

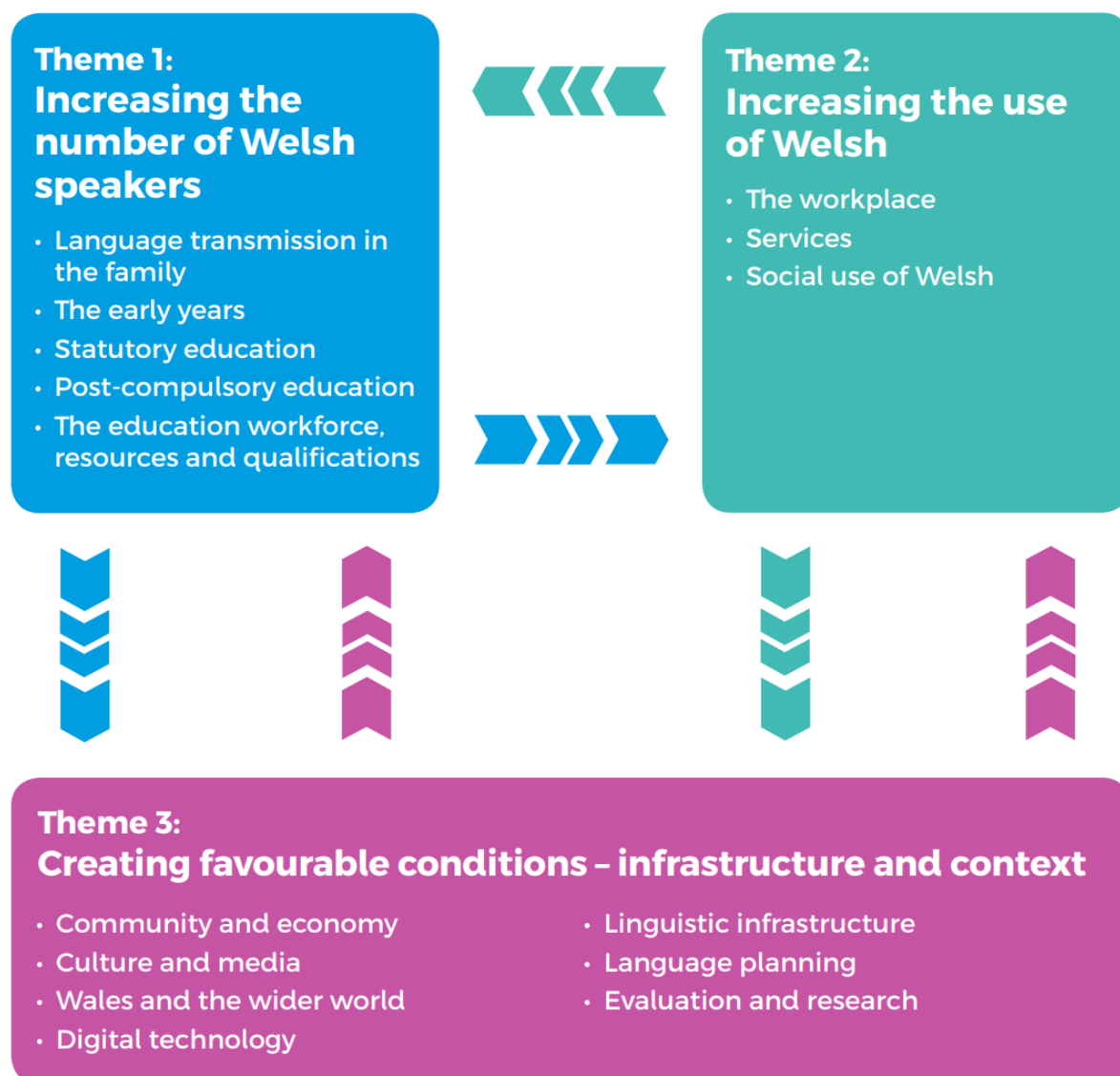
Welsh Language Impact Assessment

Cymraeg 2050 is our national strategy for increasing the number of Welsh speakers to a million by 2050.

The Welsh Government is fully committed to the new strategy, with the target of a million speakers included in its Programme for Government. A thriving Welsh language is also included in one of the 7 well-being goals in the Well-being of Future Generations (Wales) Act 2015.

We also have a statutory obligation to fully consider the effects of our work on the Welsh Language. This means that any Welsh Government policy should consider how our policies affect the language and those who speak it.

