



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# **DIGNITY IN CARE**

## **Giving Voice to Older People**

### **WELSH LANGUAGE TOOLKIT**

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## **Introduction**

This toolkit focuses on the importance and centrality of language in maintaining dignity in care in the bilingual context of Wales, particularly in the care of the older person and those with dementia. The pack responds to a gap in the literature and policy lead on the significance of language awareness in the current dignity agenda. Moreover, it helps align and embed Welsh language services as an important aspect of person-centred care. Aimed primarily at carers and managers, educators and trainers, it offers key messages that underpin a quality service and tools to guide a best practice approach.

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## **Background**

Dignity is an essential element of quality care. Acknowledging a person's dignity contributes to their sense of good health, well being and independence. This has particular significance in the bilingual context of Wales, where language plays an important role in facilitating personal expression and fostering feelings of identity, particularly amongst older people. Thus, where language is often a matter of need rather than choice, providing care that reflects the clients' language and cultural background is essential in respecting their identity and maintaining dignity in later life.

Nevertheless, although an individualised and holistic approach is central to the philosophy and delivery of health and social care services in Wales, there is evidence of a significant shortfall in the Welsh language awareness of care providers and a lack of commitment to plan for Welsh language services. These deficiencies have been shown to compromise the quality of care of Welsh speakers, particularly amongst older people. The Dignity in Care Programme in Wales offers an opportunity to address these issues through embedding the Welsh language into the dignity agenda and enhancing best practice for the people of Wales.

## **Aims and objectives**

The aim of this toolkit is to raise awareness and understanding of the implications of the Welsh language in establishing dignity in care for older people living in Wales; and offer a best practice approach for carers, managers, educators and trainers.

The pack is presented in two sections. Section A offers a review of the literature and policy context to demonstrate the evidence base for embedding language appropriate practice into the dignity agenda; whilst Section B aligns the key constructs and offers a practical toolkit for service delivery. Adopting a standard framework for person-centred care, the tool systematically outlines the main constructs of dignity and demonstrates indicators and evidence of their Welsh language dimensions. It thus offers scope for:

- Alignment with the proposed Strategic Framework for the Welsh Language in Health and Social Services.
- Building on the Fundamentals of Care and NSF for Older People.
- Securing a reference point for commissioning services and training.
- Resource development to support local policy.
- Establishing a test bed for further developments / resources.
- Tailoring to meet individual, group or organisational training needs.

The toolkit concludes with a series of factsheets and posters to disseminate messages about a best practice approach.

# **SECTION A: CONTEXT**

## **Dignity in the care of older people**

‘To care for someone, I must know many things. I must know, for example, who the other is, what his powers and limitations are, what his needs are, and what is conducive to his growth; I must know how to respond to his needs, and what my own powers and limitations are’

(Mayeroff 1971).

The following review will explore the meaning of dignity in relation to this caring role and consider the importance of *getting to know the person*. This process involves the use of language and other communication modes through which information and identity are expressed and understood. It is also affected by the context of the older person’s social situation and the beliefs and attitudes of the individual and organisational cultures involved.

### *The concept of dignity*

Nordenfelt (2003) describes human dignity as a complex multi-faceted concept with four distinct constructs, namely:

- Universal human value
- Dignity as merit
- Dignity as moral stature
- Dignity of personal identity, including sense of self and sense of social recognition

This review focuses primarily on the *dignity of personal identity* as one's 'sense of self' and 'social recognition' are particularly at risk of being denigrated with the increasing mental and physical deterioration and need for support experienced by many older people in care settings. In this respect, reaffirming the older person's uniqueness and personhood is the essence of dignified care (Kitwood 1997) where individual perspectives, beliefs, preferences, choices and social relationships are honoured and there is a clear understanding of 'knowing who the other is' (Mayeroff 1971). Despite this rhetoric, ageist attitudes within our society often undermine attempts to progress the dignity agenda in the context of care for older people.

#### *The context of older person care*

The NSF for Older People (WAG 2006) highlights a number of concerns that impact on maintaining dignity of identity in care. These include the way older people are treated as objects or children, with minimal involvement in care decisions affecting them and limited communication with health professionals on other issues. Low expectations of older people arise from the negative stereotypical images of old age based on ageist assumptions which pervade our society. These relate to older people being seen as a burden and drain on the financial resources of the country, as they are considered non-productive in terms of generating income, and therefore less deserving. In other words,



‘... they can’t hear, they can’t remember, they can’t think for themselves, they are depressing, they are non-productive and they are infantile.’

(Greene et al 1986, pg113)

There is also a misconception that all older people are in a state of inevitable and uniform age-related decline, regardless of innate, individual differences or differing previous lifestyles and experiences. This perspective undermines the service provider’s commitment to learn about individual beliefs, lifestyles, aspirations and life goals. Consequently, the voice of older people who need the greatest support is largely absent whilst other people (professionals, families) speak for them. Older people are seen as commodities not as consumers or citizens with rights, entitlements or purchasing power (Joseph Rowntree Foundation 2009). Thus, within this context, it is particularly challenging to promote an older person’s dignity of identity, founded as it is on getting to know the person.

Against this backdrop, it hardly surprising that a number of reports highlight concerns about older peoples’ dignity being compromised in acute hospitals and care homes across the UK (Health Advisory Service 2000, 1998; Help the Aged 2007; Healthcare Commission 2007; House of Lords, House of Commons Joint Committee on Human Rights 2007; Mental Welfare Commission for Scotland 2007; Picker Institute Europe 2008). These reports echo a resounding message to policy makers and service providers to tackle ageist attitudes and enhance the provision of care for older people. As a result, maintaining dignity in care has become a major concern for all care

organisations, and has featured strongly in UK health policy over the past decade (DoH 2000, 2001, 2008; WAG 2003b, 2006; DoH, Social Services and Public Safety 2006; Scottish Government 2006).

In Wales, the National Service Framework for Older People (WAG 2006) proposes a number of strategies for enhancing dignity in care, including rooting out age discrimination; promoting older people's health and independence; fitting services around older people's needs; and providing person-centred care. In this way, maintaining dignity of identity lies at the heart of current health and social care policy in Wales and is reflected through a person-centred and context sensitive approach.

