LLAIS: Gwasanaeth Cefnogi Isadeiledd Ymwybyddiaeth o Iaith

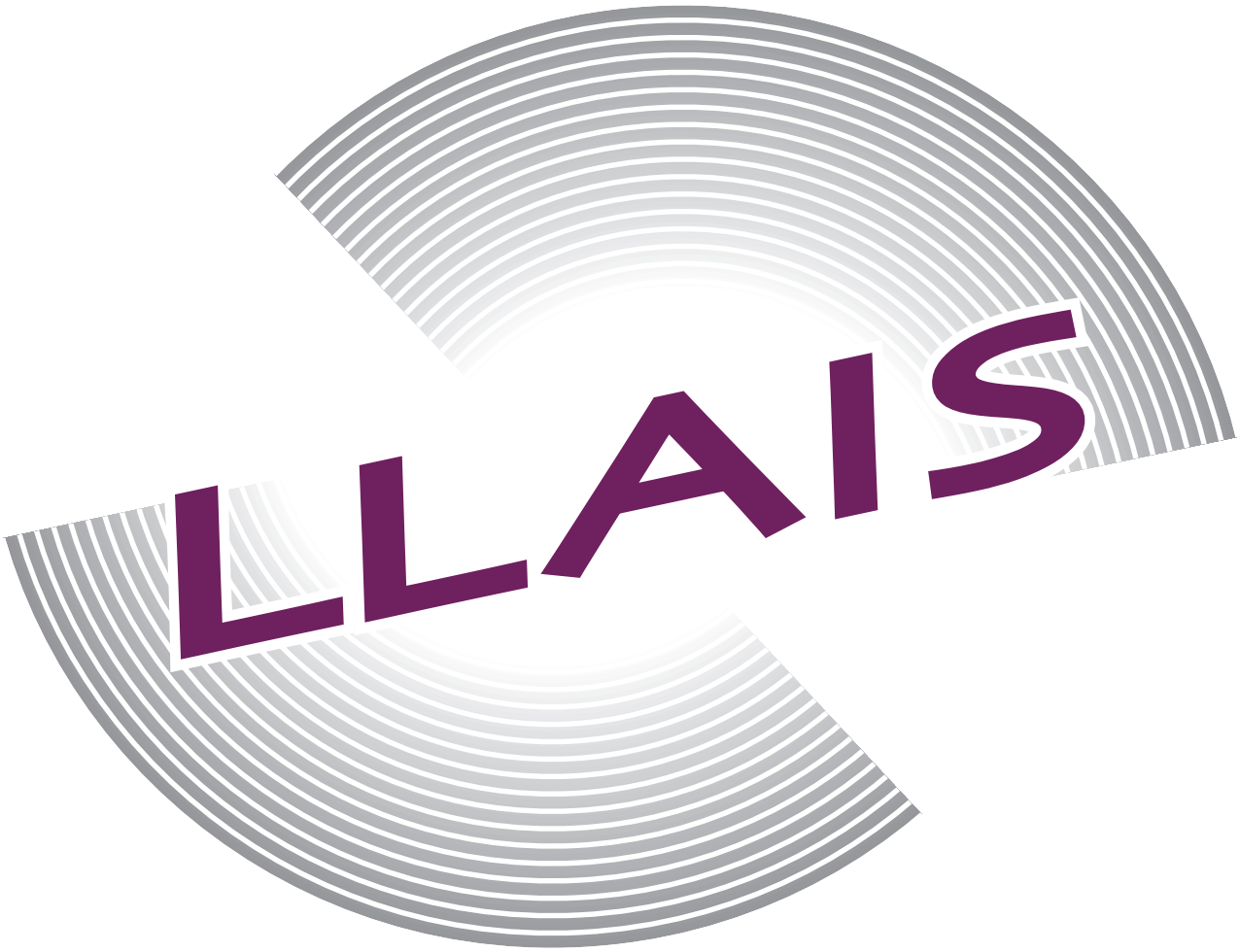
Ymarfer Ieithyddol Addas mewn Iechyd a Gofal Cymdeithasol

Papur Briffio 1 : Hydref 2006

LLAIS: Language Awareness Infrastructure Support Service

Language Appropriate Practice in Health and Social Care

Briefing Paper 1 : October 2006



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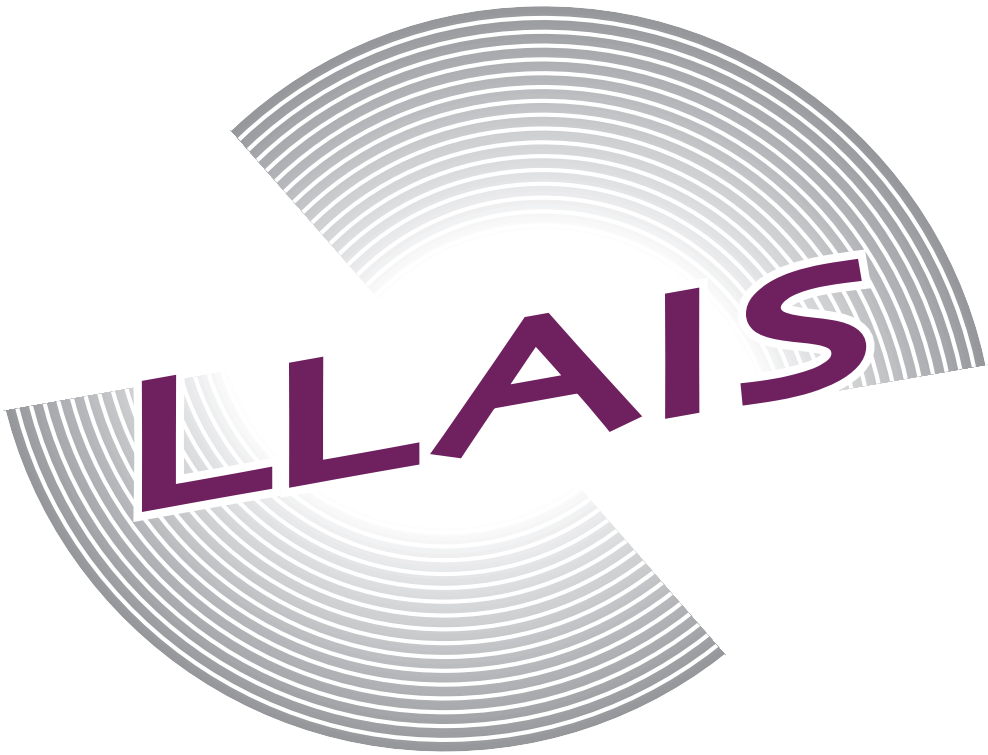

Cyflwyniad

Y papur briffio yma, *Ymarfer Ieithyddol Addas mewn Iechyd a Gofal Cymdeithasol,* ydy'r cyntaf mewn cyfres a gyhoeddir gan LLAIS yn ei rôl yn cefnogi isadeiledd ar gyfer CRC Cymru.
Mae'n amlinellu pwysigrwydd ymwybyddiaeth o iaith mewn iechyd a gofal cymdeithasol fel modd i wella iechyd a mynd i'r afael ag anghyfartaleddau yn y ddarpariaeth gwasanaeth. Mae'r papur wedi ei anelu at ymchwilwyr; darparwyr gwasanaeth; addysgwyr; comisiynwyr; rhai sy'n llunio polisïau a defnyddwyr gwasanaethau er mwyn codi ymwybyddiaeth ynghylch goblygiadau ymarfer ieithyddol addas a thynnu sylw at y sylfaen o dystiolaeth i gefnogi arfer dda.

Beth ydy LLAIS?