The *Cymraeg 2050* strategy has three interrelated themes:



Welsh Language Impact Assessment reference number (completed by the Welsh Language Standards Team, email: Safonau.Standards@gov.wales): **06/11/2025**

Background to the new Dementia Strategy (2026-2026)

Welsh Government is publishing a successor to the current dementia action plan for public consultation. This Impact Assessment specifically considers the impacts of the new strategy on Welsh Language. This includes a consideration of the information provided during the recent evidence gathering consultation, which has informed the development of the latest draft strategy. Impact assessments will be updated to reflect the full and final strategy when this is published.

The proposed vision for the new Dementia Strategy is:

Wales will be a nation where people living with dementia are respected, supported, and empowered to live independently and with dignity in their communities. We envision a society where stigma is not accepted and an increased awareness of dementia, supports people living with dementia and their families to live and socialise in inclusive and compassionate communities, that will empower people to live independently and with dignity in their communities through diagnosis, care, and treatment. Achieving this vision requires a united, cross-government and multi-agency effort, grounded in the voices and experiences of those living with dementia. Together, we will build a future where rights are upheld, support is person-centred, and no one faces dementia alone.

A focus on Welsh language

There has been a specific focus on embedding the Welsh language throughout the new Dementia Strategy from the outset.

Receiving treatment in one's own language can be particularly important for people living with dementia. Ensuring that dementia care and support is available through the medium of Welsh, and that this is proactively offered to people receiving support, is crucial. People with dementia are identified as a priority group on [Mwy na geiriau / More than just words](#) – the Welsh Government's plan for the Welsh language in health and social care. This new dementia action plan (with its focus on risk reduction and prevention; raising awareness and understanding of dementia; improving dementia diagnosis, treatment, care and support; supporting unpaid carers; supporting the workforce; supporting dementia research; and accountability) will be key to supporting priorities for the Welsh language and improving outcomes for this priority group.

Welsh Government has jointly chaired a Welsh Language Sub Group with the Welsh Language Commissioner (see section on stakeholder engagement) – recognising the fundamental importance of providing access to support and services in Welsh, for people who have dementia.

The new Dementia Strategy recognises that we need to make greater progress in providing health and care services for people living with dementia through the medium of Welsh. Receiving services in Welsh is not a choice, it is a clinical need and is fundamental in ensuring the dignity of Welsh speakers. The strategy will

consider Welsh language needs during the pre-diagnosis period, at diagnosis and in the long-term care of Welsh speakers. This will involve developing a culture that supports the use of the Welsh language and ensuring that we monitor progress on this.

Principles that will apply across the priority areas

We want to ensure that our next dementia strategy focuses on the things that matter most to people. These principles are those we will consult upon:

Person-centred: Offering care and support which is coordinated and individualised, whilst ensuring that people are empowered, included in decision making and treated with dignity, compassion and respect.

Rights-based approach: Supporting people to recognise and develop their own strengths and ability to make informed decisions about their own health and care. Ensuring that care and support is provided in a way that respects, protects and fulfils the rights of individuals, and fully considers the specific rights some groups have, for instance disability rights.

Co-production: A way of working whereby people with lived experience and practitioners work together as equal partners to plan and deliver care and support.

Equity of access, experience and outcomes without stigma and discrimination: Across all settings, stages of dementia, and regions, we will focus on:

- Equity of access to information, including that to support brain health and dementia care
- Reducing stigma and misconceptions about dementia.
- Equity of access to other essential services for people living with dementia.
- Promoting equality, diversity, and inclusion in all aspects of care.

Recognising *intersectionality*: understanding how different aspects of a person's identity—like race, gender, sexuality, disability, and more—combine and interact to shape their experiences. This will look at how multiple factors overlap to affect someone's life, taking a person-centred approach rather than focusing on just one aspect at a time

Ensuring **timely and accurate diagnosis**: enabling early access to support and planning.

Taking a **preventative approach** by focusing on brain health, **improving resilience and reducing risk**, but recognising people will still develop dementia and we need to ensure people are supported to live healthier for longer.

Services will be **integrated and coordinated**, and will foster collaboration across health, social care, housing, and community services and will develop **evidence-based care and support**.

Support for unpaid carers and families will provide emotional support, education and access to respite. We will recognise the rights that unpaid carers and families have, ensuring they are key partners in care and be supported to be involved in care planning.

