



Gofal Dementia Siaradwyr Cymraeg

Welsh Speakers' Dementia Care

Unedig yn erbyn dementia

United against dementia



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Rhagair

Os nad yw gofal ar gael yn y Gymraeg, mae diffyg yn y gofal hwnnw. Mae darpariaeth Gymraeg yn rhan bwysig o becyn iechyd a gofal pobl, beth bynnag fo'u hoed neu anghenion. Mae hyd yn oed yn bwysicach gyda phlant, unigolion bregus a phobl sy'n byw â dementia.

Rwyf wedi clywed degau o straeon, profiadau a thystiolaeth gan bobl sydd wedi'u heffeithio gan ddementia yn methu â chael darpariaeth gofal yn y Gymraeg. O glywed y straeon hyn, daeth yn glir i mi nad eithriad mo'r un o'r achosion unigol, a bod enghreifftiau o ddarpariaeth annigonol ar draws y wlad. Gyda phoblogaeth sy'n heneiddio a rhagolygon y bydd nifer y bobl sy'n byw â dementia yn cynyddu'n sylweddol dros y degawdau nesaf; rhaid gweithredu cadarn a brys i sicrhau bod darpariaeth Gymraeg ar gael i gwrdd â'r angen. Dyna oedd symbyliad y bartneriaeth hon ag Alzheimer's Society Cymru.

O'r diagnosis cychwynol i'r ymwneud ag amrywiol weithwyr proffesiynol, gall peidio â chynnig gwasanaeth yn yr iaith sydd fwyaf naturiol i unigolyn arwain at oedi ac at ddiffygion wrth gynllunio a darparu gofal priodol. Gan fod dementia yn gyflwr sy'n effeithio ar allu ieithyddol a bod perygl i bobl ddwyieithog golli eu gafael ar eu hail iaith, gall peidio â darparu gwasanaeth Cymraeg arwain at rwystredigaeth ac at golli parch ac urddas.

Mae mwy o ddeddfau, polisiau a strategaethau nag erioed o'r blaen sy'n cydnabod pwysigrwydd darparu gwasanaethau a gofal yn y Gymraeg. Mae'r argymhellion yn yr adroddiad hwn yn ymwneud â rhoi'r egwyddorion ar waith a sicrhau bod gofal Cymraeg yn cael ei gynnis yn rhagweithiol, heb y straen ychwanegol o orfod brwydro amdano ar adeg sydd eisoes yn heriol ac yn anodd.

Meri Huws
Comisiynydd y Gymraeg



Foreword

If care is not available in Welsh, there is a shortcoming in that care. Welsh language provision is an important part of people's health and care package, whatever their age or need. It is even more important for children, vulnerable individuals and people living with dementia.

I have heard the stories, experiences and evidence of dozens of people affected by dementia who have been unable to receive care through the medium of Welsh. Hearing these stories, it became clear to me that each individual case is not an exception, and that there are examples of inadequate provision across the country. With an ageing population and forecasts that the number of people living with dementia will increase significantly over the next decades; robust and urgent action must be taken to ensure that Welsh-medium provision is available to meet the need. That was the impetus of this partnership with the Alzheimer's Society Cymru.

From the initial diagnosis to the dealings with various professionals, not offering a service in the language most natural to an individual can lead to delays and shortcomings in the planning and delivery of appropriate care. As dementia is a condition which affects linguistic ability, people are at risk of losing grasp of their second language, and not providing care in the Welsh language can lead to frustration and to losing dignity and respect.

Today, there are more laws, policies and strategies than ever before which recognise the importance of providing services and care through the medium of Welsh. The recommendations in this report concentrate on putting the principles into action and ensuring that Welsh language care in Welsh is offered proactively, without the added stress of having to fight for it, at a time which is already challenging and difficult.

Meri Huws
Welsh Language Commissioner



Rhagair

Rydym yn amcangyfrif bod 45,000 o bobl yn byw gyda dementia yng Nghymru ar hyn o bryd. Mae gan bawb yng Nghymru sy'n byw gyda dementia, boed hwy â diagnosis ffurfiol neu beidio, yr hawl i fyw'n dda gyda dementia. Gall yr hyn mae hynny'n ei olygu amrywio, ond ar gyfer nifer fawr o bobl yng Nghymru, mae'n golygu gallu cael gwasanaethau, derbyn gofal a thrafod eu cyflwr gyda gweithwyr proffesiynol yn eu hiaith gyntaf, y Gymraeg.

Fel mae'r *Cynllun Gweithredu Dementia* yn ei nodi "Yn achos siaradwyr Cymraeg sy'n byw gyda dementia, mae derbyn gofal a chymorth yn eu mamiaith neu'r iaith o'u dewis yn fater o angen clinigol."¹ Mae Llywodraeth Cymru hefyd wedi ymrwmo i gryfhau'r cynnig rhagweithiol yn sgil safonau'r Gymraeg fydd yn dod i rym yn y sector iechyd yn 2019.

