



WELSH LANGUAGE



WELSH LANGUAGE AND IDENTITY WITHIN CONTEMPORARY WALES

Welsh (Cymraeg) is not only a language—it is an indispensable aspect of the nation's identity and cultural continuity as per Dąbrowska (2017). As indicated through the 2021 Census, around 18% of the Welsh population speak Welsh, with percentages growing higher in particular areas such as Gwynedd, Anglesey, and Ceredigion. Welsh is, for most of our service users, the first language that they use at home, the language in which they feel most comfortable talking through sensitive or personal matters. Acknowledging and respecting this language identity can enhance confidence, foster rapport, and enhance the overall effectiveness of care provision. A lack of Welsh-language services, however, can lead to misunderstanding, experiences of exclusion, and worse health outcomes. It is integral to the development of their worldview, the expression of emotion, and the maintenance of intergenerational family and community connections. Its recognition and valuing can facilitate confidence, rapport, and greater effectiveness of care provision. Insufficient Welsh-language services can lead to confusion, exclusion, and worse health outcomes.

THE SIGNIFICANCE OF LANGUAGE TO HEALTH AND SOCIAL CARE

Language is significant to how the public access services, indicate concerns, and make informed decisions regarding care Khatri (2022). If professionals involved in the provision of health and social care can speak the user's language, the following benefits ensue.

- Improved communication: Eliminates miscommunication and enhances understanding, particularly with the elderly or vulnerable.
- Increased comfort and dignity: Communication in one's native language decreases anxiety and increases confidence in care environments.
- Improved outcomes: More adherence to treatment regimens and more accurate reporting of symptoms can be attributed to language concordance.
- Cultural safety: Language reflects, supports, and reinforces cultural values and expectations of relationships within care
- For instance, one dementia patient who has lost English skills can only respond to or comprehend Welsh. If the caregiver does not speak Welsh, the patient can become confused, distressed, or uncooperative—not because of behavioral problems, but because of language barrier.

REFERENCE LIST

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A RIGHTS-BASED POLICY TOWARDS THE WELSH LANGUAGE IN CARE

A number of crucial policies and legislative initiatives have created a strong statutory foundation to advance the use of the Welsh language throughout public services, particularly health and social care

1. Welsh Language (Wales) Measure 2011

This action accorded official language status to Welsh in Wales, and created the office of the Welsh Language Commissioner, to promote and support the use of Welsh. Welsh Language Standards, brought into place under the Measure, oblige specified public bodies (including NHS Wales) to deliver services through the Welsh language and give Welsh no less favorable treatment than that accorded to the English language.

2. Mwy Na Geiriau (More Than Just Words) Strategy

Launched by the Welsh Government in 2012 and updated in 2016 and 2022, this strategy provides a framework for implementing Welsh-language services in health, social services, and social care. It promotes the "Active Offer" principle—services should be offered in Welsh without the user needing to request it.

3. Social Services and Well-being (Wales) Act 2014

This Act puts the focus on well-being and person-centered care. According to this law, care services are required to take into account the language and cultural needs of individuals. Welsh language use is determined to be an issue of need, not choice, particularly where it affects communication or emotional well-being.

PRACTICAL APPLICATION: THE 'ACTIVE OFFER' AND BEYOND

Active Offer is at the foundations of Welsh language policy directing the provision of care. It reverses the onus to ask to be served in Welsh onto the provider to deliver services proactively in Welsh. Implementing this involves

- Hiring and training Welsh-speaking personnel
- Bilingual signage, forms, and communication materials
- Language choice protocols during patient intake and assessment
- Cultural awareness training for all workers

But there are ongoing challenges. Numerous organizations experience shortages of Welsh-speaking staff, and not all services make the Active Offer consistently (*Use of the Welsh Language in the Private Sector: Case Studies a Report Prepared For* n.d.). What is needed to address this gap is ongoing monitoring, training, and community interaction.

CONCLUSION

Welsh language and cultural identity are not peripheral but at the very heart of person-focused Welsh health and social care. Addressing language and cultural needs is an issue of rights, dignity, and effectiveness. With strong policies, workforce training, and forward-thinking services, the Welsh health and social care workforce can deliver equal and safe care that is appropriate to the cultural composition of the community.

CASE STUDY EXAMPLE

Carys, a first-language Welsh speaker aged 75, who lived in rural Carmarthenshire, was admitted to hospital after suffering a stroke. She was placed at first in a ward where no one spoke Welsh, where she found it difficult to communicate and felt isolated. With advocacy from the family and intervention of the Welsh-speaking nurse, she was relocated to a bilingual ward. Her recovery subsequently improved through extended communication, the emotional comfort that came with it, and cultural familiarity.

This example illustrates how language inclusion affects outcomes for health and the practical utility of the Active Offer.

THE ROLE OF IDENTITY AND CULTURE IN CARE

Welsh identity extends beyond language—it includes common traditions, values, history, and social norms. Respecting cultural identity in care includes

Respecting dietary restrictions or religious beliefs

Celebrating Welsh holidays or traditions at the care facility

Fostering community bonds and multigenerational relationships

It further comprises an awareness of rural-urban divides, language differences between regions, and cultural suppression sensitivities around the past. Social care professionals with an awareness of these cultural dimensions can establish tighter

CHALLENGES AND RECOMMENDATIONS

- Shortage of bilingual professionals
- Inconsistent application of policies
- Limited Awareness of the Active Offer
- Budgetary/resource constraints
- Increase training in Welsh to include students of healthcare and social care