We will ensure we **develop our workforce**, enabling staff across health, social and voluntary sectors can recognise dementia symptoms, understand the impact of dementia and use this knowledge to deliver compassionate and quality care.

We will support **research and innovation**, including by supporting people living with dementia to be involved in research on causes, care, and potential cures and support innovation in service delivery and care models.

Consideration of a person's language will be critical to delivering the principle on "equity of access, experience and outcomes without stigma and discrimination".

Wider policy landscape

The Well-being of Future Generations (Wales) Act 2015 sets out the approach to improve social, economic, environmental and cultural wellbeing – and to make public bodies think more long-term, looking to prevent problems before they arise. In doing so, it sets out wellbeing goals, including a healthier Wales and a Wales of vibrant culture and thriving Welsh Language. Health and social care have a key role to play in delivering this goal.

The Well-being of Future Generations (Wales) Act 2015 and its goal for culture is 'A society that promotes and protects culture, heritage and the Welsh language and which encourages people to participate in the arts and sports and recreation'. Culture includes museums, archives, libraries and the arts; heritage includes the built historic environment as well as intangible heritage such as traditions; arts encompass performance and creative sectors including music, literature, theatre and art, whilst sports and recreation include both elite and community sports as well as opportunities to participate in wider outdoor recreation.⁸

The Welsh Government published its [Cymraeg 2050 work programme 2021-2026](#) for the Welsh language which aims to increase the number of people who speak and use the language. The provision of bi-lingual services is a key priority and is supported by the Welsh Language Standards.

Welsh language in health and social care

The Social Services and Well-being (Wales) Act 2014 puts a duty on any persons exercising functions under the Act to seek to promote the wellbeing of people who need care and support and carers who need support. The Act defines wellbeing, and this definition includes "securing rights and entitlements". For many Welsh speakers,

securing rights and entitlements will mean using their own language to allow them to communicate and participate in their care as equal partners.¹

The Social Services and Well-being (Wales) Act 2014 is designed to promote well-being and person-centred care, and it explicitly aligns with the Welsh Government's commitment to the Welsh language. It includes a legal duty for local authorities and health boards to assess individuals' needs holistically, which includes language and communication preferences and there is a requirement to comply with the Active Offer.

The strategic framework [Mwy na geiriau / More than just words 2022-2027](#) aims to strengthen Welsh language services in health and social care services.² This continues to identify people living with dementia as one of the priority groups and recognises more needs to be done to improve the availability and quality of these services, "not just to comply with legislation, but for the safety and respect of patients".

Previous Dementia Action Plan and links with Mwy na geiriau / More than just words

The previous Dementia Action Plan included specific commitments regarding the provision of bi-lingual dementia services and working with the health boards to build capacity and capability. Indeed, it is recognised that some people with poor emotional wellbeing and/or mental health conditions are particularly vulnerable because their care can suffer if they are not treated in their own language.³ It is especially important to remove the responsibility to ask for services through the medium of Welsh from the service user and ensure that this is offered by the service itself. This principle is known as the "Active Offer". There are specific commitments in More than Just Words directly supporting this agenda, including Action 34: "Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia."

How the new Dementia Strategy is supporting Mwy na geiriau / More than just words

We have ensured the new Dementia Strategy is supporting delivery of the [More than just words Five Year Plan \(2022-2027\)](#). Our vision for More than just words is for Welsh to belong and be embedded in health and social care services across Wales

¹ Welsh Government (2014) [Welsh Language Impact Assessment](#) Part 2 of the Social Services and Well-being Act 2014

² *More than just words* is the Welsh Government's strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack confidence to ask for services in Welsh. The Active Offer therefore means offering a Welsh language choice without patients having to ask for it. The [five year plan \(2022-2027\)](#) for the *More than just words* framework sets out key commitments for delivering the strategic framework.

³ Welsh Government and Education Wales (March 2021) [Framework on embedding a whole-school approach to emotional and mental health and wellbeing](#)

so that individuals receive care that meets their language needs without having to ask for it, and it is fundamental to the delivery of safe, equitable and person-centred care leading to better outcomes.

The framework drives progress through five key themes:

1. Leadership and culture
2. Welsh language planning and policies, including data.
3. Supporting and developing the Welsh language skills of the current and future workforce.
4. Sharing good practice and enabling approaches.
5. Monitoring and reporting.