Er ein bod yn croesawu'r ymrwymadau hyn gan Lywodraeth Cymru fel cam i'r cyfeiriad cywir, rydym angen sicrhau bod yr egwyddorion a'r hawliau sy'n cael eu nodi yn y *Cynllun Gweithredu Dementia* yn cael eu rhoi ar waith. Byddwn wedyn yn gallu cynnig gwasanaeth o'r ansawdd uchaf, fel y gall pobl fyw'n dda gyda dementia.

Rydym yn gobeithio y bydd yr adroddiad hwn, a'r argymhellion sydd ynddo, yn ysgogi Llywodraeth Cymru i yrru'r newidiadau i ofal trwy gyfrwng y Gymraeg yn eu blaen. Rydym hefyd yn gobeithio y bydd yn annog gweithwyr yn y maes meddygol a gofal cymdeithasol i sicrhau bod y bobl y maent yn gweithio gyda hwy yn ddyddiol yn cael eu cefnogi i fyw'n dda gyda dementia yn yr iaith o'u dewis hwy.

Nawr yw'r amser i weithredu. Gyda'n gilydd, gallwn wneud Cymru'n wlad dementia gyfeillgar.

Sue Phelps
Cyfarwyddwr, Alzheimer's Society Cymru



1. <https://gov.wales/docs/dhss/publications/180214dementiaen.pdf> p.31

Foreword

We estimate that there are currently 45,000 people living with dementia in Wales. Every single person in Wales living with dementia, regardless of a formal diagnosis, has the right to live well with dementia. What living well means varies from person to person, but what is not in doubt is that for a large amount of people across Wales, that means being able to access services, receive care, and deal with medical professionals in their first language, Welsh.

As the *Dementia Action Plan* states "For Welsh speakers living with dementia receiving care and support in their first or preferred language is a matter of clinical need."¹ The Welsh Government also committed to strengthening the active offer with the Welsh language standards coming in for the sector this year.

Whilst these commitments by the Welsh Government are to be welcomed as a step in the right direction, we need to ensure that we turn them into action to deliver on the principles and rights stated in the *Dementia Action Plan* to ensure that we can provide the highest quality service, and ensure that everyone can live well with dementia.

We hope that this report, and the recommendations contained within will not only provide impetus to the Government to drive forward their changes to Welsh language care, but to practitioners across all medical fields, and the social care sector, to ensure that the people they work with on a daily basis are supported to live well in the language they choose.

The time to act on this is now. Together, we can make Wales a dementia friendly nation.

Sue Phelps
Director, Alzheimer's Society Cymru



1. <https://gov.wales/docs/dhss/publications/180214dementiaen.pdf> p.31

1. Cyflwyniad

- 1.1 Un o flaenoriaethau strategol Comisiynydd y Gymraeg yw dylanwadu ar yr ystyriaeth a roddir i'r Gymraeg mewn datblygiadau polisi. Ers ei sefydlu mae'r Comisiynydd wedi adnabod y maes iechyd a gofal fel maes allweddol o safbwynt y Gymraeg ac anghenion ei siaradwyr. Y Gymraeg mewn gwasanaethau gofal iechyd sylfaenol oedd pwnc ymholiad cyntaf y Comisiynydd sef *Fy Iaith, Fy Iechyd* a gyhoeddwyd yn 2014.² Mae'r adroddiad hwn yn adeiladu ar y gwaith hwnnw.
- 1.2 Alzheimer's Society yw prif elusen dementia'r Deyrnas Unedig. Mae'n rhoi gwybodaeth a chefnogaeth i bobl â dementia a'u gofalwyr ac yn ariannu ymchwil er mwyn creu newid parhaol i bobl sy'n cael eu heffeithio gan ddementia.³ Mae Alzheimer's Society Cymru yn credu'n gryf bod angen darparu gwasanaeth Cymraeg i'r rheini sydd ei angen am resymau clinigol gan ei fod yn effeithio ar ganlyniadau iechyd a lles.
- 1.3 Gyda hyn mewn golwg, cydweithiodd Comisiynydd y Gymraeg ag Alzheimer's Society Cymru ar brosiect yn canolbwyntio ar y Gymraeg a dementia. Comisiynwyd cwmni ymchwil Wavehill i gynnal astudiaeth o'r gwasanaeth gofal a chymorth a roddir i siaradwyr Cymraeg sydd â dementia. Ymchwil ansoddol oedd hwn yn cwmpasu ymgynghori ag uwch-swyddogion awdurdodau lleol a byrddau iechyd; academyddion yn y maes; darparwyr gofal a chymorth ar lawr gwlad; a phobl sy'n byw gyda dementia. Pwrpas yr astudiaeth oedd ymchwilio i'r prif ffactorau a'r themâu sy'n dylanwadu ar y ddarpariaeth, neu'r diffyg darpariaeth cyfrwng Cymraeg gan wasanaethau iechyd a chymorth, a dysgu beth yw profiad siaradwyr Cymraeg sydd â dementia o'r ddarpariaeth honno. Cynhaliwyd digwyddiad bwrdd crwn gydag arbenigwyr yn y maes i drafod canfyddiadau'r ymchwil ac i gynnig datrysiadau polisi posibl i ymateb i'r anawsterau a adnabuwyd.
- 1.4 Mae'r ddogfen hon yn crynhoi canfyddiadau'r prosiect. Yn y man cyntaf rhoddir cyflwyniad i natur dementia ac fe dynnir sylw at ystyriaethau perthnasol yn ymwneud ag iaith. Eir ymlaen i drafod y datblygiadau polisi a deddfwriaethol sy'n berthnasol i'r maes. Yna cyflwynwn ganfyddiadau ein hymchwil i'r maes a phrofiadau'r bobl hynny sy'n byw gyda dementia o'r gofal cyfrwng Cymraeg sydd ar gael iddynt. Gorffennir drwy amlygu'r anawsterau a adnabuwyd a'r datrysiadau polisi a fyddai'n gallu gwneud gwahaniaeth cadarnhaol i'r ddarpariaeth ar gyfer siaradwyr Cymraeg petaent yn cael eu mabwysiadu.