### *Person Centred Care*

Resonating strongly with Nordenfelt's (2003) dignity of identity, Kitwood (1997) defines person-centeredness as,

'... a standing or status that is bestowed upon one human being, by others, in the context of a relationship and social being. It implies recognition, respect and trust.'

(Kitwood 1997, page 8)

McCormack (2001) extracts four core concepts from Kitwood's (1997) definition of person-centeredness and interprets them as follows:

- Being in relation - persons exist in relation to other persons
- Being in social world - persons are social beings
- Being in place - persons have a context in which their personhood is articulated
- Being with self - being recognised, respected and trusted as a person impacts on a person's sense of self.

These concepts align with Brooker's (2007) elements of person-centred in the context of dementia services, as outlined in her VIPS framework. The four elements are depicted as follows:

- **V** a *value base* that asserts the absolute value of human life regardless of age or cognitive ability.
- **I** an *individual approach*, recognising uniqueness.
- **P** understanding the world from the *perspective* of the service user.
- **S** providing a *social environment* that support psychological needs.

Thus McCormack (2001) and Brooker (2007) identify similar concepts in relation to person centred care that involve getting to know the older person as a unique individual and in their social context. This includes their relationship with their significant others (past and present) and their community of formal and informal carers. Paying attention to place in care

relationships is increasingly recognised as important (Hussain & Raczka 1997). Clearly, the extent to which the older person is able to make their uniqueness visible and their voice heard also rests on their language needs and preferences being acknowledged, respected and addressed in an individualised way.

## **Dignity and language congruency**

On the basis of their wide review of the theoretical and empirical literature, Gallagher et al (2008) conclude that dignity in the care of the older person

‘... draws attention to a kind of value or worth that is part of our normative account that should shape our relations with and our treatment of other people.’

(Gallagher et al 2008, page 9)

In the bilingual context of Wales, providing a bilingual service for older people is a way of establishing common ground for communication and understanding that helps capture this ‘normative account’. This, in turn, can empower individuals to express their care preferences and uphold a level of dignity.

But, sharing the same language offers more than a meaningful exchange of words. It provides scope to enter the clients’ world and recognise them as individuals with their own cultural identity.

‘Sometimes, through speaking their own language, recognising, you know, their own language, it means as well that you recognise them as a whole person.’

(Irvine et al 2006)

O'Hagan (2001) draws on a lecture given by Ó Riagáin, the Secretary General of the European Bureau for Lesser Used Languages, to remind us of the importance and centrality of language in establishing cultural identity.

'Language is in the first instance a means of communication. But it is a lot more than that. It is a communal tool, developed and refined by its users, to express their ideas, their beliefs, their feelings. It reflects a people's development, their shared historical experience and their sense of community. It is a receptacle where a people's most intimate and finest thoughts can be recorded , stored and transmitted, not only to other contemporary members of the community , but even from one generation to the other. It is the mainspring of culture.'

(Ó Riagáin 1998 in O'Hagan 2001, page 154).

Connecting with the person through a language that is meaningful to them and valuing their sense of worth and identity can therefore preserve the dignity and self-respect of older people, contributing to their sense of good health, wellbeing and independence. Moreover, enhancing language and cultural awareness within the care environment contributes towards a sense of familiarity and belonging that implies recognition, respect and trust.

'I feel more comfortable speaking my first language. It is like being at home surrounded by my own very familiar possessions. Speaking a second language is like being yourself but in someone else's home.'

(Davies 2009)

These sentiments are poignantly reflected in the 'Dignified Care' report published recently by the Older People's Commissioner for Wales (2011) on the treatment of older people in hospitals. The report identifies a number of concerns about a lack of dignity and respect linked to people being unable to receive a service in Welsh. It calls on staff to be aware that 'issues relating to the use of Welsh are treated as a matter of rights and not as a luxury (page 48).

Looking beyond Wales, the wider literature demonstrates that language and cultural considerations are not only relevant to Welsh speakers receiving care provision in Wales but equally important for other minority groups across the developed countries. For example, Mold et al (2005) reviewed studies from the US, UK, Taiwan, China, Canada and Australia concerning minority ethnic elders in care homes. They identified the need for greater cultural awareness in care homes, including improvements in communication, in order to enhance individualised care. Further research by Heikkila and Ekman (2000) and Heikkila et al (2007) exploring the experiences of older Finnish immigrants in care homes in Sweden identified the significance of language and cultural congruency for enhancing communication and understanding that led to feelings of solidarity, belonging and shared identity.

## **Welsh language provision in health and social care**

Whilst an individualised approach is central to the philosophy and delivery of health and social care services in Wales (WAG 2001), a report from the Welsh Consumer Council on Welsh in the Health Service (Misell 2000) highlights a significant shortfall in the Welsh language awareness of health service providers and a lack of commitment to plan for Welsh language provision. These deficiencies were shown to compromise the quality of care and treatment of Welsh speakers, particularly amongst vulnerable client groups, including older people and those with dementia, whom, it was suggested, 'cannot be treated effectively except in their first language, or in both languages' (page 75). The report concluded that

'Healthcare providers have much to do to increase awareness amongst their staff about Welsh language service provision. This should be presented in the context of customer care, equal opportunities and an emphasis on patient-focussed care.'

(Misell 2000, page 80)

Turning our attention from health to social care, a study was conducted by Cwmni Iaith in 2002 on behalf of the Welsh Language Board to review Welsh language provision in care homes for older people (Cwmni Iaith 2002). Although the review highlighted examples of good practice, it concluded that Welsh language services vary across Wales and across sectors, with low numbers of Welsh speaking staff, particularly in the private sector, and



insufficient information provided regarding the homes' bilingual provision. The study recommends the implementation of national standards for language appropriate practice; enhancing the language awareness of staff, facilitating language choice in care delivery; and promoting the inclusion of linguistic profiles in residential homes' written materials.

Since the publication of these reports, significant advances have been achieved through strong leadership and commitment from the Health Minister and Deputy Minister for Social Services in guiding the work of the Welsh Language Task Group in Health and Social Care and NHS Wales Welsh Language Unit. Nevertheless, concerns are still raised about the inability of the health and social care sector to offer adequate Welsh-medium provision in service delivery. For example, in 2010, the European Council's Committee of Experts acknowledged that, whilst there was some evidence of progress, it also concluded that 'in view of the fact that the provision of health and social care services in Welsh is still largely missing... the undertaking is still not fulfilled.' The report draws attention to one recommendation for prioritisation, particularly in terms of the Welsh language, that the UK authorities should 'ensure that health and social care facilities offer services in Welsh.'