At the core of the new Dementia Strategy is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them.

Recognising that providing Welsh-medium health and care services to individuals living with dementia is not a matter of choice, it is a matter of need.

The new Dementia Strategy includes the following paragraphs which state the requirement to have a focus on the Welsh Language:

Under the Welsh Language (Wales) Measure 2011, individuals have the right to receive services in Welsh. Dementia services must:

- Provide bilingual information, validated, language-appropriate assessment tools, and support materials.
- Ensure availability of Welsh-speaking staff or interpreters, particularly during diagnosis and counselling.
- Recognise the importance of language in identity and emotional wellbeing, especially for individuals who may revert to their first language as dementia progresses.
- Embed the principles of the Welsh Government's "More Than Just Words" framework to promote the Active offer and culturally appropriate care.

In summary, ensuring that dementia care is provided through the medium of Welsh, and that this is proactively offered to those receiving support, is crucial for effective communication and care. Assistance should be provided to individuals in their preferred language without their having to request it.

Mental health and dementia

Mwy na geiriau / More than just words specifically highlights that: "Mental health services are about the wellbeing of the individual which means that we need to think about what matters to the individual, not just doing the same things we have always

done because that is what is comfortable to us. After all, in mental health speaking one's own language is part of the therapy.”⁴ This is pertinent as we recognise that there are mental health impacts on those living with dementia.

Where people living with dementia have co-occurring mental health needs, we will also take due regard to the Code of Practice for the Mental Health (Wales) Measure 2010 – the legislative framework for accessing mental health services and support in Wales. This highlights that consideration of a person's language needs requires careful attention, when it comes to the tailoring of care coordination to meet the needs of specific groups. Specifically: “Clear communication in terms of language and culture is essential to ensure relevant patients and carers are truly involved and receive the best possible care and treatment. In Wales, this also means all possible steps should be taken to ensure that bilingual (Welsh and English) services are available.”⁵ Additional information on the assessment of the impacts on Welsh language as part of the Mental Health and Wellbeing Strategy is available [here](#).

It is expected that dementia services in Wales are to be underpinned by the same principles– and that the Welsh and English languages shall be treated on an equitable basis: “The Welsh Government is positive about the Welsh language and the benefits of bilingualism and recognises that bilingual services are essential to providing quality care, effective assessment, treatment and care planning. All efforts should be made to match bilingual relevant patients with bilingual practitioners... Relevant patients should, where possible, be given the option of assessment, treatment and provision of information in Welsh... all possible steps should be taken to ensure that services are available for Welsh speakers in the language that best meets their individual needs, and that services are suitably developed and supported to be delivered through the medium of English and Welsh. In addition: Health boards and local authorities should promote the bilingual services that are already available and increase capacity for providing bilingual services where there is a shortfall of Welsh speaking staff. The onus is on health boards and local authorities and care services to provide services in Welsh, rather than for a relevant patient to have to ask for it.”⁶

As acknowledged above, people living with dementia may also have co-existing mental health needs, the Mental Health (Wales) Measure 2010 places duties on mental health service providers and care co-ordinators to develop care and treatment planning which focuses on a number of areas of life (and outcomes to be achieved) that we know have an impact on individuals. These are:

- Finance and money
- Accommodation
- Personal care and physical wellbeing

⁴ [More than just words: Welsh language plan in health and social care](#) | GOV.WALES Foreword (page 5).

⁵ [Code of Practice to Parts 2 and 3 of the Mental Health \(Wales\) Measure 2010](#) Page 7

⁶ [Code of Practice to Parts 2 and 3 of the Mental Health \(Wales\) Measure 2010](#) Paragraph 1.11

- Education and training
- Work and occupation
- Parenting or caring relationships
- Social, cultural or spiritual
- Medical and other forms of treatment, including psychological interventions.

These areas reflect the social determinants of health that have an impact on people's mental health and provide for a rights-based approach to mental health support. Care and Treatment Plans must also set out the details of the services that are to be provided, or actions taken, to achieve planned outcomes (including when and by whom those services are to be provided, or actions taken) and any language or communication requirements (including in relation to the use of the Welsh language).