Sefydlwyd LLAIS ym mis Mawrth 2006 i gefnogi'r ymwybyddiaeth o iaith ar draws isadeiledd Ymchwil a Datblygiad Cymru, CRC Cymru – *www.crc-cymru.wales.nhs.uk*

Mae'n cynnwys wyth o aelodau craidd ardraws Cymru sy'n cynrychioli ystod o hapddalwyr mewn iechyd a gofal cymdeithasol, o ddarparwyr a phrynwyr gwasanaeth i addysgwyr, ymchwilwyr a chynrychiolwyr defnyddwyr y gwasanaethau.

Cenhadaeth LLAIS yn gyffredinol ydy sicrhau bod ymchwil mewn iechyd a gofal cymdeithasol yng Nghymru yn cymryd natur ddwyieithog Cymru a'i siaradwyr i ystyriaeth yn llawn; a gwella'r ddarpariaeth gwasanaethau iechyd a gofal cymdeithasol i siaradwyr y Gymraeg yng Nghymru.

Introduction

This briefing paper, *Language Appropriate Practice in Health and Social Care,* is the first in a series published by LLAIS in its infrastructure support role for CRC Cymru.
It outlines the importance of language awareness in health and social care as a means of improving health and addressing inequalities in service provision. The paper is aimed at researchers; service providers; educationalists; commissioners; policy-makers and service-users in order to raise awareness about the implications of language appropriate practice and highlight the evidence base to support good practice.

What is LLAIS?

LLAIS was established in March 2006 to support language awareness across the new R&D infrastructure for Wales, CRC Cymru – *www.crc-cymru.wales.nhs.uk*

It comprises eight core members across Wales who represent a range of stakeholders in health and social care, from service providers and purchasers to educationalists, researchers and service user representatives.

The overall ***mission*** of LLAIS is to ensure that health and social care research in Wales takes full account of the bilingual nature of Wales and its speakers; and to enhance the delivery of health and social care services to Welsh speakers in Wales.

Fel system gefnogi isadeiledd ar gyfer CRC Cymru, ***nod*** LLAIS ydy darparu cyngor a chefnogaeth i'r Rhwydweithiau Ymchwil Thematig (RhYTh) ynghylch yr ymwybyddiaeth o'r Gymraeg mewn iechyd a gofal cymdeithasol drwy'r ***amcanion*** canlynol:

- Codi ymwybyddiaeth o oblygiadau rhoi dewis iaith i ddefnyddwyr gwasanaethau mewn perthynas â gofynion clinigol, deddfwriaethol a statudol.
- Cynghori RhYTh i gymryd yr iaith Gymraeg a'r diwylliant Cymreig i ystyriaeth wrth gynllunio projectau ymchwil a datblygiad.
- Cynnig arweiniad a chefnogaeth ynghylch gwella'r ymwybyddiaeth o'r Gymraeg a'r diwylliant Cymreig ar bob cam yn y broses ymchwil.
- Peri i gasgliadau ymchwil, sy'n gysylltiedig ag anghenion iechyd a gofal cymdeithasol siaradwyr Cymraeg, gael eu hintegreiddio i mewn i bolisi prif lif.

As an infrastructure support system for CRC Cymru, the ***aim*** of LLAIS is to provide advice and support to the Thematic Research Networks (TRNs) about Welsh language awareness in health and social care through the following ***objectives***:

- To raise awareness of the implications of language choice for service users in relation to clinical, legislative and statutory requirements.
- To advise TRNs to take account of the Welsh language and culture in the planning of research and development projects.
- To offer guidance and support about enhancing Welsh language and cultural awareness at each stage of the research process.
- To enable the integration of research findings related to the health and social care needs of Welsh speakers into mainstream policy.

Mae LLAIS, felly, wedi ymrwymo i fabwysiadu'r ***cyfeiriad strategol*** canlynol**:**

- Cefnogi'r ymwybyddiaeth o'r Gymraeg o fewn isadeiledd Ymchwil a Datblygiad iechyd a gofal cymdeithasol
- Datblygu'r portffolio ymchwil ar wasanaethau sy'n ieithyddol a diwylliannol addas mewn iechyd a gofal cymdeithasol.

LLAIS is thus committed to adopt the following ***strategic direction*****:**

- To support Welsh language awareness within the health and social care R&D infrastructure
- To develop the research portfolio on culture and language appropriate services in health and social care.

Enhancing language appropriate practice in health and social care is a fundamental requisite for quality service provision.

– LLAIS Scoping Study 2005, page 29

Cefndir

Mae cyfathrebu effeithiol yn agwedd sylfaenol ar ddarparu gwasanaeth sydd, yng nghyd-destun gofal iechyd, yn arwain at fwy o barodrwydd i gydymffurfio, mwy o foddhad ymhlith cleifion a gwell canlyniadau (Y Comisiwn Archwilio 1993). Ceir gwelliant arwyddocaol mewn cywirdeb diagnosis a thriniaeth a gofal priodol drwy allu ymarferwyr i gyfathrebu'n effeithiol gyda'u cleientiaid, gan gynnal a chadw ymddiriedaeth a hyder defnyddwyr y gwasanaeth a'u gofalwyr (GSCC 2002) a'u cefnogi i wneud penderfyniadau gwybodus ynglŷn â'u gofal (GMC 2001).

Mae iaith yn chwarae rhan hollbwysig yn y broses gyfathrebu, gan hwyluso cyfnewid gwybodaeth rhwng ymarferwyr a chleientiaid yn ogystal â'i gwneud yn bosibl mynegi teimladau a hunaniaeth (Schumann 1978). Felly gall defnydd priodol a sensitif o iaith fod o gymorth i feithrin perthynas therapiwtig a gwella ansawdd darpariaeth iechyd a gofal cymdeithasol. Mae hyn yn neilltuol o berthnasol i ddefnyddwyr gwasanaeth dwyieithog, sydd, mewn sefyllfaoedd o straen ac yn agored i niwed, yn aml yn dangos yn eglur bod yn well ganddynt un iaith arbennig (Misell 2000). Felly, yng nghyd-destun dwyieithog Cymru, hyrwyddo dewis iaith drwy ddull gwrthormesol ydy hanfod arfer dda.

Mae'r amrywiaeth byd-eang cynyddol ynghyd â statws uwch llawer o ieithoedd lleiafrifol ar draws y byd yn gosod heriau cynyddol i ddarparwyr iechyd a gofal cymdeithasol i ddiogelu'r agwedd o ddarparu gwasanaeth addas i'r unigolyn. Ceir adroddiadau lu yn y llenyddiaeth am rwystrau iaith sy'n codi o gyfarfyddiadau traws-ddiwylliannol ac mae'r rhain yn ddieithriad yn arwain at broblemau cyfathrebu sydd yn aml yn peryglu'r berthynas therapiwtig ac ansawdd y gwasanaeth a ddarperir (Timmins 2002; Yeo 2004). Serch hynny, mae ymdrechion i oresgyn rhwystrau o'r fath yn dechrau dod i'r amlwg ac mae effaith yr ymyriadau hyn ar y canlyniadau o ran iechyd yn cael ei gwerthuso fwyfwy (DoHHS 2004).

Background

Effective communication is a fundamental aspect of care delivery that, in the healthcare context, leads to increased compliance, greater patient satisfaction and improved outcomes (Audit Commission 1993). Accurate diagnosis and appropriate treatment and care are significantly enhanced by the ability of practitioners to communicate effectively with their clients, maintaining the trust and confidence of service users and carers (GSCC 2002) and supporting them to make informed decisions about their care (GMC 2001).

Language plays a vital role in the communication process, facilitating information exchange between practitioners and clients as well as enabling the expression of feelings and identity (Schumann 1978) Appropriate and sensitive language use can thus help foster therapeutic relationships and enhance the quality of health and social care provision. This is particularly relevant for bilingual service users, who, in situations of stress and vulnerability, often demonstrate a distinct language preference (Misell 2000). Thus, in the bilingual context of Wales, facilitating language choice through an anti-oppressive approach is the essence of good practice.