Meanwhile, an overview of annual monitoring reports submitted by the principal health organisations in the NHS to the Welsh Language Board during the period 2009-2010 (Welsh Language Board 2010) recommends improvements within organisations around proactive Welsh language provision, training, workforce development and planning.

Given the significance of language and cultural awareness in preserving the dignity in care of older people, there is scope for further work to align these key concepts and drive the dignity programme in Wales (Older People's Commissioner for Wales 2011). As a basis to these discussions, the next section proceeds with a broad overview of the legal and statutory context of Welsh language services in health and social care.

### *Legal and statutory context of Welsh language services in health and social care*

In light of the Welsh Language Act (1993), health and social care providers across Wales have a legal and statutory responsibility to provide services through the medium of Welsh as well as English, giving equality to both languages. This is reflected in their Welsh Language Schemes that offer clear policy commitments and action steps for implementing and monitoring Welsh language services.

Further to the language legislation in Wales, the European Charter for Regional and Minority Languages (Council of Europe 1992, 13) emphasises that:

'... social care facilities such as hospitals, retirement homes and hostels offer the possibility of receiving and treating in their own language persons using a regional or minority language who are in need of care on grounds of ill-health, old age or for other reasons.'

These principles are particularly relevant to organisations providing care for those who are in vulnerable situations, such as older people, or those with dementia, since,

‘... in circumstances where stress, vulnerability, illness or disability are key factors, not being able to communicate in their first language may place those concerned at a personal disadvantage. Given the sensitive nature of many of these discussions, it is important to offer language choice wherever possible.’

(Welsh Language Board, 1996, Guidance 6.iv)

#### *Policy context of Welsh language services in health and social care*

Following the establishment of the devolved Welsh Assembly Government in 1999, health and social care policies in Wales have shown a growing commitment towards Welsh language provision in service delivery, as rooted in the National Action Plan for a Bilingual Wales (Welsh Assembly Government 2003a) that outlines the Government’s aspirations for

‘... a truly bilingual Wales, by which we mean a country where people can choose to live their lives through the medium of either or both Welsh or English and where the presence of the two languages is a source of pride and strength to us all.’

(Welsh Assembly Government 2003a, 1)

The launch of the new health and social care strategy for Wales in 2005 (Welsh Assembly Government 2005) marked an important development for Welsh language services, whereby effective bilingual provision was recognised as an essential component of a quality care service, facilitated through full recognition of the Welsh Language Schemes of each stakeholder organisation.

Whilst the 10 year strategy for social services in Wales (Welsh Assembly Government 2007) re-iterates the significance of promoting language choice in service delivery, there is also an important recognition of the role of language in expressing cultural identity and its impact on supporting the health and well-being of Welsh speakers.

‘The Welsh language is an essential part of Welsh culture and life. It must be reflected in developing effective local social care strategies as well as in planning, delivering and improving services for individuals whose language of preference is Welsh.’

(Welsh Assembly Government 2007)

The National Service Framework for Older People in Wales (Welsh Assembly Government 2006) confirms the significance of language for delivering person-centred care whereby:

‘Front line staff have an important role to play in the delivery of person centred care. They must demonstrate appropriate personal and professional behaviour when caring for older people, central to which are good communication skills and respect for individuals. This includes awareness of the specific communication needs of older people e.g. those with a sensory impairment, learning disability or those who would prefer to communicate in Welsh or other languages.’

(Welsh Assembly Government 2006, page 29)

Further to these government policies, a number of the health and social care standards with which providers are required to comply are applicable to the use and availability of Welsh language services, since many deal with matters of dignity, respect, diversity and choice (Welsh Assembly Government 2010a). Nevertheless, for many people accessing health and social care, language is more than just a matter of choice – it is a matter of need, as emphasised in the Assembly Government’s recent Welsh language strategy, ‘A living language, a language for living’ (Welsh Assembly Government 2010b) where:

‘Language choice refers to the individual’s right to choose language, but language need means considering language as an integral element of care, for instance, people with dementia or people who have had a stroke often lose their second language.’ (Welsh Assembly Government 2010b, page 16)

CSSIW (the Independent Commission on Social Services in Wales) acknowledges that language needs must be embodied in service and workforce planning, commissioning and delivery. They have thus set about developing a Welsh language toolkit that offers guidance on these matters and provides a useful framework for commissioning and delivering language sensitive services (Care and Social Services Inspectorate for Wales 2010).

Thus, reflecting on the policy context in Wales, the principles of language equality, cultural identity and person-centred care are clearly embedded in current health and social care policy within the Welsh Assembly Government. The challenge lies in grasping the opportunity to adopt these drivers as a lever to support further efforts for enhancing Welsh language services, particularly for those who are most vulnerable and at greatest risk.

## **Aligning language appropriate practice and dignity in care**

In view of the significance of language as a marker of identity amongst Welsh speakers, Nordenfelt's (2003) construct of dignity of personal identity offers a valuable basis for framing care provision in the bilingual setting, particularly for older people. This highlights the importance of language in relating to a person's sense of self and social recognition and aligns with Brooker's (2007) elements of person-centred care, as depicted in her VIPS framework:

- V – a value base that asserts the absolute value of all human lives
- I – an individualised approach, recognising uniqueness
- P – understanding the world from the perspective of the service user
- S – providing a social environment that supports psychological needs

Section B demonstrates the language dimensions of the VIPS framework in order to maintain dignity in care in the bilingual setting. It offers indicators that may be used to raise language awareness in maintaining dignity in care; and opportunities for assessing and enhancing care provision. The indicators are then mapped to the twelve Fundamentals Aspects of Health and Social Care (WAG 2003b) which are, in turn, cross-referenced to National Occupational Standards.

