifery practice of supporting the transmission of Welsh in families; and on the significance of bilingualism for public health.</p> <p>To hold a discussion with the Nursing & Midwifery Council on the importance in health visiting and midwifery practice of supporting the transmission of Welsh in families; and on the significance of bilingualism for public health.</p>	<p>Comments presented to Ann Noyles. Discussion held with Ann Noyles, WAG.</p> <p>Comments presented to Wendy Morgan, WAG.</p> <p>Comments presented to Melanie Streeter, WAG.</p> <p>Discussions held concerning their priorities.</p>
3.	<p>To note and maintain opportunities in the Health Visiting and Midwifery curricula for the presentation and improvement of language awareness and of the training programmes of</p>	<p>To note and maintain opportunities in the Health Visiting and Midwifery curricula for the presentation and improvement of language awareness and of the training programmes of Cynllun Twf.</p>	<p>Opportunities noted/highlighted within the health visiting and the midwifery curriculum and the information circulated amongst higher education institutions.</p> <p>Discussions held with the five higher education institutions, who provide health visiting and midwifery education, concerning their priorities.</p>

	Cynllun Twf.		
4.	To establish a new role in health care organisations for health visitors and midwives who have been designated for Cynllun Twf.	<p>To hold a discussion with the Chief Nursing Officer of Wales concerning the establishment of specialist roles for health visitors and midwives who have been designated for Cynllun Twf.</p> <p>To hold discussions with the Local Health Boards concerning the establishment of specialist roles for health visitors and midwives who have been designated for Cynllun Twf.</p>	<p>Discussions held with Wales' Chief Nursing Officer concerning her priorities.</p> <p>Discussions held with seven Health Boards in Wales concerning their priorities.</p>
		To prepare a paper on the way forward	Paper on the way forward

Appendix 4: Mapping Twf message to NMC and QAA standards

1. Mapping Twf message to NMC standards for SCPHN (NMC 2004)

Standards of Proficiency for Specialist Practice Community Public Health Nursing (NMC 2004)	Opportunity to embed Twf Message
Principle 1. Surveillance and assessment of the population's health and well being	Domain: Search for health Needs
	<p>1.1. Collect and structure data and information on the health and well being and related needs of a defined population</p> <p>Undertaking population language profiling and identifying specific language needs</p>
	<p>1.2. Analyse, interpret and communicate data and information on the health and well being and related needs of a defined population</p> <p>Analysing, interpreting and communicating language related data and information on the language profile and specific language needs</p>
	<ul style="list-style-type: none"> • Develop and sustain relationship with groups and individuals with the aim of improving health and social well being <p>Establishing strategies for developing and sustaining relationships with bilingual individuals and groups</p>
	<ul style="list-style-type: none"> • Identify individuals families and groups who are at risk and in need of further support <p>Developing techniques to identify individuals and families who are at risk of social isolation due to language profile</p>
	<ul style="list-style-type: none"> • Undertake screening of individuals and populations and respond appropriately to <p>NA</p>

	findings	
Principle 2. Collaborative working for health and wellbeing	Domain: Stimulation of awareness of health needs	
	2.1. Raise awareness about health and social wellbeing and related factors, services and resources	Developing approaches for informing individuals, families, groups and communities about language related factors, services and resources
	2.2. Develop sustain and evaluate collaborative working	Collaborating with bilingual early years and family and community related organisations
Principle 3. Working with, and for, communities to improve health and wellbeing	3.1. Communicate with individuals, groups and communities about promoting their health and wellbeing	Establishing communication strategies with individuals, groups and communities about making choices about language use and transmission
	3.2. Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.	Developing methods of awareness raising about the actions that groups and individuals can take to maintain their language profile
	3.3. Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.	Establishing strategies for developing individual and community empowerment to influence and use available bilingual services, information and skills, acting as advocate where appropriate
	3.4 Work with others to protect the public's health and well being from specific risks.	Developing methods of working with others to protect the rights of bilinguals