Increasing global diversity and the enhanced status of many minority languages worldwide provide mounting challenges for health and social care providers to maintain an individualised approach to service delivery. Language barriers arising from cross-cultural encounters are widely reported in the literature and these invariably lead to communication problems that often jeopardise the therapeutic relationship and quality of care provision (Timmins 2002; Yeo 2004). Nevertheless, attempts to overcome such barriers are emerging and the impact of these interventions on health outcomes is increasingly being evaluated (DoHHS 2004).

Er gwaethaf y ffaith fod dull unigol a chyfannol yn ganolog i athroniaeth a darpariaeth iechyd a gofal cymdeithasol yng Nghymru (WAG 2001), awgryma'r dystiolaeth fod diffyg sylweddol yn ymwybyddiaeth ymarferwyr o'r Gymraeg a diffyg ymrwymiad o fewn sefydliadau gofal iechyd i wella cyfathrebu gyda defnyddwyr gwasanaethau y mae'n well ganddynt siarad Cymraeg (Misell 2000; Roberts et al 2004). Mae hyn felly yn negyddu'r dull o drin pobl fel unigolion mewn gofal iechyd. Er hynny, mae gan y Gymraeg, sy'n cael ei siarad gan dros hanner miliwn o bobl yng Nghymru, arwyddocâd a statws pendant ac mae i hyn oblygiadau neilltuol ar gyfer iechyd a gofal cymdeithasol, lle mae defnyddwyr y gwasanaethau ar eu gwannaf a mwyaf agored i niwed.

Er bod prinder ymchwil sy'n uniongyrchol gysylltiedig ag ymwybyddiaeth o'r Gymraeg mewn iechyd a gofal cymdeithasol yng Nghymru, mae yna dystiolaeth gynyddol i awgrymu bod siaradwyr y Gymraeg yn rhannu gyda siaradwyr ieithoedd lleiafrifol eraill ledled y byd brofiadau cyffredin, lle mae rhwystrau iaith yn gallu peryglu ansawdd y ddarpariaeth gwasanaeth. Felly, drwy osod ymwybyddiaeth o'r Gymraeg yn y cyd-destun ehangach, ceir cyfleoedd gwerthfawr i ddatblygu'r rhaglen ymchwil i gefnogi gwasanaethau sy'n ieithyddol addas yng Nghymru a thu hwnt ac adeiladu'r sylfaen o dystiolaeth i wella a theilwrio'r ddarpariaeth gwasanaeth.

Although an individualised and holistic approach is central to the philosophy and delivery of health and social care in Wales (WAG 2001), the evidence suggests a significant shortfall in the Welsh language awareness of practitioners and a lack of commitment within healthcare organisations to enhance communication with service users whose preferred language is Welsh (Misell 2000; Roberts et al 2004). This therefore negates the individualised approach in healthcare. Nevertheless, spoken by over half a million people in Wales, the Welsh language has a distinct significance and status and this has particular implications for health and social care, where service users are at their most vulnerable.

Although there is a paucity of research directly related to Welsh language awareness in health and social care in Wales, there is increasing evidence to suggest that Welsh speakers share common experiences with other minority language speakers world-wide, where language barriers can jeopardise the quality of care delivery. Thus, by placing Welsh language awareness in the wider context, there are valuable opportunities to develop the research agenda to support language appropriate services in Wales and beyond and build the evidence base to enhance and tailor service provision.

> The Assembly Government is determined to impress the importance of being able to deliver services in the service users' language choice in key service areas such as health and social care, and we are working with the service delivery organisations in these areas to help them achieve this aim.
>
> _ Welsh Assembly Government 2002, page 47

Beth ydy ymwybyddiaeth o iaith mewn iechyd a gofal cymdeithasol?

Mae Donmall (1985) yn diffinio'r ymwybyddiaeth o iaith fel

> *'a person's sensitivity to and conscious awareness of the nature of language and its role in human life'* (tud.7)

Yng nghyd destun y gwasanaethau iechyd a gofal cymdeithasol, mae'r ymwybyddiaeth o iaith felly'n cynnwys nifer o ddimensiynau, gan gynnwys hyfedredd ieithyddol, agweddau, y defnydd a wneir o'r iaith a pholisïau. Mae'n cwmpasu ymyriadau rhyngbersonol a sefydliadol a strategaethau sy'n hyrwyddo dewis iaith mewn darpariaeth gwasanaeth.

Cafodd safonau cenedlaethol ar gyfer gwasanaethau sy'n ieithyddol a diwylliannol addas mewn gofal iechyd (CLAS) eu sefydlu'n ddiweddar yn yr Unol Daleithiau i fynd i'r afael ag anghyfartaleddau a gwneud gwasanaethau yn fwy ymatebol i anghenion unigol (DoHHS 2001). Er nad oes canllawiau mor derfynol ar gael yng Nghymru, mae'r angen am ymarfer sy'n ieithyddol addas wedi ei gadarnhau o fewn Safonau Gofal Iechyd ar gyfer Cymru (LlCC 2005) ac ar draws y Fframweithiau Gwasanaeth Cenedlaethol. Ymhellach, yng ngoleuni Deddf yr Iaith Gymraeg (1993), mae gan sefydliadau iechyd a gofal cymdeithasol ledled Cymru gyfrifoldeb statudol i ddarparu gwasanaethau drwy gyfrwng y Gymraeg yn ogystal â'r Saesneg, gan drin y ddwy iaith yn gyfartal. Mae hyn wedi ei adlewyrchu yn y Cynllun Gweithredu Cenedlaethol tuag at Gymru Ddwyieithog (LlCC 2002) a Chynlluniau Iaith Gymraeg Ymddiriedolaethau'r GIG ac Awdurdodau Lleol, lle ceir ymrwymiad i ymestyn y ddarpariaeth ddwyieithog a hyrwyddo dewis iaith ar gyfer cleifion a chleientiaid.

What is language awareness in health and social care?

Donmall (1985) defines language awareness as

> *'a person's sensitivity to and conscious awareness of the nature of language and its role in human life'* (page 7)

In the context of health and social care services, language awareness thus incorporates several dimensions, including linguistic competence, attitudes, usage and policies. It encompasses both interpersonal and organisational interventions and strategies that facilitate language choice in service provision.

National standards for culturally and linguistically appropriate services in health care (CLAS) have been established recently in the United States to address inequalities and make services more responsive to individual needs (DoHHS 2001). Whilst no such definitive guidelines are available in Wales, the need for language appropriate practice is endorsed within the Healthcare Standards for Wales (WAG 2005) and across the National Service Frameworks. Furthermore, in light of the Welsh Language Act (1993), health and social care organisations across Wales have a statutory responsibility to provide services through the medium of Welsh as well as English, giving equality to both languages. This is reflected in the National Action Plan for a Bilingual Wales (WAG 2002) and the Welsh Language Schemes of NHS Trusts and Local Authorities, where there is commitment towards extending bilingual provision and facilitating language choice for patients and clients.

Beth ydy effaith rhwystrau iaith mewn iechyd a gofal cymdeithasol?

Dengys astudiaethau fod rhwystrau iaith yn cael effaith negyddol amlwg ar gyfathrebu, ar fodlonrwydd cleifion ac ar y defnydd priodol o ofal iechyd, a'u bod yn ddieithriad yn peryglu'r berthynas therapiwtig ac ansawdd y gwasanaeth a ddarperir (DoHHS 2005).