## **Conclusions**

Dignity is an essential element of quality of life. Acknowledging a person's dignity contributes to their sense of good health, well-being and independence; and reflects a key component of high quality care. Given the unique bilingual context of Wales and its speakers, and the significance of language and language choice in supporting quality health and social care provision, there are particular issues that need to be considered in taking forward the dignity agenda for Wales. Respecting dignity in care encompasses valuing individuals and looking at the world from their perspective. Language plays an important role in establishing and expressing this perspective or identity. Thus, responding sensitively to language and adopting a person-centred approach is fundamental to upholding dignity in care in the bilingual setting.



## References

Brooker D (2007) *Person-centred Dementia Care: Making Services Better*.

Jessica Kingsley, London.

Council of Europe (1992) *European Charter for Regional and Minority Languages*. Council of Europe, Strasbourg.

Care and Social Services Inspectorate for Wales (2010) *Welsh Language Toolkit*. Care and Social Services Inspectorate for Wales, Cardiff.

Cwmni Iaith (2002) *An overview of the Welsh language provision for older people in care homes for older people in Wales' eight most Welsh-speaking counties*. Cwmni Iaith, Castell Newydd Emlyn, Carmarthenshire.

Davies (2009) *Different Words, Different Worlds: The Concept of Language Choice in Social Work and Social Care*. Care Council for Wales, Cardiff.

Department of Health (2000) *No Secrets: the Protection of Vulnerable Adults: Guidance on the Development and Implementation of Multi-agency Policies and Procedures*. Department of Health, London.

Department of Health (2001) *Essence of Care: Patient Focused Benchmarking for Health Care Practitioners*. Department of Health, London.

Department of Health (2008) About the Dignity in Care Campaign.

Available from: [http://www.dh.gov.uk/en/SocialCare/Socialcare reform/Dignity in care/DH%5f065407](http://www.dh.gov.uk/en/SocialCare/Socialcare%20reform/Dignity%20in%20care/DH%5f065407) (accessed 30 July 2009).

Department of Health, Social Services and Public Safety (2006) *The Quality of Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS*. Available from <http://www.dhsspsni.gov.uk/spsd-standards-quality-standards> (accessed 30 July 2009).

Gallagher A, Li S, Wainwright P, Rees Jones I, & Lee D (2008) Dignity in the care of older people – a review of the theoretical and empirical literature. *BMC Nursing* 7:11 doi:10.1186/1472-6955-7-1.

Greene M, Adelman R, Charon S & Hoffman S (1986) Ageism in the Medical Encounter: an exploratory study of the doctor patient elderly patient relationship. *Language and Communication* 6: 113-24.

Health Advisory Service 2000 (1998) *Not Because they are Old: an Independent Inquiry into the Care of Older People on Acute Wards in General Hospitals*. Health Advisory Service, London.

Healthcare Commission (2007) *Caring for Dignity: a National Report on Dignity in Care for Older People while in Hospital*. Commission for Health Care Audit and Inspection, London.

Heikkila K & Ekman (2000) Health Care Experiences and Beliefs of Elderly Finnish Immigrants in Sweden. *Journal of Transcultural Nursing* 11, 4 281-289.

Heikkila K, Sarvimaki A & Ekman S (2007) Culturally congruent care for older people: Finnish care in Sweden. *Scandinavian Journal of Caring Science* 21, 354-361.

Help the Aged (2007) *The Challenge of Dignity in Care: Upholding the Rights of the Individual*. Help the Aged, London.

House of Lords, House of Commons Joint Committee on Human Rights (2007) *The Human Rights of Older People in Health Care*. The Stationery Office, London.

Hussain F & Raczka R (1997) Life Story work for people with learning disabilities. *British Journal of Learning Disabilities* 25, 73-6.

Irvine F, Roberts G, Jones P, Spencer L, Baker C & Williams C (2006) Communicative sensitivity in the bilingual healthcare setting: A qualitative study of language awareness. *Journal of Advanced Nursing* 53, 4, 1-13.

Joseph Rowntree Foundation (2009) *Finding out what determines a "Good Life" for Older People in Care Homes*. National Development Team for Inclusion. Joseph Rowntree Foundation, London.

Kitwood T (1997) *On being a person*. In *Dementia reconsidered: The Person Comes First* (Kitwood T. ed) Open University Press, Milton Keynes, pp.7-19.

Mayeroff (1971) *On Caring*. Harper Perennial, New York.

McCormack B (2001) *Negotiating Partnerships with Older People: A Person-Centred Approach*. Ashgate, Aldershot.

Mental Welfare Commission for Scotland (2007) *Older and Wiser: Findings from our Unannounced Visits to NHS Continuing Care Wards*. Available from <http://www.mwcsot.org.uk/web/FILES/Publications/older-wiser-web.pdf> (accessed 30 July 2009).

Misell A (2000) *Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales*. Welsh Consumer Council.

Mold F, Fitzpatrick J & Roberts J (2005) Minority ethnic elders in care homes: a review of the literature. *Age and Ageing* 34 107-113.

Nordenfelt L (2003) Dignity of the elderly: an introduction. *Medicine, Health and Philosophy* 6, 99-101.

Older People's Commissioner for Wales (2011) *Dignified Care? The experiences of older people in hospital in Wales*. Older People's Commissioner for Wales, Cardiff.

Ó Riagáin D (1998) *A European overview, with some examples*: a lecture in the Ulster Tongue series of events. Linen Hall Library, Belfast in O'Hagan K (2001) *Cultural Competence in the Caring Professions*. Jessica Kingsley Publishers, London.

Picker Institute Europe (2008) *Measuring Dignity in Care for Older People: a Research Report for Help the Aged*. Help the Aged, London.

Scottish Government (2006) *Delivering Care, Enabling Health: Harnessing the Nursing, Midwifery and Allied Health Professions Contribution to Implementing Delivery for Health in Scotland*. Available from <http://www.scotland.gov.uk/Publications/2006/10/23103937/4> (accessed: 30 July 2009).

Welsh Assembly Government (2001) *Improving Health in Wales: A Plan for the NHS with its Partners*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2003a) *National Action Plan for a Bilingual Wales*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2003b) *Fundamentals of Care: Guidance for Health and Social Care Staff*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2005) *Designed for Life: Creating World Class Health and Social Care for Wales in the 21<sup>st</sup> Century*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2006) *National Service Framework for Older People*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2007) *Fulfilled Lives Supportive Communities: A Strategy for Social Care in Wales over the next Decade*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2010a) *Healthcare Standards for Wales*. Welsh Assembly Government, Cardiff.