Principle 4. Developing health programmes and services and reducing inequalities	Domain: Influence on policies affecting health	
	4.1. Work with others to plan, implement and evaluate programmes and projects to improve health and wellbeing.	Establishing best practice in working collaboratively on language related initiatives
Principle 5. Policy and strategy Development and Implementation to Improve health and wellbeing	4.2 Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting.	Developing approaches for identifying and evaluating services tailored for the needs of bilingual individuals, families and groups
	5.1. Appraise policies and recommend changes to improve health and wellbeing.	Establishing strategies for appraising policies and recommending changes to maintain and develop bilingualism
	5.2. Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community.	NA
	5.3. Contribute to policy development.	Developing means of contributing to language related policy
	5.4. Influence policies affecting health.	Influencing language-related policies; strategies and approaches
	Principle 6. Research and development to improve	6.1. Develop, implement, evaluate and improve practice on the basis of

health and wellbeing	research, evidence and evaluation.	
Principle 7. Promoting and protecting the population's health and wellbeing	Domain: Facilitation of Health Enhancing Activities	
	7.1. Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing.	Collaborating to sustain language profiles of individuals, families and communities
Principle 8. Developing quality and risk management within an evaluative culture	7.2. Work in partnership with others to protect the public's health and wellbeing from specific risks.	NA
	8.1. Prevent, identify and minimize risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed.	Establishing strategies for protecting children's rights for personal growth through bilingualism
Principle 9. Strategic leadership for health and wellbeing	9.1. Apply leadership skills and manage projects to improve health and wellbeing.	Using leadership strategies and project management strategies to maintain and develop language profiles of individuals, families and communities
	9.2. Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups.	Developing methods for planning, delivering and evaluating programmes aimed at maintaining and developing language profiles of individuals, families and communities

Principle 10. Ethically managing self, people and resources to improve health and wellbeing	10.1. Manage teams, individuals and resources ethically and effectively	Securing and managing individuals, teams and resources using principles of equity and equality to take account of linguistic diversity
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2. Mapping Twf message to QAA Subject Benchmark Statements for Health Visiting Programmes (2001)

Domain	Subject Specific Statements	Opportunity to Embed Twf Message
A. Expectation of the health visitor as a professional	A1. Professional autonomy and accountability of the Health Visitor	Identifying responsibility and accountability of the HV for acknowledging and addressing the language needs of individuals, families and communities
	A2. Professional relationships of the health visitor	Developing relationships with professional and community partners and working collaboratively to maintain and develop the language profiles of individuals, families and communities
	A3. Personal and professional skills of the health visitor	Developing personal and professional expertise to effectively engage in strategies that maintain and develop language profiles of individuals, families and communities
	A4 Profession and employer context of the health visitor	Identifying and raising awareness of the profession and employer responsibility and accountability for acknowledging and addressing the language needs of individuals, families and communities
B. The application of practice in health visiting	B1. Identification and assessment of health needs	Undertaking population language profiling and identify specific language needs

C. Health Visiting; subject knowledge, understanding and associated skills	B2. Formulation of plans and strategies for meeting health needs	Developing services tailored for the needs of bilingual individuals, families and groups
	B3. Focused Activity	Working at the individual and community level through partnership with others to meet the diverse language needs of individuals, families and communities
	B4. Evaluation	Engaging appropriately in various evaluation strategies to ensure high quality service provision to meet the diverse language needs of individuals, families and communities
	C1. Knowledge and understanding	Developing a sound knowledge and understanding of the public health issues associated with language diversity and language transmission
	C2. Skills	Refining core skills to enable individual and community empowerment about raising children bilingually
	<ul style="list-style-type: none"> • Information gathering • Problem solving • Communication • Numeracy • Information Technology 	

Appendix 5: Proposal for Incorporating the Twf Objectives into the National Service Framework (NSF) for Children, Young People and Maternity Services (WAG 2004)