2. Comisiynydd y Gymraeg, *Fy Iaith, Fy Iechyd: Ymholiad i'r Gymraeg mewn Gofal Sylfaenol* <http://www.comisiynyddygyrmaeg.cymru/Cymraeg/Rhestr%20Cyhoeddiadau/Adroddiad%20Lawn%20Ymholiad%20Iechyd.pdf> [cyrchwyd 6 Medi 2018].

3. Mae hynny'n gallu cynnwys person â dementia, gofalwyr di-dâl, teulu, ffrindiau a rhwydwaith cymorth ehangach.

1. Introduction

- 1.1 One of the strategic aims of the Welsh Language Commissioner is to influence the consideration given to the Welsh language in policy development. From the outset, the Commissioner has identified health and social care as a key area in relation to the Welsh language and the needs of Welsh speakers. The Welsh language in primary healthcare services was the subject of the Welsh Language Commissioner's first inquiry, *My Language, My Health*, published in 2014.² This report builds on that work.
- 1.2 Alzheimer's Society is the UK's leading dementia charity. It provides information and support to people with dementia and their carers and funds research in order to create permanent change for people affected by dementia.³ Alzheimer's Society Cymru strongly believes that a Welsh language service should be delivered to those who need it for clinical reasons as it affects their health and well-being outcomes.
- 1.3 In light of this, the Welsh Language Commissioner and Alzheimer's Society Cymru have collaborated on a project focussing on the Welsh language and dementia. The research company Wavehill was commissioned to undertake a study of the care and support services delivered to Welsh speakers with dementia. This qualitative research involved consultation with senior officers from local authorities and health boards; academics in the field; care and support providers; and people living with dementia. The purpose of the study was to investigate the main factors and themes influencing the provision, or lack of provision, of Welsh medium dementia health and support services, and learn about the experience of Welsh speakers with dementia of that provision. A round-table event was held with experts in the field to discuss the findings of the research and offer possible policy solutions in response to the difficulties identified.
- 1.4 This document summarises the findings of the project. Firstly, it outlines the nature of dementia and highlights the relevant language considerations. It then discusses the policy and legislative developments that are relevant to the field. We then present the findings of our research and the experiences of those living with dementia of the Welsh medium care available to them. Finally, it highlights the difficulties identified and the policy solutions which could, if adopted, make a positive difference to the provision for Welsh speakers.

2. Welsh Language Commissioner, *My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh language in Primary Care* <http://www.comisiynyddygyrmaeg.cymru/English/Publications%20List/Health%20inquiry%20full%20report.pdf> [accessed 6 September 2018].

3. This may include a person with dementia, unpaid carers, family, friends and the wider support network.

Argymhellion

Argymhelliad 1

Gofynnwn i Bwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon y Cynulliad gynnal adolygiad o'r graddau y mae gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn cael eu gweithredu mewn perthynas â darparu gofal dementia trwy gyfrwng y Gymraeg, a'r graddau y mae'r datganiad ynghylch y canlyniad llesiant cenedlaethol 'Rwy'n cael gofal a chymorth trwy'r Gymraeg os bydda i eu hangen' yn cael eu gwireddu mewn perthynas â gofal dementia. Yn benodol dylid ystyried y graddau y mae ystyriaeth yn cael ei roi i'r Gymraeg mewn:

- Asesiadau
- Comisiynu a darparu gofal
- Cynlluniau gofal unigolyn
- Sut mae awdurdodau lleol a byrddau iechyd lleol yn asesu ar y cyd ystod a lefel y gwasanaethau y mae eu hangen i ddiwallu anghenion gofal a chymorth pobl yn ardal yr awdurdod lleol

Argymhelliad 2

Argymhellwn bod Arolygiaeth Gofal Cymru ac Arolygiaeth Gofal Iechyd Cymru yn cydnabod bod diffyg gofal trwy gyfrwng y Gymraeg i'r sawl sydd ei angen yn gyfystyr â gofal gwael a allai effeithio'n andwyol ar bobl. Dylai gallu darparwyr i gynnig gofal cyfrwng Cymraeg i bobl â dementia fod yn gyfystyr â gofal da ac yn fater o ansawdd a diogelwch gwasanaethau. Dylai hyn fod yn rhan o'u gwaith arolygu.