Welsh Assembly Government (2010b) *A Living Language: A Language for Living*. Consultation on a Strategy for the Welsh Language. Welsh Assembly Government, Cardiff.

Welsh Language Act (1993) HMSO, London.

Welsh Language Board (1996) *Welsh Language Schemes: Their Preparation and Approval in Accordance with the Welsh Language Act 1993*. Welsh Language Board, Cardiff.

Welsh Language Board (2010) *Overview of Annual Monitoring Reports 2009/10: NHS Health Boards and Trusts*. Welsh Language Board, Cardiff.

# SECTION B: TOOLKIT



**Welsh language toolkit**  
(adapted with kind permission from Brooker 2007)

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Valuing: valuing people and those who care for them</b>  Promoting citizenship rights and entitlements, regardless of age, and rooting out discriminatory practice	<b>1. Vision</b>	Is there a vision or mission statement about providing care through the medium of Welsh?	Welsh language policy Information materials and correspondence available in Welsh and of a similar standard Reference to Welsh language service provision in information materials Shared vision amongst staff for Welsh language services
	<b>2. Human resource management</b>	Are systems in place to ensure that Welsh language skills of staff are valued by their employers?	Staff recruitment policies that take account of Welsh language skills requirements Staff records include Welsh language skills Use of 'working Welsh' badges Staff rostering that takes account of language skill mix Systems whereby staff act as interpreters / advocates in the case of language barriers
	<b>3. Management ethos</b>	Are management practices empowering to staff delivering direct care through the medium of Welsh?	Strong leadership on mainstreaming the Welsh language into the management ethos and delivery of services Open door management practice re Welsh language services Proactive use of Welsh in the workplace Proactive use of Welsh language support services and resources
	<b>4. Training and staff development</b>	Are there practices in place to support the development of a bilingual workforce?	Welsh language awareness training, particularly within staff induction programme Welsh language skills training, particularly for those who have language skills but need confidence to use within the workplace Informal buddy system for Welsh learners Welsh language dimensions within staff appraisal, mainstreamed into the KSF framework
	<b>5. Service environments</b>	Are there supportive and inclusive service environments for Welsh speakers?	Bilingual reception area Welsh language interactions between service users and staff Welsh language signage, written information, menus Welsh language radio / tv / newspapers / magazines / books Welsh language social events and links with local community

<p><b>Valuing: valuing people and those who care for them</b></p> <p>Promoting citizenship rights and entitlements, regardless of age, and rooting out discriminatory practice</p>	<p><b>6. Quality assurance</b></p>	<p>Are continuous quality improvements in place guided by language needs of service users?</p>	<p>Monitoring of Welsh language policy Service evaluations / inspections that include Welsh language dimensions of care Suggestions box for service users and staff Complaints procedure that upholds language needs of service users</p>
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Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Individualised care: treating people as individuals</b>  Appreciating that all people have a unique history and personality, physical and mental health, and social and economic resources	<b>1. Care Planning</b>	Do care plans identify and respond to service users' language strengths / vulnerabilities?	Individualised approach to care planning that takes account of the significance of the Welsh language in the service user's life history and lifestyle Service user / family engagement in developing care plan through the medium of Welsh Welsh language care plans
	<b>2. Regular reviews</b>	Are the Welsh language dimensions of individual care plans reviewed on a regular basis?	Assessments and care plans that take account of the impact of progressive cognitive impairment on the language needs of Welsh speakers
	<b>3. Personal possessions</b>	Do service users have their own personal possessions that reflect their Welsh identity?	Personal possessions that have cultural meaning, e.g. pictures and ornaments, photographs and books, music and DVDs
	<b>4. Individual preferences</b>	Are individual preferences for Welsh language services identified and taken into account?	Assessments and care plans that take account of language preference for, e.g. care delivery, services and daily activities
	<b>5. Life history</b>	Are staff aware of the impact of the Welsh language on life history?	Acknowledgement of significance of Welsh language / culture in life histories and action taken to respond to these
	<b>6. Activity and occupation</b>	Are there activities available to meet the needs of Welsh speakers?	Social activities / occupation programme that is meaningful and sensitive to the needs of Welsh speakers

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Personal perspectives: looking at the world from the perspective of the person</b>  Recognising that each person's experience has its own psychological validity; that people act from this perspective; and that empathy with this perspective has its own therapeutic potential	<b>1. Communication with service users</b>	Are service users asked for their personal preferences and opinions regarding the use of the Welsh language?	Language preference / needs identified and documented in care plan Barriers to communication identified and strategies to overcome these barriers documented in care plan
	<b>2. Empathy and acceptable risk</b>	Do staff show the ability to put themselves in the position of a Welsh speaker they are caring for?	Assessment procedures that take account of language needs and minimise risk Risk assessment documents and care plans that take account of the well-being of Welsh speakers
	<b>3. Physical environment</b>	Is the physical environment managed to help Welsh speakers feel at ease?	Physical environment that takes account of oral and written language-related comfort needs
	<b>4. Physical health</b>	Are the physical health needs of Welsh speakers, including pain assessment, given due consideration?	Assessment procedures that take account of the importance of language as a means of expressing and communicating needs Pain management services that are sensitive to the needs of Welsh speakers
	<b>5. Challenging behaviour as communication</b>	Is the challenging behaviour of Welsh speakers analysed to discover the root cause?	Care plans that takes account of the potential impact of language barriers in manifesting challenging behaviour amongst Welsh speakers
	<b>6. Advocacy</b>	In situations where the language needs of individuals are at odds with the well-being of others, how are the rights of Welsh speakers protected?	Formal and informal Welsh language advocacy services that make use of staff, family and friends, as appropriate