Fe geir yn y llenyddiaeth gyfoeth o astudiaethau ansoddol sy'n canolbwyntio ar brofiadau byw siaradwyr ieithoedd lleiafrifol wrth iddynt ddod wyneb yn wyneb â darparwyr gwasanaethau iechyd a gofal cymdeithasol. Mae'r casgliadau hyn yn cynnig mewnwelediad a dealltwriaeth werthfawr o ganfyddiadau'r defnyddwyr ynghylch mynediad at ofal a darpariaeth gwasanaethau. Er enghraifft, mae nifer o ymchwilwyr yn y Deyrnas Unedig wedi archwilio profiadau cleifion o Dde Asia o ofal iechyd (Vydelingum 2000; Gerrish 2001). Mae'r casgliadau yn tynnu sylw at fethiannau ymarferwyr i ddatrys anawsterau cyfathrebu, a hynny'n arwain at gamddehongli gwybodaeth a chyngor; y cleifion yn cydymffurfio'n wael gyda threfniadau triniaeth ac ychydig iawn o gefnogaeth seicolegol ar gyfer y cleifion.

Mae casgliadau'r astudiaethau bychain hyn yn cael eu cefnogi gan arolygon mwy ar ddefnyddwyr ieithoedd lleiafrifol yn y Deyrnas Unedig (Chamba ac Ahmad 2000; Brooks et al 2000; Todd 2001). Dengys y rhain i gyd fod problemau cyfathrebu yn peri mai ychydig o wybodaeth sydd gan gleifion sy'n agored i niwed neu eu perthnasau ynghylch materion iechyd. Daw patrymau cyffelyb i'r amlwg drwy astudiaethau ansoddol a gynhaliwyd mewn rhanbarthau cymysg eu hiaith yn ardaloedd Melbourne a Sydney, Awstralia (Small et al 1999; Cioffi 2003), lle roedd lefelau isel o hyfedredd yn yr iaith Saesneg, ymhlith defnyddwyr gwasanaethau

What is the impact of language barriers in health and social care?

Studies show that language barriers have a demonstrable negative impact on communication, satisfaction and appropriate healthcare utilisation, invariably jeopardising the therapeutic relationship and quality of care provision (DoHHS 2005).

The literature provides a wealth of qualitative studies focussing on the lived experiences of minority language speakers in their encounters with providers of health and social care. These findings offer valuable insight and understanding of users' perceptions about access to care and the delivery of services. For example, a number of researchers in the UK have explored South Asian patients' experiences of healthcare (Vydelingum 2000; Gerrish 2001). The findings highlight practitioners' failures to resolve communication difficulties, leading to misinterpretation of information and advice; poor compliance to treatment regimes and limited psychological support of patients.

The findings of these small-scale studies are supported by larger surveys of minority language users in the UK (Chamba & Ahmad 2000; Brooks et al 2000; Todd 2001), all of which demonstrate that communication problems result in vulnerable patients or their relatives being poorly informed about health issues. Similar patterns emerge from qualitative studies undertaken in linguistically diverse areas of Melbourne and Sydney, Australia (Small et al 1999; Cioffi 2003), where poor levels of English language proficiency amongst users of midwifery and acute care services were again associated with communication problems and less positive experiences of care.

A number of small-scale qualitative studies have examined the significance of Welsh language provision to users of acute healthcare services

bydwreigiaeth a gofal llym, eto'n cael eu cysylltu gyda phroblemau cyfathrebu a phrofiadau llai cadarnhaol o ofal.

Mae nifer o astudiaethau ansoddol ar raddfa fechan wedi archwilio arwyddocâd darpariaeth Gymraeg i ddefnyddwyr gwasanaethau gofal iechyd llym (Roberts 1991); gwasanaethau bydwreigiaeth (Thomas 1998); a gwasanaethau iechyd meddwl yng Nghymru (Madoc-Jones 2004). Awgrymant, er bod y rhan fwyaf o siaradwyr Cymraeg yn ddwyieithog, fod llawer, mewn sefyllfaoedd o straen neu o fod yn agored i niwed, yn teimlo'n fwy cyfforddus ac yn fwy hyderus yn cyfathrebu yn Gymraeg gyda gweithwyr proffesiynol gofal iechyd.

Ar ran Cyngor Defnyddwyr Cymru, ymgymerodd Misell (2000) ag arolwg ehangach o unigolion allweddol, sefydliadau a defnyddwyr gwasanaeth er mwyn archwilio'r ddarpariaeth Gymraeg ar draws y gwasanaeth iechyd. Cadarnhaodd y casgliadau bod diffygion sylfaenol yn y gwasanaethau a ddarperid ar gyfer siaradwyr Cymraeg, gan eu gosod dan anfantais wirioneddol mewn gofal iechyd. Roedd hyn yn neilltuol o wir am y cleifion hynny oedd yn derbyn therapi iaith a lleferydd ac am nifer o grwpiau bregus, sef pobl â phroblemau iechyd meddwl, pobl ag anableddau dysgu, pobl hen a phlant bach.

Mewn ymateb i'r diffygion honedig yn y ddarpariaeth Gymraeg, comisiynwyd arolwg Cymru Gyfan i edrych ar yr ymwybyddiaeth o'r Gymraeg ymhlith gweithwyr proffesiynol gofal iechyd ac i nodi'r ffactorau oedd yn gwella'r dewis o iaith o fewn darpariaeth gwasanaeth (Roberts et al 2004). Dengys y casgliadau y gall rhwystrau iaith arwain at fethu ag ystyried anghenion cleifion, lle y gall ansawdd cyffredinol y ddarpariaeth gofal gael ei beryglu. Mae'r adroddiad yn annog gweithwyr proffesiynol gofal iechyd, darparwyr, addysgwyr a llunwyr polisïau i gefnogi mesurau priodol er mwyn nodi, hyrwyddo ac ymateb i ddewis iaith y cleifion a'r cleientiaid.

Gweler Blwch 1 ►

(Roberts 1991); midwifery services (Thomas 1998); and mental health services in Wales (Madoc-Jones 2004). They suggest that, although most Welsh speakers are bilingual, in situations of stress and vulnerability many feel more comfortable and confident communicating in Welsh with healthcare professionals.

On behalf of the Welsh Consumer Council, Misell (2000) undertook a wider survey of key individuals, institutions and service users in order to examine Welsh language provision across the health service. The findings confirmed fundamental deficiencies in the services provided for Welsh speakers, placing them at a real disadvantage in healthcare. This was particularly true for those patients receiving speech and language therapy and for a number of vulnerable groups, namely people with mental health problems, people with learning disabilities, older people and young children.

In response to the alleged deficits in Welsh language provision, an all-Wales survey was commissioned to examine Welsh language awareness amongst healthcare professionals and identify the factors that enhance language choice within service delivery (Roberts et al 2004). The findings indicate that language barriers can lead to a lack of consideration of patients' needs, where the overall quality of care provision may be compromised. The report urges healthcare professionals, providers, educationalists and policy makers to support appropriate measures in order to identify, facilitate and respond to the language choice of patients and clients.

See Box 1 ►

1 Ymwybyddiaeth o'r Gymraeg ymhlith Gweithwyr Proffesiynol Gofal Iechyd.

Mewn ymateb i ddiffygion honedig yn y ddarpariaeth Gymraeg mewn gofal iechyd, comisiynwyd arolwg Cymru Gyfan i edrych ar yr ymwybyddiaeth o'r Gymraeg ymhlith gweithwyr proffesiynol gofal iechyd ac i nodi'r ffactorau oedd yn gwella'r dewis o iaith o fewn darpariaeth gwasanaeth (Roberts et al 2004). Roedd yr astudiaeth yn cynnwys dau gyfnod:

(i) arolwg holiadur drwy'r post o 3,358 o weithwyr proffesiynol gofal iechyd wedi eu dewis ar hap ledled Cymru, a ddenodd raddfa ymateb o 59%;
a (ii) cyfres o gyfweliadau ansoddol gyda sampl bwriadus o 83 o atebwyr yr arolwg.

Mae'r papurau canlynol yn adrodd am ganlyniadau'r arolwg dau gyfnod. Rhydd y canlyniadau rym i astudiaethau ansoddol bychain blaenorol ac maent yn darparu data cyfoethog a chadarn sy'n tynnu sylw at faterion sydd â goblygiadau pwysig ar gyfer gweithwyr proffesiynol gofal iechyd, addysgwyr, llunwyr polisïau ac ymchwilwyr fel ei gilydd.