1. Describe and explain the impact of the proposal on the Welsh language and explain how you will address these impacts in order to improve outcomes for the Welsh language. How will the proposal affect Welsh speakers of all ages (both positive and/or adverse effects)? You should note your responses to the following in your answer to this question, along with any other relevant information:

- ♦ **How will the proposal affect the sustainability of Welsh speaking communities⁷ (both positive and/or adverse effects)?**

Examples of positive impacts:

The new Dementia Strategy will directly support the sustainability of Welsh speaking communities by focussing on improving dementia diagnosis, treatment, care and support through the medium of Welsh, and by supporting the workforce.

- ♦ **How will the proposal affect Welsh medium education and Welsh learners of all ages, including adults (both positive and/or adverse effects)?**

Examples of positive impacts include:

New Welsh Language Resources

Welsh Government officials are working with the National Centre for Learning Welsh to develop specific resources and a scheme to support those working with people with dementia. The new scheme is being jointly funded by the Welsh Language Policy Team and the Dementia Policy Team in the Health, Social Care and Early Years Group in Welsh Government.

The aim of the collaboration will be to create a specific Welsh learning programme for professionals in this field and ensure that suitable Learn Welsh resources are available. It will include the promotion of tailor-made online self-study courses, along with support from a Welsh language tutor developed specifically for those working with people with dementia. This will lead to a better awareness and understanding of the importance of using the language with patients and increase the use itself. Various elements of the programme will give individuals with little or no Welsh opportunities to learn basic words to use with patients and families under their care.

⁷ These can be close-knit rural communities, dispersed social networks in urban settings, and in virtual communities reaching across geographical spaces.

There will also be an opportunity for individuals who have some Welsh but lack confidence to use it in a work setting to be supported to make greater use of it in the care of patients and their families.

The National Centre for Learning Welsh is responsible for delivering the [Work Welsh Scheme for Health and Social Care](#) – which includes the delivery of the Welsh Language Croeso Course, and Increasing Confidence Course. These courses are free and available online.

Workforce planning

As acknowledged above we will need to ensure implementation of the dementia strategy is aligned to the Mental Health and Wellbeing Strategy, which references the HEIW and Social Care Wales Strategic Mental Health Workforce Plan. This includes specific commitments to develop the capacity and capability to improve Welsh language provision in mental health services. The HEIW and Social Care Wales Strategic Mental Health Workforce Plan and the [Workforce planning for the Welsh language](#) will inform recruitment and retention and training strategies that will ensure the sustainability of the Welsh Language mental health workforce. Health boards will be asked to report on how they are improving Welsh language provision in mental health services including delivering on the Active Offer, a key principle of More than Just Words.⁸

The HEIW and Social Care Wales Strategic Workforce Plan for Mental Health states: “This strategic mental health workforce plan gives us a huge opportunity to contribute to strengthening a seamless mental health system which brings multi-professional and multi-agency teams together through person-centred mental health services....As our population gets older, we know that there will be an increased shift in long-term and complex conditions, and this means that there is likely to be an increase in people who experience mental ill-health, also experiencing a range of physical conditions, so we need to ensure that this plan supports the delivery of mental health literacy across our health and social care workforce. We also recognise the language needs of our population need to be met – so that delivery of care in the Welsh language is available to those who need it.”⁹ Work being taken forwards as part of the new HEIW and Social Care Wales Strategic Workforce Plan includes (from 2022) new education contracts setting clear expectations of the education provider in relation to the Welsh language support that all students can expect to see. This includes accepting written work as part of assessment or examination in Welsh, assessment of skills at beginning of course, providing opportunities to learn Welsh or develop existing skills. Through the implementation of

⁸ *More than just words* is the Welsh Government's strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack the confidence to ask for services in Welsh. The active offer therefore means offering a Welsh language choice without patients having to ask for it.

⁹ HEIW (2022) [A Strategic Mental Health Workforce Plan for Health and Social Care](#) (page 18).

this strategy, we will be learning from the work undertaken by HEIW and SCW to ensure a more specific focus on the broader dementia workforce.

Dementia Core Data Set

Work is being taken forwards to develop a dementia core dataset. This will ensure that any data collected is robust and fit for purpose, and will include prioritising demographic data, such as age, gender, preferred language and ethnicity. This will support our ability to plan services based on the needs and demands of our population.

Stakeholder engagement

Throughout the development of the successor to the Dementia Strategy, the Dementia Policy Team has placed a strong emphasis on ensuring that the Welsh language is fully integrated into both policy and practice. This has been achieved through a comprehensive programme of engagement with stakeholders across Wales, including targeted forums, national events, and structured meetings.