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Social environment</b>  Recognising that all human life is grounded in relationships and that people need an enriched social environment that fosters opportunities for personal growth	<b>1. Inclusion</b>	Are Welsh speakers helped by staff to be included in conversations and helped to relate to others?	Engaging in Welsh language conversations with service users Facilitating conversations between Welsh speaking service users Signs of attachment and belonging amongst Welsh speakers
	<b>2. Respect</b>	Are Welsh speakers treated with respect and courtesy?	Respect and acceptance amongst staff of the Welsh language and its speakers
	<b>3. Warmth</b>	Is there an atmosphere of warmth and acceptance of Welsh speakers?	Care and concern amongst staff for the language needs of Welsh speakers Use of Welsh music, radio, tv, newspapers and magazines
	<b>4. Validation</b>	Are Welsh speakers' communication fears and anxieties taken seriously?	Acknowledging anxieties of Welsh speakers regarding meeting their language needs
	<b>5. Enabling</b>	Do staff help Welsh speakers to be active in their own care?	Language sensitive support for Welsh speakers to feel empowered to make decisions about their care
	<b>6. Part of the community</b>	Do service users use Welsh language community facilities and do Welsh speakers from the local community visit regularly?	Social activities programme that is sensitive to the needs of Welsh speakers Access to Welsh language community facilities, such as hairdressers, therapists and religious services

**Welsh language dimensions of dignity in care of the older person (mapped to Fundamentals of Care Practice Indicators (WAG 2003))**

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Valuing: valuing people and those who care for them</b>  Promoting citizenship rights and entitlements, regardless of age, and rooting out discriminatory practice	<b>1. Vision</b>	Is there a vision or mission statement about providing care through the medium of Welsh?	Welsh language policy Information materials and correspondence available in Welsh and of a similar standard Reference to Welsh language service provision in information materials Shared vision amongst staff for Welsh language services
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.7, 2.8 ES 3.1, 3.5 R 5.3, 5.6 ECAP 7.1, 7.3 PHAFC 8.1 ED 9.7	
	<b>2. Human resource management</b>	Are systems in place to ensure that Welsh language skills of staff are valued by their employers?	Staff recruitment policies that take account of Welsh language skills requirements Staff records include Welsh language skills Use of 'working Welsh' badges Staff rostering that takes account of language skill mix Systems whereby staff act as interpreters / advocates in the case of language barriers
	<b>Fundamentals of Care</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.5, 3.6 PI 4.2 R 5.3, 5.6 ECAP 7.1 PHAFC 8.1 ED 9.7	

<b>Valuing: valuing people and those who care for them</b>  Promoting citizenship rights and entitlements, regardless of age, and rooting out discriminatory practice	<b>3. Management ethos</b>	Are management practices empowering to staff delivering direct care through the medium of Welsh?	Strong leadership on mainstreaming the Welsh language into the management, ethos and delivery of services Open door management practice re Welsh language services Proactive use of Welsh in the workplace Proactive use of Welsh language support services and resources
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.5, 3.6 PI 4.2 R 5.6 ECAP 7.1 PHAFC 8.1 ED 9.7	
	<b>4.Training and staff development</b>	Are there practices in place to support the development of a bilingual workforce?	Welsh language awareness training, particularly within staff induction programme Welsh language skills training, particularly for those who have language skills but need the confidence to use within the workplace Informal buddy system for Welsh learners Welsh language dimensions within staff appraisal, mainstreamed into the KSF framework
	<b>Fundamentals of Care Practice Indicators</b>	RP 2.1 ES 3.6	
	<b>5. Service environments</b>	Are there supportive and inclusive social environments for Welsh speakers?	Bilingual reception area Welsh language interactions between service users and staff Welsh language signage, written information, menus Welsh language radio / tv / newspapers / magazines / books Welsh language social events Links with Welsh language dimensions of local community
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.5, 3.6 PI 4.2 R 5.6 ECAP 7.1 PHAFC 8.1 ED 9.7	

<b>Valuing: valuing people and those who care for them</b>  Promoting citizenship rights and entitlements, regardless of age, and rooting out discriminatory practice	<b>6. Quality assurance</b>	Are continuous quality improvements in place guided by language needs of service users?	Monitoring of Welsh language policy Service evaluations / inspections that include Welsh language dimensions of care Suggestions box for service users and staff Complaints procedure that upholds language needs of service users
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.7 RP 2.6	



Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Individualised care: treating people as individuals</b>  Appreciating that all people have a unique history and personality, physical and mental health, and social and economic resources	<b>1. Care Planning</b>	Do care plans identify and respond to service users' language strengths / vulnerabilities?	Individualised approach to care planning that takes account of the significance of the Welsh language in the service user's life history and lifestyle Service user / family engagement in developing care plan through the medium of Welsh Welsh language care plans
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1, 3.2, 3.3, 3.5, 3.6 R 5.6 ECAP 7.1 7.3	
	<b>2. Regular reviews</b>	Are the Welsh language dimensions of individual care plans reviewed on a regular basis?	Assessments and care plans that take account of the impact of progressive cognitive impairment on the language needs of Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 PI 4.2 R 5.6 ECAP 7.1, 7.3 OHH 10.1, 10.2	
	<b>3. Personal possessions</b>	Do service users have their own personal possessions that reflect their Welsh identity?	Personal possessions that have cultural meaning, e.g. pictures and ornaments, photographs and books, music and DVDs
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.3 PHAFC 8.7	

<b>Individualised care: treating people as individuals</b>  Appreciating that all people have a unique history and personality, physical and mental health, and social and economic resources	<b>4. Individual preferences</b>	Are individual preferences for Welsh language services identified and taken into account?	Assessments and care plans that take account of language preference for, e.g. care delivery, services and daily activities
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.3, 3.6 PI 4.2 R 5.6 ECAP 7.1, 7.3 PHAFC 8.1 ED 9.7	
	<b>5. Life history</b>	Are staff aware of the impact of the Welsh language on life history?	Acknowledgement of significance of Welsh language / culture in life histories and action taken to respond to these
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 PI 4.2 R 5.6 ECAP 7.3	
	<b>6. Activity and occupation</b>	Are there activities available to meet the needs of Welsh speakers?	Social activities / occupation programme that is sensitive to the needs of Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 PI 4.2	