Argymhelliad 3

Gofynnwn i Lywodraeth Cymru wrth weithredu *Cynllun Gweithredu Cymru ar gyfer Dementia* ystyried y graddau y mae'r targedau perthnasol a osodwyd ar gyfer gwasanaethau iechyd a gofal yn *Mwy na geiriau* wedi'u gweithredu ac yn hwyluso cynnig darpariaeth dementia cyfrwng Cymraeg. Os nad ydynt wedi'u gweithredu dylid cymryd camau i unioni hynny er mwyn hwyluso gweithredu'r Cynllun Gweithredu ac argymhellion eraill yr adroddiad hwn.

Argymhelliad 4

Gofynnwn i awdurdodau lleol, byrddau iechyd a Llywodraeth Cymru gydweithio i ddatblygu llwybr gofal dementia cyfrwng Cymraeg. Dyma gyfle euraid i sicrhau bod y Gymraeg yn gwbl ganolog i lwybr gofal unigolion a bod y staff sy'n gweithio gyda hwy a'u teuluoedd yn gallu ymateb i'w hanghenion ieithyddol.

Recommendations

Recommendation 1

We ask the Assembly's Health, Social Care and Sport Committee to conduct a review of the extent to which the requirements of the Social Services and Well-being (Wales) Act 2014 are being implemented in relation to providing dementia care through the medium of Welsh and the extent to which the statement regarding the national well-being outcome 'I get care and support through the Welsh language if I need it' is being met in relation to dementia care. Specifically, the consideration given to the Welsh language in the following areas should be examined:

- Assessments
- Commissioning and delivering care
- Individual care plans
- How local authorities and local health boards jointly assess the range and level of services required to meet the care and support needs of people in the local authority area.

Recommendation 2

We recommend that Care Inspectorate Wales and the Healthcare Inspectorate Wales recognise that a lack of care in the Welsh language for those who require it constitutes poor care which may have a harmful effect on people. The ability of providers to offer care in Welsh to people with dementia should constitute good practice and be a measure of the quality and safety of services. This should form part of their inspection work.

Recommendation 3

We ask the Welsh Government, in implementing the *Dementia Action Plan for Wales*, to consider the extent to which the relevant targets set for health and social care services in *More than just words* have been met and the extent to which they facilitate efforts to offer Welsh language dementia provision. If they have not been met, steps should be taken to rectify this in order to facilitate implementation of the Action Plan and other recommendations made in this report.

Recommendation 4

We ask local authorities, health boards and the Welsh Government to work together to develop a Welsh language care pathway. This is a golden opportunity to ensure that the Welsh language is central to individuals' care pathways and that staff working with them and their families can respond to their language needs.

Argymhelliad 5

Gofynnwn i Lywodraeth Cymru lunio cynllun gweithredu penodol i gynllunio, datblygu a hyfforddi timau gofal cyfrwng Cymraeg wrth ddatblygu'r llwybr gofal a'r timau amlddisgyblaethol sy'n rhan o'r Cynllun Gweithredu, er mwyn sicrhau y gwiredir yr ymrwymadau gofal a geir yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Argymhelliad 6

Fel rhan o'r ymrwymiad uchod i wneud gwaith pellach ar adnoddau asesu dementia gofynnwn i Lywodraeth Cymru gydweithio ag awdurdodau lleol a byrddau iechyd Cymru i ddatblygu llwyfan cenedlaethol i rannu'r profion Cymraeg yn ogystal â'r adnoddau, yr arbenigedd a'r wybodaeth am ddementia a'r Gymraeg. Bydd hyn yn sicrhau bod cydnabyddiaeth iddynt gan y gwahanol broffesiynau sy'n gweithio â phobl a dementia ac yn codi ymwybyddiaeth ohonynt ymysg gweithwyr iechyd a gofal.

Argymhelliad 7

Gofynnwn i Lywodraeth Cymru ar y cyd â byrddau iechyd ac awdurdodau lleol ddatblygu fforymau cenedlaethol a lleol i rannu profiadau darparu gofal Cymraeg a gwirfoddoli yn Gymraeg a fyddai'n bwydo profiadau a gwybodaeth i mewn i'r llwyfan cenedlaethol uchod.

Argymhelliad 8

Gofynnwn i Lywodraeth Cymru sicrhau bod technoleg yn ei lle i sicrhau y cofnodir gwybodaeth am ddewis iaith unigolion ac y trosglwyddir yr wybodaeth hon yn effeithiol rhwng ac o fewn gwasanaethau gofal a iechyd.

Argymhelliad 9

Gofynnwn i Lywodraeth Cymru sicrhau bod y swydd newydd Ymarferydd Perthynol i Iechyd ar gyfer Dementia yn cynnwys cyfrifoldeb dros roi cyngor a chymorth am ystyriaethau yn ymwneud â'r Gymraeg a dementia. Gall hyn gynnwys codi ymwybyddiaeth am bwysigrwydd y cynnig rhagweithiol er mwyn llywio gwelliannau i wasanaethau a chodi ymwybyddiaeth am bwysigrwydd cyfrwng iaith wrth ddarparu gofal dementia.