Key activities have included participation in the Welsh Healthcare Forum, active involvement at the National Eisteddfod, contributions to the Mwy na Geiriau National Conference, and regular Welsh Language Coordinators Meetings. These engagements have provided valuable opportunities to gather feedback, share best practice, and identify priorities for Welsh language provision in dementia care. As a result, the development process has been informed by a robust evidence base and a clear commitment to embedding the Welsh language at every stage, ensuring that services are culturally and linguistically appropriate for people living with dementia and their families.

Role of the Welsh Language Sub Group

Throughout 2025, Welsh Government have hosted five Welsh language and Dementia Sub-Group Meetings. The first two meetings of 2025 were in February and April. These meetings discussed the schedule of the group over the coming year, the results of the public survey and the findings of the evaluation of the Dementia Action Plan. It was decided that in the following three meetings, the group would focus on the key areas of dementia. The aim of each meeting would be to provide evidence and feedback in order to create a list of priorities to guide the development of the new strategy. The three key areas of discussion would be Pre-Diagnosis, Post-Diagnosis and Long-Term Care. The final recommendations, submitted by the group have informed this iteration of the plan and will continue to inform the final more detailed strategy and accompanying delivery plan.

- ♦ **How will the proposal affect services¹⁰ available in Welsh (both positive and/or adverse effects)? (e.g. health and social services, transport, housing, digital, youth, infrastructure, environment, local government etc.)**

As set out in the background: The new Dementia Strategy (2026-2036) will impact positively on Welsh speakers of all ages. The strategy has been developed so that the effects on Welsh speakers are considered at every stage of policy development and delivery.

The Dementia Strategy (2026-2036) will directly support improving access to Welsh language dementia services and support. It will do this by mainstreaming Welsh language considerations into workforce developments and planning processes.

The Dementia Strategy (2026-2036) is underpinned by the following principles:

Person-centred: Offering care and support which is coordinated and individualised, whilst ensuring that people are empowered, included in decision making and treated with dignity, compassion and respect.

Rights-based approach: Supporting people to recognise and develop their own strengths and ability to make informed decisions about their own health and care. Ensuring that care and support is provided in a way that respects, protects and fulfils the rights of individuals, and fully considers the specific rights some groups have, for instance disability rights.

Co-production: A way of working whereby people with lived experience and practitioners work together as equal partners to plan and deliver care and support.

Equity of access, experience and outcomes without stigma and discrimination: We will ensure that services and support are accessible and appropriate for all. Ensuring resources and opportunities are available in Welsh/preferred language will be a key to this principle. This includes continuing to promote the Active Offer, to ensure that Welsh speakers are able to access the system in a way that maximises their health outcomes.

Recognising *intersectionality*: understanding how different aspects of a person's identity—like race, language, gender, sexuality, disability, and more—combine and interact to shape their experiences. This will look at how multiple factors overlap to affect someone's life, taking a person-centred approach rather than focusing on just one aspect at a time.

¹⁰ The Welsh Language Strategy aims to increase the range of services offered to Welsh speakers, and to see an increase in use of Welsh-language services.

- ♦ **How will you ensure that people know about services that are available in Welsh and are able to access and use them as easily as they can in English?**

The Dementia Strategy survey, undertaken in November 2024, gathered views on the key areas we should focus on throughout the engagement process. An independent evaluation was undertaken to better understand the successes of the Dementia Action Plan and where improvements could be made.

Responses to this survey helped to shape the conversations during the engagement activities for the new dementia strategy. We are looking to develop a further understanding of the key topics that stakeholders would like to discuss. This is the start of a longer conversation and is not intended to deliver all the answers on content for the final strategy.

One of the questions asked how we could develop the new plan to ensure that services are provided through the medium of Welsh-to-Welsh speakers.

- **Bilingual Resources and services:** Many respondents suggested ensuring all resources, documents and correspondence are provided bilingually and recording language preferences on health records. Some respondents emphasised the importance of support networks with Welsh speakers, using technology such as phones that translate, and involving local groups like the Menter groups. Some respondents suggested sharing Welsh language resources (including interpreters) with other organisations.
- **Training:** There were recommendations to make learning Welsh an essential development opportunity for staff, incentivise those delivering dementia support services to learn Welsh, and ensure a minimum percentage of Welsh speakers are employed. A number of respondents also suggested free Welsh courses for health and social care staff, and increasing the amount of free Welsh language training, especially for those in social care.
- **Employment and Recruitment:** Encouraging Health Boards to promote the employment of Welsh speakers, recruiting more fluent Welsh-speaking people into service areas, and offering Welsh classes as a regular part of a clinician's job were also highlighted.
- **Cultural Integration:** Using music as a platform for the inclusion of the Welsh language and promoting the use of apps like Assist My Life to store personal records and preferences were also mentioned.