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Personal perspectives: looking at the world from the perspective of the person</b>  Recognising that each person's experience has its own psychological validity; that people act from this perspective; and that empathy with this perspective has its own therapeutic potential	<b>1. Communication with service users</b>	Are service users asked for their personal preferences and opinions regarding the use of the Welsh language?	Language preference / needs identified and documented in care plan Barriers to communication identified and strategies to overcome these barriers documented in care plan
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1, 3.2, 3.5, 3.6 PI 4.2 R 5.6 ECAP 7.1, 7.3 PHAFC 8.1 ED 9.7	
	<b>2. Empathy and acceptable risk</b>	Do staff show the ability to put themselves in the position of a Welsh speaker they are caring for?	Assessment procedures that take account of language needs and minimise risk Risk assessment documents and care plans that take account of the well-being of Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.2, 3.5, 3.6 PI 4.2 R 5.6 RS 6.3 ECAP 7.1, 7.3 PHAF C 8.1 ED 9.7	

<b>Personal perspectives: looking at the world from the perspective of the person</b>  Recognising that each person's experience has its own psychological validity; that people act from this perspective; and that empathy with this perspective has its own therapeutic potential	<b>3. Physical environment</b>	Is the physical environment managed to help Welsh speakers feel at ease?	Physical environment that takes account of oral and written language-related comfort needs
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.2, 2.6, 2.7 ES 3.1, 3.6 PI 4.2 R 5.6 ECAP 7.1, 7.3 ED 9.7	
	<b>4. Physical health</b>	Are the physical health needs of Welsh speakers, including pain assessment, given due consideration?	Assessment procedures that take account of the importance of language as a means of expressing and communicating needs Pain management services that are sensitive to the needs of Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1, 3.2, 3.5, 3.6 PI 4.2, R .5, 5.6 RS 6.5 ECAP 7.1, 7.3, 7.4 PHAF 8.1	

<b>Personal perspectives: looking at the world from the perspective of the person</b>  Recognising that each person's experience has its own psychological validity; that people act from this perspective; and that empathy with this perspective has its own therapeutic potential	<b>5. Challenging behaviour as communication</b>	Is the challenging behaviour of Welsh speakers analysed to discover the root cause?	Care plans that takes account of the potential impact of language barriers in manifesting challenging behaviour amongst Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1, 3.2, 3.5, 3.6 PI 4.2 ECAP 7.1, 7.3, 7.4 ED 9.7 OHH 10.1, 10.2 PPS12.1, 12.2, 12.6	
	<b>6. Advocacy</b>	In situations where the language needs of individuals are at odds with the well-being of others, how are the rights of Welsh speakers protected?	Formal and informal Welsh language advocacy services
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6	

Element of dignity	Welsh language dimension		
	Indicator		Indicative Evidence
<b>Social environment</b>  Recognising that all human life is grounded in relationships and that people need an enriched social environment that fosters opportunities for personal growth	<b>1. Inclusion</b>	Are Welsh speakers helped by staff to be included in conversations and helped to relate to others?	Engaging in Welsh language conversations with service users Facilitating conversations between Welsh speaking service users Signs of attachment and belonging amongst Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6	
	<b>2. Respect</b>	Are Welsh speakers treated with respect and courtesy?	Respect and acceptance amongst staff of the Welsh language and its speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6 ECAP 7.1, 7.3 PHAF 8.1 ED 9.7	
	<b>3. Warmth</b>	Is there an atmosphere of warmth and acceptance of Welsh speakers?	Care and concern amongst staff for the language needs of Welsh speakers
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6 ECAP 7.1, 7.3 PHAF 8.1 ED 9.7	

<b>Social environment</b>  Recognising that all human life is grounded in relationships and that people need an enriched social environment that fosters opportunities for personal growth	<b>4. Validation</b>	Are Welsh speakers' communication fears and anxieties taken seriously?	Acknowledging anxieties of Welsh speakers regarding meeting their language needs
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6	
	<b>5. Enabling</b>	Do staff help Welsh speakers to be active in their own care?	Language sensitive support for Welsh speakers to feel empowered to make decisions about their care
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6, 1.7 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1, 3.3, 3.5 PI 4.2 R 5.6 ECAP 7.1, 7.3 PHAF 8.1	
	<b>6. Part of the community</b>	Do service users use Welsh language community facilities and do Welsh speakers from the local community visit regularly?	Social activities programme that is sensitive to the needs of Welsh speakers Access to Welsh language community facilities, such as hairdressers, therapists and religious activities
	<b>Fundamentals of Care Practice Indicators</b>	CI 1.1, 1.2, 1.3, 1.4, 1.6 RP 2.1, 2.2, 2.6, 2.7, 2.8 ES 3.1 PI 4.2 R 5.6	

## KEY

<b>Fundamentals of Care Practice Indicators</b>	<b>Abbreviation</b>
Communication and information	CI
Respecting people	RP
Ensuring safety	ES
Promoting independence	PI
Relationships	R
Rest and sleep	RS
Ensuring comfort, alleviating pain	ECAP
Personal hygiene, appearance and foot care	PHAFC
Eating and drinking	ED
Oral health and hygiene	OHH
Toilet needs	TN
Preventing pressure sores	PPS



## **Service User Audit**

Measuring the experience of patients and service users is an essential part of quality improvement in health and social care. Thus, indicators for dignity in care for older people are an important tool in improving communication amongst care professionals and encouraging the sharing of good practice (Picker Institute 2008). However, given that perceptions of dignity will be unique to each individual and their social context, it is the perceptions of the clients (not the professionals) that must be central to the evaluation process.

The following tool is based on the VIPS framework (Brooker 2007) and offers a basis for establishing a checklist that can be introduced as part of a *service user audit* of Welsh language and cultural awareness in maintaining dignity in the care of the older person. This, together with the factsheets and posters that accompany the toolkit may be tailored to meet individual, group or organisational training needs.

## Dignity in Care: Giving Voice to Older People

### Welsh Language Toolkit

#### Service User Audit

*Connecting with the person through a language that is meaningful to them and valuing their sense of worth and cultural identity can preserve the dignity and self-respect of older people; and give them a sense of familiarity and belonging.*

The **VIPS** framework (Brooker 2007) focuses on four main elements of person-centred care:

- V** A **value base** that asserts the absolute value of all human lives
- I** An **individualised approach**, recognising uniqueness
- P** Understanding the world from the **perspective** of the service user
- S** Providing a **social environment** that supports psychological needs

This framework offers a basis for establishing **a checklist** that can be introduced as part of a **service user audit** of **Welsh language and cultural awareness** in maintaining dignity in the care of the older person, as illustrated below.