Recommendation 5

We ask the Welsh Government to produce a specific action plan to plan, develop and train Welsh medium care teams when developing the care pathway and multidisciplinary teams which form part of the Action Plan, in order to ensure that the care commitments made in the Social Services and Well-being (Wales) Act 2014 are fulfilled.

Recommendation 6

As part of the commitment above to undertake further work on dementia assessment tools we ask the Welsh Government to work with local authorities and health boards in Wales to develop a national platform to share Welsh language tests as well as resources, expertise and information about dementia and the Welsh language. This will ensure that they are recognised by the different professions working with people with dementia and raise awareness of them amongst health and social care workers.

Recommendation 7

We ask the Welsh Government along with health boards and local authorities to develop national and local forums to share experiences of delivering care and volunteering in Welsh which would contribute experiences and information to the national platform mentioned above.

Recommendation 8

We ask the Welsh Government to put technology in place to ensure that information about patients' language choice and needs is recorded and that this information is transferred effectively between health and social care services.

Recommendation 9

We ask the Welsh Government to ensure that the new Dementia Allied Health Practitioner post includes responsibility for providing advice and support on considerations relating to the Welsh language and dementia. This can include raising awareness of the importance of the active offer, in order to drive service improvement and raise awareness of the importance of the language of provision when delivering dementia care.

Argymhelliad 10

Gofynnwn i Lywodraeth Cymru sicrhau bod y cyfrifoldeb neu swydd gyfatebol i Ymarferydd Perthynol i Iechyd ar gyfer Dementia yng Nghymru yn cael ei chreu yn y maes clinigol er mwyn rhoi arweiniad a chynghor clinigol a chymorth ynghylch dementia a'r Gymraeg i fyrdau iechyd, awdurdodau lleol, proffesiynau iechyd ac eraill, ac i godi ymwybyddiaeth o bwysigrwydd cyfrwng iaith a'r cynnig rhagweithiol wrth ddarparu gofal dementia. Gallasai'r arweinydd cenedlaethol hwn fod yn gyfrifol am ddatblygu'r llwyfan a'r fforymau cenedlaethol yn argymhellion 6 a 7 yn ogystal.

Argymhelliad 11

Gofynnwn i'r ymrwymiadau yn *Mwy na geiriau* sy'n ymwneud â chasglu data am anghenion ieithyddol y cyhoedd ac am sgiliau ieithyddol y gweithlu gael eu gweithredu'n llawn ac ar fyrder mewn perthynas â darparu gwasanaethau dementia. Ar sail yr wybodaeth hon dylai Addysg a Gwella Iechyd Cymru, sefydliadau addysg uwch a phellach, y Coleg Cymraeg Cenedlaethol a byrdau iechyd gydweithio a chynllunio yn strategol i gomisiynu lleoedd ar gyfer siaradwyr Cymraeg ar gyrsiau hyfforddi perthnasol a sicrhau bod siaradwyr Cymraeg yn ymwybodol o'r angen am weithwyr iechyd a gofal cymdeithasol Cymraeg a'r cyfleoedd sydd ar gael iddynt.

Argymhelliad 12

Argymhellwn y dylai Addysg a Gwella Iechyd Cymru sicrhau bod ymwybyddiaeth iaith; y ddealltwriaeth o effaith dementia ar bobl ddwyieithog; y ffaith fod cynnig darpariaeth iechyd a gofal yn angen clinigol i nifer o siaradwyr Cymraeg; hawl siaradwyr Cymraeg i dderbyn gwasanaethau yn y Gymraeg, a phwysigrwydd y cynnig rhagweithiol yn rhan annatod o hyfforddiant ac addysgu pob gweithiwr proffesiynol gwasanaethau iechyd Cymru. Dylai hyn fod yn rhan o ddarpariaeth hyfforddiant cychwynnol gweithwyr ac yn rhan o'u datblygiad proffesiynol parhaus yn ogystal, ac yn arbennig yn rhan o hyfforddiant arweinwyr yn y meysydd hyn.

Argymhelliad 13

Argymhellwn fod sgiliau Cymraeg gweithwyr yn ystyriaeth ganolog wrth adolygu a safoni rôl gweithwyr cymorth dementia a datblygu timau o amgylch yr unigolyn fel rhan o weithredu'r *Cynllun Gweithredi Cymru ar gyfer Dementia*.

Recommendation 10

We ask the Welsh Government to ensure that the equivalent responsibility or post to the All Wales Dementia Allied Health Practitioner is created in the clinical field in order to provide clinical advice and leadership and support in relation to dementia and the Welsh language to health boards, local authorities, health professions and others, and to raise awareness of the importance of the language of provision and the active offer when delivering dementia care. This national leader could be responsible for developing the platform and national forums in recommendations 6 and 7 also.