Welsh Language Awareness amongst Healthcare Professionals.

In response to alleged deficits in Welsh language provision in healthcare, an all-Wales survey was commissioned to examine Welsh language awareness amongst healthcare professionals and identify the factors that enhance language choice within service delivery (Roberts et al 2004).

The study was made up of two phases:

(i) a postal questionnaire survey of 3,358 randomly selected healthcare professionals across Wales, which yielded a 59% response rate;
and (ii) a series of qualitative interviews with a purposive sample of 83 survey respondents.

The following papers report on the findings of the two-phase survey. The results give strength to previous small-scale qualitative studies and provide rich and robust data highlighting issues that have important implications for healthcare professionals, educationalists, policymakers and researchers alike.

Roberts G, Irvine F, Jones P, Spencer L, Baker C & Williams C (2006)
Language awareness in the bilingual healthcare setting: a national survey.
International Journal of Nursing Studies,
Yn y wasg; ar gael ar-lein 19 Hydref 2006. In press; available online 19 October 2006.

ABSTRACT

Background. The significance of effective interpersonal communication in healthcare is well established, as is the importance of overcoming language barriers. This has a particular bearing for minority language speakers, where denying language choice can compromise the quality of healthcare provision. Nevertheless, there is limited empirical research exploring language awareness in healthcare and the factors that influence language choice for minority language speakers.

Objectives. This paper reports on the nurses, midwives and health visitors (NMHV) data set of the first phase of a large-scale national study, commissioned by the Welsh Assembly Government, to examine the nature and extent of Welsh language awareness amongst healthcare professionals in Wales, UK.

Design* and *participants. The study involved a questionnaire survey of healthcare professionals working in the public, private and voluntary sectors of healthcare. A stratified random sample of 3,358 healthcare professionals was surveyed, of which 1,842 (55%) were nurses, midwives and health visitors. The researcher-designed self-administered questionnaire was distributed by post to participants between July and September 2003. 1,042 (57%) NMHV returned their questionnaires for analysis.

Results. A strong positive correlation is identified between the NMHV use of the Welsh language in practice and their Welsh language proficiency ($p < .01$); language attitudes ($p < .01$); and language region ($p < .01$). Mean language attitude scores are more positive than expected, particularly amongst those with limited Welsh language proficiency and those working in regions with the lowest proportions of Welsh speakers.

Conclusions. In view of the universal drive for culturally and linguistically appropriate healthcare practice, the findings have important implications for bilingual and multilingual healthcare settings worldwide. The evidence emerging from this survey confirms that cross-cultural communication is enhanced by NMHV language attitudes as well as their proficiency levels. Language awareness training is therefore recommended as a way of enhancing care delivery for minority language speakers.

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**

ABSTRACT

Aim. This paper reports on the second phase of a national study in Wales. The research aimed to assess the level of Welsh language awareness amongst healthcare professionals across Wales, and to identify the factors that enhance language choice within service delivery.

Background. The literature suggests that language sensitive healthcare practice is central to ensuring high quality care. However, it is evident that language barriers continue to compromise the quality of care within nursing and other health services. One issue that has received little attention is the level of language awareness that healthcare professionals currently demonstrate. Furthermore the factors that influence language choice for bilingual/multilingual speakers are not well explored in the literature.

Methods. The study involved semi-structured interviews with a range of healthcare professionals in acute and community settings across Wales. Using a systematic sampling matrix, a purposeful sample of 83 professionals was selected to participate. Twenty-seven of the respondents were nurses, health visitors and midwives. The interviews focussed on the factors that facilitate or impede language sensitive healthcare practice. All interviews were audiotaped and, using a framework analysis approach, conceptual codes were developed and defined and categories and sub-categories were constructed to create thematic charts.

Findings. Three main themes were identified: care enhancement, which focussed on the process and outcome of offering language choice to bilingual patients; organizational issues, which reflected issues relating to the infrastructure of service provision; and training implications, which focused on Welsh language learning in health care.

Conclusions. Complex dynamics of language use are in operation within bilingual healthcare settings and organizational as well as individual factors are important in facilitating appropriate language use. Many of the issues highlighted are not peculiar to the Welsh context, but apply to healthcare settings across the world, where other minority languages are in use.

Mae adolygiadau systematig o astudiaethau empirig a gynhaliwyd yn yr Unol Daleithiau yn rhoi data mwy cadarn ar effaith rhwystrau iaith ar ofal iechyd siaradwyr Sbaeneg a lleiafrifoedd ethnig eraill yn yr Unol Daleithiau (Timmins 2002; Yeo 2004). Dengys yr astudiaethau hyn fod y rheiny sydd yn siarad ond ychydig o Saesneg mewn perygl o gael llai o fynediad at ofal. Ymhellach, dangosant fod yna dystiolaeth gadarn y gall rhwystrau iaith gael effeithiau niweidiol sylweddol ar ansawdd y ddarpariaeth gofal, megis y claf yn methu â chofio cymaint, ymddygiad o holi cwestiynau; boddhad cleifion; diffyg dealltwriaeth o sgil effeithiau meddyginiaeth a/neu gyfarwyddiadau'r meddyg; y darparwyr a'r cleifion

Systematic reviews of empirical studies undertaken in the US provide more robust data on the impact of language barriers on the health care of Spanish speakers and other ethnic minorities in the US (Timmins 2002; Yeo 2004). These studies indicate that those with limited English language proficiency are at risk of experiencing decreased access to care. Furthermore, they demonstrate that there is solid evidence that language barriers can have significant detrimental effects on the quality of care provision, such as decreased patient recall, question-asking behaviour; patient satisfaction; a lack of comprehension of medication side effects and/or doctor's instructions; poor decision-

2 Effaith Rhwystrau Iaith mewn Gofal Iechyd.

Dengys ymchwil fod cleifion sy'n wynebu rhwystrau iaith yn ymweld â chlinigwyr yn llai aml ac yn derbyn llai o wasanaethau ataliol. Wrth ddadansoddi data o Arolwg Iechyd Ontario 1990 (n=22,448), canfu Woloshin a'i gydweithwyr (1997) fod merched oedd yn siarad Ffrangeg yng Nghanada yn derbyn llai o wasanaethau iechyd ataliol. Daethant i'r casgliad y gallai gwella cyfathrebu gyda chleifion, oedd yn meddu ar ond ychydig o Saesneg, gynyddu'r gyfranogaeth mewn rhaglenni sgrinio. Tra mae yna beth tystiolaeth i awgrymu bod llai o ddefnydd yn cael ei wneud o'r gwasanaethau iechyd meddwl yng Nghymru ymhlith siaradwyr Cymraeg (Pwyllgor Rhwydwaith Cymru Gyfan ar gyfer Proffesiynau Therapïau Celfyddyd 2002), mae angen rhagor o ymchwil i fesur effaith ymyriadau Cymraeg mewn rhaglenni hybu iechyd ar y defnydd a wneir o wasanaethau ataliol.

Impact of Language Barriers in Healthcare.

Research shows that patients who face language barriers make fewer visits to clinicians and receive fewer preventative services. Analysing data from the 1990 Ontario Health Survey (n=22,448), Woloshin and colleagues (1997) found that French-speaking women in Canada received fewer preventative health services. They concluded that improving communication with patients with limited English may enhance participation in screening programs. Whilst there is some evidence to suggest that the uptake of mental health services in Wales is reduced amongst Welsh speakers (All Wales Network Committee for Arts Therapies Professions 2002), further research is required to measure the impact of Welsh language interventions in health promotion programmes on the utilisation of preventative services.

Woloshin S, Schwartz L, Katz S & Welch H (1997)
Is language a barrier to the use of preventive services?
***Journal of General Internal Medicine,* 12(8), 472-477**

ABSTRACT

***Objective*.** To isolate the effect of spoken language from financial barriers to care, we examined the relation of language to use of preventive services in a system with universal access.