Challenges and Concerns

- **Regional Relevance:** Some respondents felt that the importance of Welsh language services varies regionally and questioned the necessity of such services in areas with few Welsh speakers.

- **Resource Allocation:** There were concerns about the allocation of limited funding and whether prioritising Welsh language services is justified given the presence of other language speakers in certain areas.
- ♦ **What evidence / data have you used to inform your assessment, including evidence from Welsh speakers or Welsh language interest groups?**

The Alzheimer's Society conducted a survey to gain insight into the personal experiences individuals affected by dementia and Mild Cognitive Impairment (MCI) within Wales, when accessing dementia support services. The aim is to learn what matters most to people and how they wish to be supported through Welsh medium dementia support services.

Survey is aimed at:

- People living with dementia or MCI and unpaid carers who have lived in Wales in the last 3 months.
- Professionals and volunteers that have delivered a service within Wales to people affected by dementia for the past 3 months.

Evidence identified through the Evaluation of the Dementia Action Plan (DAP) 2018 to 2022

- Develop a consistent approach to memory assessment via the production of standardised tools and guidance around the process, including in the Welsh language.
- Develop a consistent approach to memory assessment with standardised tools and guidance, including provisions in the Welsh language.
- In phase 2, practitioners acknowledged the Welsh Language Active Offer but were uncertain about their organisation's ability to provide care in Welsh if the need arose. This varied according to the density of Welsh speakers in an area. Throughout the evaluation period, many Welsh-speaking people living with dementia and their carers said that accessing information and services in Welsh is difficult; and that there is little consideration of the cultural impacts for first-language Welsh speakers of not being able to access support in their preferred language.
- Build on work being done to incentivise staff working in dementia care to take Welsh language lessons; and share staff resources to strengthen the Welsh language dementia care and support offer across Wales.

- Care and clinical staff should be encouraged to feel confident using any Welsh they know, even if it is just a few words or phrases, as promoted in the More than just words: Welsh language plan in health and social care.
- Continue to identify the specific needs of people living with dementia and carers with protected characteristics, including those whose first language is neither English nor Welsh.

Evidence identified through a rapid literature review conducted by officials in Knowledge and Analytical Services found:

- For patients who use English as a second language (ESL) access to available healthcare services is often delayed; indeed, the fear of not being understood or misunderstanding medical advice can deter individuals from help-seeking¹¹.
- Language barriers also impede effective communication between healthcare providers and clients, leading to misdiagnosis, inappropriate treatments, and/or missed nuances in patient care¹². This in turn results in suboptimal care and dissatisfaction with the care received¹³.
- Language barriers interfere with treatment adherence and the use of preventative and screening services, further delaying access to timely care, causing poor chronic disease management, and ultimately resulting in poor health outcomes¹⁴.
- The issue of language is particularly important in mental health care as the dialogue between clients and practitioners is central to both diagnostic assessment and treatment¹⁵.
- Language barriers have also been found to interfere with the development of a therapeutic relationship between the client and practitioner¹⁶.
- Although not specific to the Welsh language, the few existing studies on mental health and language barriers have consistently shown that members of linguistic minorities make less use of mental health services than the dominant groups, for comparable levels of distress^{17 18}.
- Involving untrained interpreters or family members has been found to be problematic due to misinterpretation and confidentiality issues¹⁹.

¹¹ [Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study - PMC](#)

¹² [Language proficiency and adverse events in US hospitals: a pilot study - PubMed](#)

¹³ [The need for more research on language barriers in health care: a proposed research agenda - PubMed](#)

¹⁴ [Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study - PMC](#)

¹⁵ [\(27\) Language Barriers in Mental Health Care: A Survey of Primary Care Practitioners](#)

¹⁶ [Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study - PMC](#)

¹⁷ Laher N, Sultana A, Aery A, Kumar N. Access to language interpretation services and its impact on clinical and patients outcomes: a scoping review. Toronto: Wellesley Institute: Advancing Urban Health; 2018. p. 1–78.