Recommendation 11

We ask that the commitments made in *More than just words* relating to collecting data about the linguistic needs of the public and the language skills of the workforce be implemented fully and promptly in relation to delivering dementia services. Based on this information Health Education and Improvement Wales, higher and further education establishments, the Coleg Cymraeg Cenedlaethol and health boards should cooperate and strategically plan to commission places for Welsh speakers on relevant training courses and ensure that Welsh speakers are aware of the need for Welsh speaking health and social care workers and the opportunities open to them.

Recommendation 12

We recommend that Health Education and Improvement Wales should ensure that language awareness, an understanding of the impact of dementia on bilingual people; the fact that offering health and social care provision in Welsh is a clinical need for a number of Welsh speakers; the rights of Welsh speakers to receive services in Welsh, and the importance of the active offer are an integral part of the education and training of all health service professionals across Wales. This should be part of the initial training of health workers and part of their continuing professional development, and especially part of the training of leaders in these fields.

Recommendation 13

We recommend that workers' Welsh language skills are a key consideration when reviewing and standardising the role of dementia support workers and developing teams around the individual as part of the *Dementia Action Plan*.

Argymhelliad 14

Argymhellwn y dylai Llywodraeth Cymru gynnal awdit o'r graddau y mae dealltwriaeth o'r cynnig rhagweithiol; hawl pobl i dderbyn gwasanaethau Cymraeg a'r angen clinigol i wneud hynny wedi treiddio ac yn weithredol ymysg gweithwyr sy'n rhan o becyn gofal pobl â dementia ac sy'n arwain yn y maes. Ar sail yr awdit hwn dylid cynllunio i godi ymwybyddiaeth o'r materion hyn ymysg y gweithwyr hyn, e.e. drwy gynnal ymgyrch codi ymwybyddiaeth benodol ar gyfer dementia a'r cynnig rhagweithiol.

Argymhelliad 15

Fel rhan o *Gynllun Gweithredu Cymru ar gyfer Dementia* Llywodraeth Cymru ac yn sgil gofynion sydd ac a fydd arnynt yn unol â safonau'r Gymraeg, dylai byrddau iechyd ac awdurdodau lleol sicrhau bod darpariaeth dysgu Cymraeg arbenigol ar gael ar gyfer gweithwyr sy'n rhan o becyn gofal pobl sy'n byw â dementia, gan fanteisio ar y cynlluniau a gynigir gan y Ganolfan Dysgu Cymraeg Cenedlaethol er enghraifft. Yn ogystal, dylid chwilio am gyfleoedd i ryddhau gweithwyr iechyd a gofal perthnasol o bob proffesiwn am gyfnodau estynedig er mwyn iddynt ddatblygu sgiliau iaith a fydd yn eu galluogi i gynnig gofal trwy gyfrwng y Gymraeg.

Recommendation 14

We recommend that the Welsh Government should audit the extent to which understanding of the active offer; people's right to receive services in Welsh and the clinical need to do so, has filtered down and is being applied by workers involved in the care package of people with dementia and of leaders in the field. Based on this audit, plans should be made to raise awareness of these matters amongst these workers, e.g. by undertaking a specific campaign to raise awareness of dementia and the active offer.

Recommendation 15

As part of the *Dementia Action Plan for Wales* and in light of the requirements that are and will be applicable to them in accordance with the Welsh language standards, health boards and local authorities should ensure that specialist Welsh learning provision is available for workers involved in the care package for people living with dementia, using the plans offered by the National Centre for Learning Welsh for example. Also, where possible, relevant health and social care workers from all professions should be released for extended periods to develop language skills that will enable them to provide care through the medium of Welsh.

Rhan 1
Gosod y cyd-destun

Part 1
Setting the context

Trosolwg o gynnwys yr adran

- Mae effeithiau dementia yn cynyddu'n raddol ac mae pobl yn profi camau gwahanol.
- Bydd pobl sy'n byw gyda dementia yn ymwneud â nifer o weithwyr proffesiynol gwahanol ac felly mae angen ystyried y ddarpariaeth Gymraeg a gynigir gan yr holl wasanaethau hyn.
- Mae dementia yn gyflwr sy'n effeithio ar allu ieithyddol pobl ac mae tystiolaeth ryngwladol a Chymreig i ddangos bod perygl i bobl ddwyieithog golli eu gafael ar eu hail iaith.
- Mae peidio â derbyn gwasanaeth yn yr iaith fwyaf priodol yn gallu arwain at oedi mewn derbyn diagnosis o ddementia a diffygion wrth gynllunio a darparu gofal i siaradwyr Cymraeg â dementia.
- Mae darparu gwasanaethau yn yr iaith sy'n teimlo'n naturiol i bobl sy'n byw gyda dementia yn angen clinigol sylfaenol, ac mae cydnabyddiaeth i hyn ym mholisiau Llywodraeth Cymru.
- Mae deddfwriaeth sy'n rhoi dyletswydd ar awdurdodau i ystyried y Gymraeg wrth asesu, comisiynu a darparu gofal i unigolion er mwyn sicrhau eu bod yn cael y canlyniadau gofal gorau posibl.