***Design*.** Cross-sectional survey.

***Setting*.** Household population of women living in Ontario, Canada, in 1990.

***Participants*.** Subjects were 22,448 women completing the 1990 Ontario Health Survey, a population-based random sample of households.

***Measurements and main results*.** We defined language as the language spoken in the home and assessed self-reported receipt of breast examination, mammogram and Pap testing. We used logistic regression to calculate odds ratios for each service adjusting for potential sources of confounding: socio-economic characteristics, contact with the health care system, and measures reflecting culture. Ten percent of the women spoke a non-English language at home (4% French, 6% other). After adjustment, compared with English speakers, French-speaking women were significantly less likely to receive breast exams or mammography, and other language speakers were less likely to receive Pap testing.

***Conclusions*.** Women whose main spoken language was not English were less likely to receive important preventive services. Improving communication with patients with limited English may enhance participation in screening programmes.

Making rational decisions about how to improve services to minority language speakers will require understanding the public health costs of communication barriers.

– Woloshin et al 1997, page 476

yn gwneud penderfyniadau gwael; a llai o ddefnyddio ar wasanaethau ataliol.

◄ ***Gweler Blwch 2***

Yng ngoleuni tystiolaeth o'r fath, ceir ymdrechion cynyddol i gyflwyno ymyriadau ieithyddol addas fel modd i leihau'r anghyfartaleddau mewn iechyd a gofal cymdeithasol, gyda lluosowgrwydd o astudiaethau o'r Unol Daleithiau yn archwilio effaith y mesurau hyn ar y ddarpariaeth gwasanaeth ac ar ddeilliannau iechyd. Tra mae ymdrechion i wella'r ddarpariaeth Gymraeg i'w gweld yn y sector iechyd a gofal cymdeithasol ar draws Cymru, mae angen ymchwil bellach i archwilio effaith y rhain ar y ddarpariaeth gofal a sefydlu'r sylfaen o dystiolaeth i hysbysu ymarfer ieithyddol addas.

Am adolygiad systematig o'r llenyddiaeth, gweler yr Adroddiad am Astudiaeth Rychwantu Ymwybyddiaeth o Iaith mewn Iechyd a Gofal Cymdeithasol (Roberts et al 2005) *yn:* ***www****.llais.org*

making on the part of providers and patients; and decreased uptake of preventative services.

◄ ***See Box 2***

In light of such evidence, there are increasing efforts to introduce language appropriate interventions as a means of reducing inequalities in health and social care, with a proliferation of studies from the US examining the impact of these measures on healthcare delivery and health outcomes. Whilst efforts to enhance Welsh language provision are evident in the health and social care sector across Wales, further research is required to examine its impact on care delivery and establish the evidence base to inform language appropriate practice.

For a systematic review of the literature, see the Report on a Scoping Study of Language Awareness in Health and Social Care (Roberts et al 2005) *at:* ***www****.llais.org*

Beth ydy effaith ymyriadau ieithyddol addas mewn iechyd a gofal cymdeithasol?

Wrth i ymdrechion gael eu gwneud i oresgyn rhwystrau iaith mewn iechyd a gofal cymdeithasol, mae llawer o ddarparwyr gwasanaeth, comisiynwyr a llunwyr polisïau yn awyddus i benderfynu gwerth cynhenid a gwerth cymharol gwahanol ymyriadau ieithyddol addas, yn arbennig mewn perthynas â'r defnydd ohonynt a'r deilliannau; ansawdd a lleihau camgymeriadau; y gost; a dadansoddiadau cymharol. Er bod yna swm sylweddol o lenyddiaeth ddisgrifiadol yn manylu am amrediad o ymyriadau iaith a mesurau a fabwysiedir mewn gofal iechyd, o hyfforddiant ymwybyddiaeth o iaith a diwylliant i wasanaethau cyfieithu a modelau darpariaeth gwasanaeth ddwyieithog, eto ychydig o astudiaethau cadarn a geir, sy'n ffrwyth methodolegau ymchwil trylwyr, sy'n ystyried effaith ymyriadau o'r fath. Serch hynny, mae'r corff hwn o dystiolaeth empirig yn awgrymu bod gan nifer o'r ymyriadau a gynigir y potensial i effeithio ar y ddarpariaeth iechyd a deilliannau iechyd ac mae'r rhain wedi eu hamlinellu isod.

Hyfforddiant ymwybyddiaeth o iaith a diwylliant

Ceir cryn adrodd am hyfforddiant ymwybyddiaeth o iaith a diwylliant yn y llenyddiaeth a photensial hyn i wella cyfathrebu rhwng y cleient a'r darparwr ac i wella perthynas mewn cyfarfyddiad traws-ddiwylliannol (Flores et al 2000; Robinson a Phillips 2003). Mae'r rhain yn canolbwyntio'n bennaf ar hyfforddiant drwy raglenni addysgol a phroffesiynol ffurfiol, gan archwilio materion cysylltiedig â dulliau cwricwlaidd a chynllun. Er hynny, mae nifer yr astudiaethau sy'n archwilio

What is the impact of language appropriate interventions in health and social care?

As efforts to overcome language barriers in health and social care are established, many service providers, commissioners and policy makers are keen to determine the intrinsic and relative value of different language appropriate interventions, particularly in relation to access and outcomes; quality and reduction of errors; cost; and comparative analyses. Whilst there is a considerable amount of descriptive literature detailing a range of language interventions and measures adopted in healthcare, from cultural and language awareness training to interpretation services and bilingual service delivery models, there are few robust studies employing rigorous research methodologies that consider the impact of such interventions. Nevertheless, this body of empirical evidence suggests that several of the proposed interventions have the potential to affect healthcare delivery and health outcomes and these are outlined below.

Language and cultural awareness training

There is extensive reporting of language and cultural awareness training in the literature and its potential to improve client-provider communication and relationships in cross-cultural encounters (Flores et al 2000; Robinson & Phillips 2003). These focus mainly on training within formal educational and professional programmes, exploring issues relating to curricular approaches and design. Nevertheless, studies that examine the effects of training are more limited and mainly confined to evaluating its impact on levels of cultural awareness knowledge, attitudes, satisfaction and communication skills amongst trainees. The findings reveal tenuous relationships between enhanced awareness, knowledge and attitudes, and improved communication skills (Culhane-Pera et al 1997). In light of their

effeithiau hyfforddiant yn llai, ac mae'r rhain wedi eu cyfyngu'n bennaf i werthuso effeithiau'r hyfforddiant ar lefelau ymwybyddiaeth, gwybodaeth, agweddau, bodlonrwydd a sgiliau cyfathrebu ymhlith hyfforddeion. Mae'r casgliadau yn datgelu peth perthynas rhwng gwell ymwybyddiaeth, gwybodaeth ac agweddau, a gwell sgiliau cyfathrebu (Culhane-Pera et al 1997). Yng ngoleuni eu hadolygiad systematig hwy o astudiaethau, oedd yn gwerthuso hyfforddiant cymhwysedd diwylliannol ar gyfer gweithwyr proffesiynol gofal iechyd, mae Price et al (2005) yn cynnig y dylid talu mwy o sylw i faterion dylunio, gwerthuso ac adrodd am y rhaglenni hyfforddiant hyn.

Ar hyn o bryd mae hyfforddiant mewn ymwybyddiaeth o'r Gymraeg yn ofynnol gan Lywodraeth Cynulliad Cymru (2003) ar gyfer yr holl fyfyrwyr gofal iechyd ledled Cymru a phob un sy'n cael ei gyflogi o'r newydd gan GIG Cymru; ac anogir mynediad i ddosbarthiadau Cymraeg. O fabwysiadu cynlluniau astudio trylwyr, mae yma gyfleoedd gwerthfawr i fesur effaith hyfforddiant o'r fath ar gyfranogwyr a'i effaith yn y pen draw ar ddeilliannau darparu iechyd yng Nghymru.