Background

- Increasing global diversity and the enhanced status of many indigenous minority languages have highlighted the numerous advantages of bilingualism for individuals and their communities (Table 1).
- These features are key drivers for language acquisition planning in Wales that focuses on enhancing language transmission in the family.
- Through a government-funded initiative, the Twf scheme was established in 2001 to increase the numbers of bilingual families who transmit the Welsh language to their children.
- The focus of Twf is to highlight the value of the Welsh language and bilingualism to parents, prospective parents and the general population; and to encourage families to raise their children to be bilingual. Twf emphasises the importance of developing bilingualism at an early age and using Welsh in the home.
- As respected professionals within the community, midwives and health visitors offer the potential to become credible agents of the Twf scheme, through their regular contact with all prospective and new parents. With this in mind, Twf aims to bring the message of the advantages of bilingualism into the mainstream work of midwives and health visitors.
- Health visitors, in particular, are pivotal collaborators in conveying the Twf message since they work at the individual and community level. Moreover, given the diverse advantages of bilingualism, supporting language transmission in the family reflects their increasing public health role in promoting family and community wellbeing.
- Thus, in order to engage healthcare practitioners in disseminating the Twf message, the scheme needs to take account of their unique public health role and the policy drivers that guide their practice.
- Nevertheless, a recent detailed impact assessment report (Irvine et al 2008) raises concerns about Twf's ability to influence the work of the health sector. <http://www.byig-wlb.org.uk/english/publications/publications/20080516%20ad%20s%20twf%20-%20final%20version.pdf>
- Moreover, the research shows that, although there is some commitment amongst midwives and health visitors to disseminate Twf resources, there is a general apathy towards discussing language transmission with parents and a lack of clarity, particularly amongst health visitors, about the message in relation to their public health role.
- In view of Twf's reliance on collaborating with healthcare professionals as a means of disseminating its message, further work has been commissioned by the Welsh Language Board in order to establish strategic plans for assimilating the Twf message into the mainstream work of midwives and health visitors.
- The review process of the NSF for Children, Young People and Maternity Services offers a valuable and timely opportunity to incorporate the Twf objectives into the framework.
- Moreover, on 29th July 2009, the Welsh Language in Health and Social Services Task Group, chaired by the Deputy Minister for Health and Social Services, proposed that discussions should be held with the NSF for Children, Young People and Maternity Services team with a view to incorporating the Twf objectives into the NSF document.
- The ensuing section identifies potential areas for discussion and addresses ways of assimilating the Twf objectives.

Table 1: Advantages of Bilingualism

Advantage	Evidence
Cultural sensitivity	Baker and Prys Jones (1998); Edwards (2003)
Cognitive benefits	Bialystok (1991); Bialystok et al (2005); Genesee (2003)
Character building	Genesee et al (1975); Ben-Zeev (1977)
Curriculum advantages	Baker (2003); Cummins (2003)
Cash and Career awards	Aitchison and Carter (2004)
Social capital	Gibson (2007)

Aligning Twf with the NSF Document

Twf specifically targets expectant parents and parents of children up to 6 months of age. The initiative thus aligns with:

- ? Chapter 2: Key Actions Universal to all Children
- ? Chapter 3: Maternity Services

Chapter 2: Key Actions Universal to all Children

This chapter contains six standards, as follows:

1. Child and family centred services
2. Access to services
3. Quality of services
4. Promoting health and well-being
5. Parenting
6. Safeguarding

Standard 1: Child and family centred services

Standard:

Children, young people and their families receive services that meet their particular needs. They are treated with respect by service providers and are provided with information and support appropriate to their needs and ability that assists them in making decisions about the care they receive.

The child and the family are the main target for the Twf project and the ethos of the Twf message is firmly echoed within this first standard.

Standard 4: Promoting health and well-being

Standard:

All children, young people and their parents and carers have access to a range of services that promote health and well-being and prevent ill-health.

Lifelong health has its focus on health and wellbeing, not illness, by using every avenue to promote healthy communities and empower individuals to take responsibility for their own health (WAG 2005).

Given that bilingualism can lead to social, psychological, economic and cultural benefits for individuals; it can be identified as a determinant of health. Moreover the Twf objectives are well aligned with the core elements of health promotion with young children and families (DoH 2007) (Table 2).