Overview of this section

- The effects of dementia are progressive and people experience different stages.
- People living with dementia deal with a number of different professionals and therefore the Welsh language provision offered by all services needs to be considered.
- Dementia is a condition which affects people's linguistic ability and there is evidence, from Wales and beyond, which shows that bilingual people are at risk of losing grasp of their second language.
- Failure to deliver services in the most appropriate language can lead to delay in diagnosing dementia and shortcomings in the planning and delivery of care to Welsh speakers with dementia.
- Delivering services in the language which feels natural to people living with dementia is a basic clinical need and this is recognised in Welsh Government policy.
- Legislation places a duty on authorities to consider the Welsh language in assessing, commissioning and delivering care to individuals in order to ensure that they experience the best possible outcomes.

1. Dementia a llwybr gofal dementia

- 1.1 Gall dementia gynnwys sawl cyflwr gwahanol gan gynnwys Alzheimer's, dementia fasgwlaidd a dementia cyrff Lewy. Mae nifer o wahanol symptomau y mae pobl â dementia yn gallu eu datblygu, gan gynnwys golli eu cof; anawsterau wrth ddatrys problemau ac anawsterau ag iaith. Mae dementia yn gyflwr sy'n gwaethygu dros amser ac yn aml disgrifir dementia fel cyfres o 'gamau' ar hyd 'taith' sy'n amlygu symptomau newydd.
- 1.2 Bydd pobl sy'n byw â dementia yn dod i gysylltiad â sawl gweithiwr proffesiynol a gwasanaethau gwahanol ar hyd eu taith. Ceir esboniad manwl o hyn ar wefan yr Alzheimer's Society.⁴ Yn aml, y pwynt cyswllt cyntaf fydd y meddyg teulu. Weithiau, bydd y meddyg teulu neu nyrs arbenigol yn gallu gwneud y diagnosis eu hunain, yn dibynnu ar eu harbenigedd a'u hyfforddiant. Yn amlach bydd pobl yn cael eu cyfeirio at glinig cof neu at wasanaeth arbenigol arall er mwyn cael eu hasesu a chael diagnosis. Gall y gweithwyr proffesiynol sy'n darparu'r gwasanaeth yma gynnwys seiciatryddion, seicolegwyr clinigol, nyrsys clinigol arbenigol, geriatregwyr neu niwrolegwyr ac mae'r asesiadau yn amrywio o drafodaeth am eu hanes (sut mae'r symptomau wedi datblygu), profion corfforol (e.e. profion gwaed), profion gwybyddol a sgan o'r ymennydd.
- 1.3 Unwaith i berson gael diagnosis, y cam nesaf yw derbyn asesiad o'i anghenion gofal. Mae dyletswydd ar adrannau gwasanaethau cymdeithasol awdurdodau lleol i wneud yr asesiad hwnnw.⁵ Gweler adran 2 am ragor o wybodaeth am hyn. Bydd yr asesiad yn cynnwys nifer o gwestiynau, yn aml ar ffurf trafodaeth, i benderfynu beth yw eu hanghenion a pha fath o gymorth sydd ei angen arnynt. Gan amlaf, trafodaeth wyneb-yn-wyneb yng nghartref yr unigolyn fydd ffurf yr asesiad a gan amlaf bydd hwnnw'n cael ei gynnal gan weithiwr cymdeithasol o'r awdurdod lleol.
- 1.4 Yn dilyn hyn, bydd yr awdurdod lleol yn penderfynu a yw'r unigolyn yn gymwys i gael ei anghenion gofal wedi'u hariannu. Wedi hynny, gall unigolyn dderbyn cyngor a chymorth gan weithwyr cymorth dementia a chyfle i siarad â gweithiwr iechyd neu ofal cymdeithasol am ei ddiagnosis. Gall hyn gynnwys seiciatrydd neu nyrs iechyd meddwl, seicolegydd clinigol, therapydd galwedigaethol neu feddyg teulu.

4. https://www.alzheimers.org.uk/info/20007/types_of_dementia/1/what_is_dementia/6 (Saesneg yn unig) [cyrchwyd 4 Medi 2018].

5. https://www.alzheimers.org.uk/info/20032/legal_and_financial/35/assessment_for_care_and_support_in_wales/3 (Saesneg yn unig) [cyrchwyd 4 Medi 2018].