Mesurau cymorth gydag iaith

Mewn ymgais i oresgyn rhwystrau iaith mewn cyfarfyddiadau traws-ddiwylliannol, adroddir yn y llenyddiaeth am nifer o fesurau cymorth gydag iaith, i bontio'r cyfwng cyfathrebu gyda siaradwyr ieithoedd lleiafrifol a gwella ansawdd y gwasanaeth a ddarperir. Mae'r strategaethau'n amrywio o ddefnyddio cyfieithwyr sydd wedi eu hyfforddi'n broffesiynol neu gyfieithwyr heb hyfforddiant i ddefnyddio staff neu aelodau o'r teulu sy'n ddwyieithog.

Gwasanaethau cyfieithwyr

Mae astudiaethau effaith i fesurau cymorth gydag iaith yn tueddu i ganolbwyntio'n bennaf ar effeithiau cyfieithwyr a dangosir bod y rhain yn gwella dealltwriaeth cleifion (Baker et al 1996); eu boddhad (Flores et al 2005); y graddau y maent yn

systematic review of studies evaluating cultural competence training for health professionals, Price et al (2005) propose that more attention should be paid to issues of design, evaluation and reporting of these training programmes.

Welsh language awareness training is currently required by the Welsh Assembly Government (2003) for all healthcare students across Wales and all new employees of NHS Wales; and access to Welsh language classes is encouraged. With the adoption of rigorous study designs, there are valuable opportunities to measure the impact of such training on participants and its ultimate effect on health delivery outcomes in Wales.

Language assistance measures

In an attempt to overcome language barriers in cross-cultural encounters, a number of language assistance measures are reported in the literature to bridge communication with minority speakers and enhance the quality of service delivery. Strategies range from the use of professionally trained or untrained interpreters to bilingual staff or family members.

Interpreter services

Impact studies of language assistance measures tend to focus mainly on the effects of interpreters and cost effectiveness and these are shown to enhance patient comprehension (Baker et al 1996); satisfaction (Flores et al 2005); service utilisation (Bernstein et al 2002) and cost effectiveness (Jacobs et al 2004). Increased use of professional interpreters and increased satisfaction with medical care has also been associated with previous training in interpreter use (Karliner 2004). Nevertheless, Flores et al (2003) demonstrated that errors in medical interpretation are common and the errors committed by ad hoc interpreters are significantly more likely to have potential clinical consequences than those committed by hospital interpreters. This has particular implications in

3 Effaith Ymyriadau Ieithyddol Addas mewn Gofal Iechyd.

Mae ymchwil yn dangos bod bodlonrwydd cleifion yn gwella pan mae darparwyr gofal iechyd yn dysgu ail iaith er mwyn sicrhau cytundeb iaith mewn cyfarfyddiadau gyda chleifion. Dengys y papur hwn effeithiau penderfyniad ffisigwyr argyfwng paediatrig i ddysgu ail iaith ar fodlonrwydd y teuluoedd oedd yn siarad Sbaeneg ynglŷn â'u gofal. Er bod yna well dealltwriaeth o'r ffordd y mae hyfedredd darparwyr gofal iechyd yn y Gymraeg yn gwella'r dewis o iaith ar gyfer cleifion dwyieithog yng Nghymru (Roberts et al 2004), mae angen rhagor o waith i edrych i mewn i'w effaith ar ddeilliannau iechyd.

Impact of Language Appropriate Interventions in Healthcare.

Research shows that patient satisfaction is enhanced when healthcare providers learn a second language in order to establish language concordance in patient encounters. This paper demonstrates the effects of second language acquisition by paediatric emergency physicians on the satisfaction of Spanish-speaking families with their care. Despite increased understanding of the way in which the Welsh language proficiency of healthcare providers enhances language choice for bilingual patients in Wales (Roberts et al 2004), more work is required to explore its impact on health outcomes.

Mazor S, Hampers L, Chande V & Krug S (2002)
Teaching Spanish to pediatric emergency physicians: effects on patient satisfaction.
***Archives of Pediatrics and Adolescent Medicine,* 156(7), 693–695**

ABSTRACT

Background. Language barriers are known to negatively affect patient satisfaction.

Objective. To determine whether a course of instruction in medical Spanish for pediatric emergency department (ED) physicians is associated with an increase in satisfaction for Spanish-speaking-only families.

Design, setting, participants and intervention. Nine pediatric ED physicians completed a ten-week medical Spanish course. Mock clinical scenarios and testing were used to establish an improvement in each physician's ability to communicate with Spanish-speaking-only families. Before (preintervention period) and after (postintervention period) the course, Spanish-speaking-only families cared for by these physicians completed satisfaction questionnaires. Professional interpreters were equally available during both the preintervention and postintervention periods.

Main outcome measures. Responses to patient family satisfaction questionnaires.

Results. A total of 143 Spanish-speaking-only families completed satisfaction questionnaires. Preintervention (n = 85) and postintervention (n = 58) cohorts did not differ significantly in age, vital signs, length of ED visit, discharge diagnosis, or self-reported English proficiency. Physicians used a professional interpreter less often in the postintervention period (odds ratio [OR], 0.34; 95% confidence interval [CI], 0.16–0.71). Postintervention families were significantly more likely to strongly agree that *'the physician was concerned about my child'* (OR, 2.1; 95% CI, 1.0–4.2), *'made me feel comfortable'* (OR, 2.6; 95% CI, 1.1–4.4), *'was respectful'* (OR, 3.0; 95% CI, 1.4–6.5), and *'listened to what I said'* (OR, 2.9; 95% CI, 1.4–5.9).

Conclusions. A ten-week medical Spanish course for pediatric ED physicians was associated with decreased interpreter use and increased family satisfaction.

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

– Comments of a healthcare professional in Roberts et al 2005, page 25

defnyddio'r gwasanaeth (Bernstein et al 2002); a chost effeithiolrwydd (Jacobs et al 2004). Mae cynnydd yn y defnydd o gyfieithwyr proffesiynol a chynnydd yn y boddhad gyda gofal meddygol hefyd wedi ei gysylltu â hyfforddiant blaenorol yn y defnydd o gyfieithydd (Karliner 2004). Er hynny, dangosodd Flores et al (2003) fod camgymeriadau yn gyffredin mewn dehongliad meddygol a bod y camgymeriadau a wneir gan gyfieithwyr ad hoc yn arwyddocaol fwy tebygol o gael canlyniadau clinigol posibl na'r rhai a wnaed gan gyfieithwyr yr ysbyty. Mae i hyn oblygiadau neilltuol yng Nghymru lle, er na elwir ar gyfieithwyr hyfforddedig yn aml i ddehongli ar ran siaradwyr Cymraeg, mae staff dwyieithog neu aelodau o'r teulu yn mabwysiadu'r rôl hon yn aml mewn ymgais i bontio'r rhwystrau iaith yn ymarferol (Misell 2000). Felly, mae angen rhagor o waith i roi eglurder a diffinio rôl y cyfieithydd gyda siaradwyr Cymraeg a'r goblygiadau ar gyfer hyfforddiant.

Darparwyr dwyieithog

Fel dewis sy'n rhagori ar gyfieithwyr ffurfiol, gwelwyd ymarferwyr gofal iechyd dwyieithog fel adnodd gwerthfawr i bontio'r rhwystrau iaith rhwng cleifion a darparwyr. Mae hyn yn amlwg ar draws amrediad o leoliadau gofal iechyd yn yr Unol Daleithiau (Timmins 2002) ac Awstralia (Johnson et al 1999; Cioffi 2003), ond anaml y mae'n cael ei drafod o fewn y llenyddiaeth yn y Deyrnas Unedig. Dengys Timmins (2002), yn ei hadolygiad systematig, fod yna lawer o fanteision i ddefnyddio ymarferwyr gofal iechyd dwyieithog dros ddefnyddio cyfieithwyr, gan gynnwys mwy o foddhad ymhlith cleifion, cleifion yn deall yn well, osgoi camgymeriadau mewn diagnosis a thriniaeth, gwell perthynas therapiwtig, osgoi gwario arian ac amser ychwanegol, ac osgoi'r gost o gyflogi cyfieithwyr proffesiynol neu dros y ffôn.