¹⁸ Delara M. Social determinants of immigrant women's mental health. Adv Public Health. 2016;2016:1–

11. <https://doi.org/10.1155/2016/9730162>.

¹⁹ [Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study | BMC Health Services Research | Full Text \(biomedcentral.com\)](#)

- Research specific to the Welsh language has found that although most Welsh speakers in Wales also speak English and are therefore bilingual, in situations of stress and vulnerability many feel more comfortable and confident communicating in Welsh with healthcare professionals²⁰. Moreover, even those who are fluent in English may temporarily lose their command of English and revert completely to Welsh when they are tired, ill, or under stress²¹, highlighted the need for services to be available in a patient's preferred language.
- Analysis of suspected suicide rates from 1 April 2023 – 31 March 2024 revealed that North Wales had the highest rate of death by suspected suicide (14.1 per 100,000; although it was not statistically significantly different to the all-Wales rate²²).
- Research has also identified disproportionately high rates of suicide amongst the farming and agriculture workforce²³. For both populations, their first language is often Welsh.
- The evidence highlights the importance of building a multilingual clinical workforce, including psychiatrists, psychologists, social workers, licensed professional counsellors, and volunteers²⁴.

♦ **What other evidence would help you to conduct a better assessment?**

The majority of the research identified and cited within the evidence review isn't specific to Welsh language but rather focuses on participants who speak English as a second language, most of whom are from ethnic minority groups. Consequently, while language barriers are an issue, other cultural differences may also impact on access to, and receipt of, appropriate care and treatment. To have a more comprehensive understanding of the impact of the Welsh language on receiving appropriate and effective support, more research is needed.

♦ **How will you know if your policy is a success?**

The Welsh Government will know the Dementia Strategy is a success if a diagnosis is timely, care is consistent, people with dementia and their carers feel supported including in the Welsh language, staff are skilled, and there is evidence (from data and lived experience) that people can live well with dementia across Wales.

The Welsh Government will also judge the success of the Dementia Strategy specifically in terms of the Welsh Language because of its legal policy commitments

²⁰ Roberts, G., 1991. The use of the Welsh language in nurse-patient communication within a bilingual health care setting. Unpublished MN Thesis. University of Wales, Cardiff.

²¹ Thomas, G., 1998. The experiences of Welsh speaking women in a bilingual maternity service. Unpublished M.Sc. Thesis, University of Wales, Cardiff.

²² [Annual Report: Deaths by suspected suicide 2023-24 - Public Health Wales](#)

²³ [RRH: Rural and Remote Health article: 8189 - Understanding the factors contributing to farmer suicide: a meta-synthesis of qualitative research](#)

²⁴ [Overcoming linguistic barriers to accessing mental health services \(diplomaticourier.com\)](#)

(Welsh Language Standards, *More than Just Words framework*, and the Well-being of Future Generations (Wales) Act 2015. Key proposed outcomes include:

1. Access to Welsh-medium Services

- Whether people with dementia and their carers can access assessments, care plans, support groups, and respite in Welsh if they choose to.
- Monitoring whether the “Active Offer” (services in Welsh without needing to ask) is being delivered consistently.

2. Staffing and Workforce

- Tracking the number of and proportion of dementia trained staff who can provide services in Welsh.
- Evidence that health boards and local authorities are planning workforce needs in Welsh – using [HEIW and Social Care Wales guidance](#)

3. Experience of People Living with Dementia

- Gathering feedback from people with dementia and their families about whether their language needs were respected.
- Checking whether people feel more comfortable and understood when supported in Welsh – especially important at later stages of dementia, when people often revert to their first language.

4. Dementia Awareness Activities

- Growth of dementia-awareness activities that operate bilingually
- Whether voluntary sector organisations (e.g. Alzheimer's Society Cymru, local support groups) are delivering peer support services in Welsh.

5. Data and Reporting

- Routine monitoring of how often services are offered in Welsh and taken up.
- Evaluation reports specifically considering Welsh language outcomes and identifying gaps.

6. Policy Alignment

- Whether dementia care aligns with the Welsh Government’s national vision: *Cymraeg 2050(aiming for a million Welsh speakers by 2050)*.
- Demonstrating that dementia services contribute to making Welsh “a language of daily use” in care as well as community life.