

“Heb Siw na Miw”

(Idiom Cymraeg. trans: without a word or sound or not a peep)

“Pan fydd unigolion yn defnyddio ac yn derbyn gwasanaethau iechyd a gofal cymdeithasol, dyna pryd maen nhw’n teimlo fwyaf bregus ac emosiynol...”

“When individuals access and receive health and social care services, it is usually when they are at their most vulnerable and emotive...”

Before I moved to Wales, I’d never experienced healthcare in my first language. For me - English is the language of my education, of business, of my professional self. But I am that strange thing – I was a Welsh speaking ex-pat until the age of 18 which is when I got to choose where to live. I left a cloistered boarding school in Gloucestershire, and summers spent on military bases in Germany, and moved back to the country of my birth, the land of my language. My main reason for choosing to study at a University in Wales was curiosity about the language, and in particular meeting people of my generation who also spoke it. It won’t surprise you to know that I couldn’t even swear properly in my first language back then...

In my experience not a lot was known about Welsh outside the border in the 80s and 90s, and I had somewhat of a strange relationship with it too. It was a bit like having the cloak of invisibility. You were almost guaranteed no one could understand you – so it was a bit of a secret language.

Fast forward a few decades. Welsh has its own TV channel. Now making detective-noir in Welsh cool on both Netflix and BBC no less. Welsh language education for the masses. The Office of National Statistics tells us that the age group now with the highest percentage of Welsh speakers is children between the ages of 5 and 15. Wales has its own Parliament, its own Government. Welsh has legal status and a government pledge of reaching 1 million Welsh speakers by 2050. And social media has made the Welsh language in all its diverse accents and dialects more visible than ever before.

And then, during the pandemic, Welsh even became the fastest growing language on the language learning app Duolingo.

One Guardian article even read: Welsh speakers are not used to their language and their culture being perceived as interesting or cool...

Quite the zeitgeist! My secret language has come a long way and thanks in no small part to generations of language campaigners.

That quote I read to you at the start is actually directly lifted from the Welsh Government. But I only gave you half of it.

“When individuals access and receive health and social care services, it is usually when they are at their most vulnerable and emotive and this is why *language* is important.”

But I want to tell you why I think this doesn't go far enough.

It's no secret that disabled people make up 25% of the Welsh population. 1 in every 4.

For people with disabilities, barriers can be more frequent and have a greater impact. The World Health Organisation describes these barriers as being more than just physical obstacles.

And that by definition can often extend to communication barriers experienced by people who have disabilities that affect hearing, speaking, reading, writing, or understanding, and who use different ways to communicate than people who do not have these disabilities.

I work for a UK wide disability organisation. It was a pretty momentous day when I was tasked with writing a Welsh Language Scheme for the organisation – and then go on to launch it, rather ironically at the London office.

I was joined by a patient who had worked with me and she was going to talk to our staff about how important the language was to her. She was living with sight loss. She also lived most of her life in Welsh. She is a passionate campaigner and fundraiser. However, she'd never given much thought to the fact her treatment and the information and support she'd experienced since her diagnosis – was primarily in English.

The fact that we were discussing the Welsh language in relation to her sight loss, the disability she'd lived with for several years, really moved her. In fact she was quite emotional and it really showed me the impact of it in practise.

I said earlier that I'd never experienced healthcare in my first language until I moved here – healthcare or in fact anything much outside of my immediate family. And I'll be honest, it took me a while to get used to it when it did

happen – it all felt a bit over familiar. This was the language that I spoke at home, with the people who knew all about me, not someone I'd just met.

Then something incredible happened. I gave birth at the height of the pandemic in the first lockdown. One of the loneliest times in history to be pregnant and have a newborn. My husband and two fabulous midwives were present. All three of them chatting away in Welsh. There was something quite emotional about knowing my daughter entered the world hearing Welsh all around her. There was something quite powerful for me in that primal state – I was using the language of my home and my heart.

And something else I realised too – trust. Implicit trust.

Language is powerful.

I want to cut back to a year before that gorgeous day. The fertility clinic. Every appointment and every letter in English. Impersonal documents, “dear patient”. You might be surprised to hear me say though that to be honest, I'm not sure that I would have changed it. It depersonalised the process for me. It took away some of the emotion, kept it clinical. Anyone who's been through that process never knows how it will pan out, so you try not to get ahead of yourself, you bite your lip, grateful for anything you can get.

I've talked about the power of language on my experience of health. I'm in the privileged position of speaking and reading Welsh and English relatively easily. But that actually means – sometimes I prefer to speak one over the other.

But for many people – that's not always the case.

Loss of language skills is a common effect of dementia. For many people with dementia, memories of early childhood can appear more vivid than their fragile sense of the present. I worked on a small arts project at a care home in Bangor in Gwynedd, a few years back, and witnessed residents singing melodies and harmonies from a chapel-singing youth, still note and word perfect in Welsh.

But what happens when the present is experienced through a different language than the one spoken in childhood?

Failure to communicate properly could lead to inappropriate care.

The same is true today for many young children, who, like I was, are raised entirely in Welsh until school age. It's not about choice then, but being able to communicate in Welsh is a clinical need.

Language is important – but that alone is not the secret to better communication with people using health and social care, and looking at it in isolation misses the intersectionality of disability.

My work in disability campaigning has opened my eyes to the vital importance of accessibility. What I mean by that is simple - one size does not fit all.

How many of us have walked out of a consultation with a medical professional not really understanding what was said?

Imagine being given a leaflet about your condition that you can't even read? It's not just the clunkily worded translation, but maybe the font is too small and no one has bothered to ask you what format you need.

Or maybe you're unable to reach a GP because they'll only make appointments over the telephone. Or you end up having to ask your neighbour to read you your test results.

A patient with sight or hearing loss or both needs information in a way that is appropriate to them.

Inequality of communication disempowers people but also puts people at serious risk of harm.

I've learnt that one of the best things you can do to do foster inclusivity and independence is simply to ask.

Find out what language someone prefers to speak or to read. They might not be the same. What font size? Would you prefer that on email? That way someone can use their own magnification or screen reader. Others might need their letters printed in braille – Welsh or English braille, or simply a larger font. How soon would you be able to identify that you need the support of a BSL interpreter?

And check – what resources can you access? Is the Welsh written as clearly as the English?

I've not touched on other languages here or neurodiverse needs or people that may need additional forms of support. But the principle starts the same – ask.

This barely scratches the surface, and we know there are issues of chronic underfunding and a struggling workforce. But this is an important step forward. If we know more about our people, then we can empower them, and we can start to plan what our future services will need.

An individual accesses health and social care at a vulnerable time in their lives.

Language and communication are important – and that shouldn't be a secret.