Er gwaethaf manteision mor amlwg, mae ymarferwyr dwyieithog a dysgwyr Cymraeg yn dal yn adnodd sydd i raddau helaeth heb ei ddefnyddio yn y sector iechyd a gofal cymdeithasol yng Nghymru. Efallai mai'r eglurhad rhannol ar Wales since, although trained interpreters are rarely called upon to interpret for Welsh speakers, bilingual staff or family members often adopt this role in an attempt to bridge language barriers in practice (Misell 2000). Further work is therefore required to clarify and define the role of the interpreter with Welsh speakers and the implications for training.

Bilingual providers

As a superior alternative to formal interpreters, bilingual healthcare practitioners have been identified as a valuable resource in bridging language barriers between patients and providers. This is evident across a range of healthcare settings in the USA (Timmins 2002) and Australia (Johnson et al 1999; Cioffi 2003) but seldom discussed within the UK literature. Timmins (2002), in her systematic review, shows that there are many advantages to using bilingual healthcare practitioners over interpreters, including increased patient satisfaction, increased patient understanding, avoidance of diagnosis and treatment errors, improved therapeutic relationships, avoidance of extra time expenditure, and avoidance of the costs of employing professional or telephone interpreters.

Despite such clear benefits, bilingual practitioners and Welsh learners remain a largely untapped resource in the health and social care sector in Wales. This may be partly explained by their reluctance to disclose their bilingualism and levels of bilingual proficiency (Roberts et al 2004) and the lack of recognition of bilingualism as a valuable professional tool (Misell 2000). Nevertheless, even second-language acquisition by providers has shown to have a positive impact on their ability to communicate with patients, leading to increased levels of satisfaction with care (Mazor et al 2002).

◄ ***See Box 3***

hyn ydy eu hamharodrwydd i ddatgelu eu dwyieithrwydd a lefelau eu hyfedredd dwyieithog (Roberts et al 2004) a'r diffyg cydnabyddiaeth i ddwyieithrwydd fel offeryn proffesiynol gwerthfawr (Misell 2000). Er hynny, dangoswyd bod dysgu'r Gymraeg fel ail iaith hyd yn oed yn cael effaith gadarnhaol ar allu darparwyr i gyfathrebu â chleifion, a bod hynny'n arwain at gynnydd mewn lefelau o fodlonrwydd ar y gofal (Mazor et al 2002).

◄ ***Gweler Blwch 3***

Deunydd ysgrifenedig dwyieithog

Mae cleifion a chleientiaid, y mae'n well ganddynt siarad rhyw iaith wahanol i'r Saesneg, wedi adrodd am broblemau pan yn ceisio cael gafael ar ddeunydd gwybodaeth iechyd yn eu dewis iaith (Layzell ac England 1999; Phul et al 2003) a dangoswyd bod hyn yn cael effaith niweidiol ar eu defnydd o'r ddarpariaeth iechyd a gofal cymdeithasol (Chamba ac Ahmad 2000). Ymhellach, lle mae cyfieithiadau uniongyrchol ar gael, awgryma'r dystiolaeth nad ydy'r rhain yn hawdd i'w deall o safbwynt y gynulleidfa darged (Todd et al 2001). Cafodd dulliau i wella'r broses gyfieithu eu hadolygu gan Edwards (1994), sy'n pwysleisio'r angen am gyfatebiaeth gysyniadol mewn cyfathrebu traws-ddiwylliannol a'r angen i gynnwys defnyddwyr y gwasanaeth wrth gynhyrchu deunydd hybu iechyd.

Er gwaethaf cyfarwyddebau Llywodraeth Cynulliad Cymru i ddarparu deunydd gwybodaeth gyhoeddus mewn fformat dwyieithog, erys llawer o waith i adeiladu ar y sylfaen o dystiolaeth i gefnogi'r arfer orau o ran cynllunio a dylunio deunyddiau dwyieithog mewn iechyd a gofal cymdeithasol. Ymhellach, mae angen sefydlu a dilysu mesurau gwerthuso safonedig ar gyfer eu defnyddio gyda siaradwyr Cymraeg.

Bilingual written materials

Patients and clients whose preferred language is not English have reported problems accessing health information materials in their chosen language (Layzell & England 1999; Phul et al 2003) and this has been shown to have detrimental effects upon their uptake of health and social care provision (Chamba & Ahmad 2000). Furthermore, where direct translations are available, the evidence suggests that these are not well understood by the target audience (Todd et al 2001). Methods to enhance the translation process are reviewed by Edwards (1994) who emphasises the need to ensure conceptual equivalence in cross-cultural communication and the involvement of service users in the production of health promotion materials.

Despite Welsh Assembly Government directives to provide public information literature in bilingual format, much work remains to build the evidence base to support best practice in terms of the planning and design of bilingual materials in health and social care. Furthermore, standardised evaluation measures need to be established and validated for use with Welsh speakers.

Casgliadau

Mae'r llenyddiaeth yn cefnogi'r dyb fod gwahaniaethau iaith yn creu rhwystrau sylweddol ar ffordd gofal, gan beryglu mynediad ar gyfer defnyddwyr y gwasanaeth; gwanio'r berthynas therapiwtig; a pheryglu ansawdd y gofal a'r driniaeth.

Er bod i'r iaith Gymraeg statws unigryw yng Nghymru, mae siaradwyr Cymraeg yn adrodd am rwystrau wrth ddefnyddio gwasanaethau iechyd a gofal cymdeithasol ac mae'r rhain yn adlewyrchu profiadau ehangach siaradwyr ieithoedd lleiafrifol ledled y byd. Mae effeithiau rhwystrau o'r fath wedi eu dogfennu'n helaeth yn yr adolygiad llenyddiaeth ehangach, gan amrywio o deimladau o ddiffyg grym ac anfodlonrwydd ar y gofal i broblemau cyfathrebu sy'n peryglu'r berthynas therapiwtig ac hefyd agweddau ar y ddarpariaeth gofal.
Mae yna felly angen llethol am godi'r ymwybyddiaeth o iaith ar draws y sector iechyd a gofal cymdeithasol yng Nghymru a galw taer i ymestyn y sylfaen o dystiolaeth er mwyn cefnogi arfer orau.

Conclusions

The literature supports the assumption that language differences create significant barriers to care, compromising access for service users; reducing the therapeutic relationship; and jeopardising the quality of care delivery and treatment.

Although Welsh has a unique status in Wales, Welsh speakers report language barriers when accessing health and social care services and these reflect the wider experiences of minority language speakers worldwide. The effects of such barriers are well documented in the wider literature review, ranging from feelings of disempowerment and dissatisfaction with care to communication problems that jeopardise the therapeutic relationship and compromise aspects of care delivery.
There is thus an overwhelming need to enhance language awareness across the health and social care sector in Wales and an urgent call to expand the evidence base to support best practice.

Mae gan ddarparwyr gofal iechyd lawer i'w wneud i gynyddu ymwybyddiaeth ymhlith eu staff am ddarpariaeth Gymraeg. Dylid cyflwyno hyn yng nghyd-destun gofal cwsmer, cyfle cyfartal a phwyslais ar ofal sy'n canolbwyntio ar angehnion y claf.

– Misell 2000, tud 74

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-focused care.

– Misell 2000, page 80

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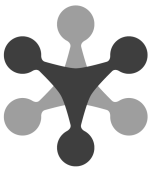

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