Element of Person-Centred Care	Key Questions for Service Users
<b>Valuing people</b>	As a Welsh speaker, do you feel valued in this care environment?
	In your opinion, how much value is placed on the Welsh language skills of staff?
<b>Individualised care</b>	Do staff acknowledge the significance of the Welsh language in your life?
	Is your care tailored around your needs as a Welsh speaker?
<b>Personal perspective</b>	Are staff familiar with your language preferences and needs?
	Does your care take account of your cultural identity as a Welsh speaker?
<b>Social environment</b>	As a Welsh speaker, is the care environment conducive to your needs?
	As a Welsh speaker, do you feel a sense of belonging in this environment?

## **Dignity in Care: Giving Voice to Older People**

### **Welsh Language Toolkit**

#### **Factsheet 1: Valuing people**

- Ask people about their Welsh language needs and preferences.
- Provide information materials in Welsh as well as English.
- Deliver Welsh language and cultural awareness training for all staff.
- Record the Welsh language skills of staff and consider implications for recruitment, deployment and training.
- Match the language skills of staff with the language needs of patients and residents.
- Make use of carers and family as interpreters / advocates where language barriers arise.
- Mainstream the Welsh language into service management and care delivery.
- Establish a care environment that is inclusive for Welsh speakers.
- Invite feedback from patients and residents on Welsh language provision.

#### **Further support / resources**

Iechyd Da ! WAG Language Awareness Training Pack  
[uned-yr-iaith@wales.gsi.gov.uk](mailto:uned-yr-iaith@wales.gsi.gov.uk)

Working Welsh / Iaith Gwaith badges  
[www.byig-wlb.org.uk](http://www.byig-wlb.org.uk)

Translation services  
<http://www.byig-wlb.org.uk/English/services/Pages/CyfieithuTestun.aspx>

## **Dignity in Care: Giving Voice to Older People Welsh Language Toolkit**

### **Factsheet 2: Individualised care**

- Provide a clear account of Welsh language and cultural needs / preferences in the care plan and review regularly.
- Engage the patient or resident along with a family member / carer in developing the care plan in Welsh, as appropriate.
- Encourage patients and residents to display personal mementos that reflect their Welsh and personal identity.
- Acknowledge the importance of the Welsh language / culture in the life histories of patients and residents through observing Welsh traditions and lifestyle habits.
- Embed life histories into care plans and tailor care accordingly.
- Use life histories to engage with patients or residents at an individual level.
- Plan social activities in Welsh that have meaning and significance for Welsh speakers and encourage the patient or resident to speak Welsh.
- Take account of the Welsh social calendar and celebrate accordingly.

#### **Further support / resources**

They all speak English anyway: Language awareness training pack.  
Care Council for Wales  
<http://www.ccwales.org.uk/development-and-innovation/bilingualism/they-all-speak-english-anyway>

Gair i Glaf : English Welsh phrasebook for healthcare  
<http://www.wales.nhs.uk/sites3/documents/415/ACF2B73.pdf>

Cynnal Cof: Hel Atgofion gyda Phobl Hyn  
ISBN: 1-85719-158-7

## **Dignity in Care: Giving Voice to Older People Welsh Language Toolkit**

### **Factsheet 3: Personal perspectives**

- Communicate clearly with patients and residents, taking account of language barriers and sensory deficits
- Ensure all information presented to the patient or resident is provided in an appropriate language and format that is accessible to the individual.
- Record personal preferences and needs regarding Welsh language use and plan care accordingly.
- Employ assessment procedures that are specifically tailored for the needs of Welsh speakers.
- Take account of the implications of language barriers in risk assessment.
- Adopt pain assessment and pain management processes that are sensitive to the needs of Welsh speakers.
- Consider the impact of language barriers on challenging behaviour and tailor communication appropriately to restore calm.
- Establish designated role amongst staff to advocate for Welsh speaking patients or residents.
- Call on advocates to facilitate choice for patients and residents where language barriers arise.

#### **Further support / resources**

Older People's Commissioner for Wales  
<http://www.olderpeoplewales.com/en/splash.aspx>

Strategy for Older People in Wales  
[http://www.capic.org.uk/documents/the\\_strategy\\_for\\_older\\_people\\_in\\_wales.pdf](http://www.capic.org.uk/documents/the_strategy_for_older_people_in_wales.pdf)

## **Dignity in Care: Giving Voice to Older People Welsh Language Toolkit**

### **Factsheet 4: Social environment**

- Engage with residents in their language of need.
- Encourage dialogue and companionship through language.
- Help nurture a sense of belonging through facilitating the use of the Welsh language with and amongst residents.
- Maintain positive attitudes towards the Welsh language and culture through the voice of designated staff members acting as advocates for Welsh speakers.
- Prepare food that includes traditional Welsh dishes and offer menus in English and Welsh.
- Support access to Welsh language radio and tv, as appropriate.
- Ensure availability of Welsh language newspapers, magazines and books.
- Plan social activities that embrace the use of the Welsh language and enhance patient or resident connections with local / national Welsh communities and cultural life.
- Liaise with community networks to integrate patients, residents and families into Welsh medium social events.

#### **Further support / resources**

Wales - History

<http://www.bbc.co.uk/wales/history/sites/themes/society.shtml>

Mentrau Iaith

<http://www.mentrau-iaith.com/saesneg/index.php>

S4C

[http://www.s4c.co.uk/e\\_index.shtml](http://www.s4c.co.uk/e_index.shtml)



**Dwi'n llonni drwof  
pan maen nhw'n  
siarad Cymraeg  
efo fi**

*It brings a  
smile to my face  
when they speak  
Welsh to me*







**Mae'n llonni  
'nghalon pan  
mae pobl yn  
gwrando arna'i**

*Valuing what I have  
to say warms the  
cockles of the heart*



# Deall gwreiddiau = Deall enaid

*Understanding  
someone's  
identity is a key  
to their soul*





**Dwi wrth fy modd  
yn gwranddo ar eu  
straeon. Mae fel camu  
nôl i'r gorffennol**

*I love to listen  
to their memories.  
It's like reading a good  
book about the past*