Table 2: Aligning Language Transmission with Core Elements of Health Promotion

Core Elements of Health Promotion with Young Children and Families (DoH 2007)	Promoting Language Transmission
Public health	Engage in family and community focussed initiatives
Working with the whole family	Consider language diversity within families
Early intervention and prevention	Commence support during ante-natal period
The value of knowing the community and 'being local'	Taking account of the linguistic profiles of community
Promoting health and preventing ill health	Promote benefits of early bilingualism
Progressive universalism	Engage hard to reach groups
Safeguarding children	Protect rights of children for personal growth through bilingualism
The value of working across organisational boundaries	Collaborate with bilingual early years organisations
Team work and partnership	Working in partnership with Twf Officers
Readiness to provide health protection service	Not applicable
Home visiting	Tailor support for individual needs

Thus an additional Key Action is proposed, as follows:

Promoting positive mental health and psychological well being	Responsible Organisation
Through the Twf message, raise awareness among parents of the value of introducing Welsh in the home, the value of bilingualism and the benefits of a Welsh education.	Health Boards Local Authorities

Standard 5: Parenting

Standard:

Parents and carers have access to a range of services to help them to nurture the physical, social and emotional growth of children and young people in their care.

Given that bilingualism can nurture the physical, social and emotional growth of children, an additional Key Action is proposed, as follows:

Parent education and support	Responsible Organisation
Through the Twf message, raise awareness among parents of the value of introducing Welsh in the home, the value of bilingualism and the benefits of a Welsh education	Health Boards Local Authorities

Chapter 3: Maternity Services

This chapter contains three standards, as follows:

1. Child and family centred services
2. Access to services
3. Quality of services

Standard 1: Child and family centred services

Standard:

Women and their partners are empowered to make informed choices throughout their pregnancy and maternity care. Services are co-ordinated seamlessly between hospital and community, and between agencies, to maximise the health and well-being of families

Given that bilingualism can maximise the health and well-being of families, an additional Key Action is proposed, as follows:

Pregnancy care	Responsible Organisation
Through the Twf message, raise awareness among women and their partners of the value of introducing Welsh in the home, the value of bilingualism and the benefits of a Welsh education	Health Boards Local Authorities

Standard 3: Quality of services

Standard:

Maternity services are delivered in partnership with women and their families and strive to ensure safe and positive outcomes for women and babies at all times

Given the positive outcomes of bilingualism, the following inserts / Key Actions are proposed:

Pre-pregnancy care	Responsible Organisation
3.21 There is a multi-agency strategy to provide pre-pregnancy advice including nutrition and exercise, <i>benefits of raising children bilingually</i> , benefits of breastfeeding, sexual health and avoidance of substance misuse, starting with school-aged young people.	Health Boards Local Authorities

Pregnancy, labour and birth	Responsible Organisation
3.23 There is an All Wales National Woman-Held Maternity Record (to be developed by the Welsh Assembly Government) that is used by both women and professionals <i>wherein details of the dissemination of the Twf message to women and their families are recorded.</i>	Health Boards
3.34 Women and their families who choose to raise their children bilingually are provided with appropriate support.	Health Boards Local Authorities

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Appendix 6: Presentation to SCPHN Lecturers 27th November 2009

Appendix 7: Stakeholder Groups

<i>Stakeholder Role</i>	<i>Date of Interview</i>
Twf Health Officer	
Twf Health Officer (North Wales)	13/11/09
Twf Health Officer (South Wales)	13/11/09
Director of Health Visiting Education	
Cardiff University	17/12/09
University of Glamorgan	07/01/10
Glyndwr University	01/02/10
Director of Midwifery Education	
Bangor University	11/01/10
Swansea University	19/01/10
Head of Health Visiting Services	
Betsi Cadwaladr University Health Board	7/01/10
Hywel Dda Health Board	04/01/10
Cardiff and Vale University Health Board	11/01/10
Head of Midwifery Services	
Powys Teaching Health Board	18/12/09
Aneurin Bevan Health Board	22/12/09
Betsi Cadwaladr University Health Board	15/01/10
Hywel Dda Health Board	15/01/10
Cardiff and Vale University Health Board	19/01/10