1. Dementia and the dementia care pathway

- 1.1 Dementia can include several different conditions including Alzheimer's, vascular dementia and dementia with Lewy bodies. People with dementia can develop a number of different symptoms including memory loss; difficulty in solving problems and language difficulties. Dementia is a progressive condition and is often described as a series of 'steps' on a 'journey' which reveals new symptoms.
- 1.2 People living with dementia will come into contact with many different professionals and services on their journey. A detailed explanation can be found on Alzheimer's Society's website.⁴ The first point of contact will often be the GP. Sometimes, the GP or a specialist nurse may be able to make the diagnosis themselves, depending on their expertise and training. More often, people are referred to a memory clinic or another specialist service for assessment and diagnosis. Professionals delivering this service can include psychiatrists, clinical psychologists, specialist clinical nurses, geriatricians or neurologists and assessments range from discussing the individual's history (how their symptoms have developed), physical tests (e.g. blood tests), cognitive tests and a brain scan.
- 1.3 After diagnosis, the next step is to undertake an assessment of care needs. Local authority social services departments have a duty to undertake this assessment.⁵ See section 2 for more information about this. The assessment includes a number of questions, often in the form of a discussion, to determine the individual's needs and the type of support that they require. The assessment will normally involve a face to face discussion in the individual's home undertaken by a social worker from the local authority.
- 1.4 Then, the local authority will decide whether the individual is eligible to receive funding for their care needs. Subsequently, the individual can receive advice and support from a dementia support worker and the opportunity to discuss their diagnosis with a health or social care professional. This may include a psychiatrist or a mental health nurse, a clinical psychologist, an occupational therapist or a GP.

4. https://www.alzheimers.org.uk/info/20007/types_of_dementia/1/what_is_dementia/6 [accessed 4 September 2018]

5. https://www.alzheimers.org.uk/info/20032/legal_and_financial/35/assessment_for_care_and_support_in_wales/3 [accessed 4 September 2018]

- 1.5 Y cam nesaf, ar ôl asesu'r anghenion, yw datblygu Cynllun Gofal a Chefnogaeth ar gyfer yr unigolyn sy'n gosod allan sut y dylai anghenion yr unigolyn gael eu diwallu.⁶ Gall y cynllun ddatgan bod yr unigolyn yn ddigon annibynnol i fyw gartref ond bod angen ymweliadau rheolaidd gan weithiwr cymdeithasol, er enghraifft, i ddarparu cymorth i fwyta, ymolchi a.y.b. Gall y cynllun nodi ei bod yn fwy addas derbyn y cymorth hwn gan ganolfan gofal dydd, ac unwaith i'r cyflwr symud ymlaen i gyfnod penodol, efallai bydd angen i'r unigolyn dderbyn cymorth parhaus a byw mewn cartref gofal. Bydd y cymorth naill ai yn cael ei ddarparu'n uniongyrchol gan yr awdurdod lleol; neu bydd yr awdurdod yn trefnu i sefydliad arall (e.e. o'r sector preifat) ddarparu'r gwasanaeth; neu gall yr awdurdod roi arian i'r unigolyn neu'r gofalwr i drefnu eu cymorth a'u gofal eu hunain.
- 1.6 Mae tua 60% o bobl sy'n derbyn gofal cartref ym Mhrydain yn byw gyda dementia, ac mae gan tua 70% o bobl sy'n byw mewn cartrefi gofal ddementia.⁷ Yn ôl adroddiad gan Alzheimer's Society yn 2007, mae traean o'r bobl sydd â dementia yn byw mewn cartrefi gofal a'r mwyafrif helaeth felly yn byw yn y gymuned.⁸ Fel y sonnir uchod, gall pobl sy'n byw yn y gymuned dderbyn amryw o wahanol wasanaethau gan gynnwys gofal seibiant, ymweld â chanolfannau gofal dydd, cymryd rhan mewn ystod eang o weithgareddau a.y.b. O ran cartrefi gofal, mae dau brif wahanol fath - gofal preswyl a nyrsio. Mae yna hefyd fathau mwy arbenigol megis gofal dementia arbennig, gofal lliniarol a gofal adferiad. Mae'r math o gymorth sydd ei angen arnynt yn dibynnu ar eu hanghenion. Mae cartrefi gofal preswyl yn cynnwys darparu gofal personol megis ymolchi, gwisgo a bwyta ac mewn rhai o'r cartrefi hyn bydd rhai o'r gweithwyr wedi derbyn hyfforddiant arbenigol mewn cymorth dementia. Mewn cartrefi nyrsio, maent yn cynnig y gofal personol uchod ond hefyd yn cynnwys nyrs cymwysedig ar ddyletswydd 24 awr y dydd.⁹

6. https://www.alzheimers.org.uk/info/20032/legal_and_financial/35/assessment_for_care_and_support_in_wales/5 (Saesneg yn unig) [cyrchwyd 4 Medi 2018].

7. Alzheimer's Society (2007), *Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes*, Llundain: Alzheimer's Society. (Saesneg yn unig) [cyrchwyd 4 Medi 2018].

8. Alzheimer's Society (2007). *Dementia UK*. Llundain: Alzheimer's Society.

9. https://www.alzheimers.org.uk/info/20046/help_with_dementia_care/384/finding_a_care_home/2 (Saesneg yn unig) [cyrchwyd 6 Medi 2018].

- 1.5 The next step, after the needs assessment, is to develop a Care and Support Plan for the individual setting out how their needs should be met.⁶ The plan may state that the individual is independent enough to live at home but requires regular visits from a social worker, for example, to assist with eating, washing and so on. The plan may note that a day care centre would be the most suitable support provider and, once the condition progresses to a specific stage, it is possible that the individual may need continuous support and live in a care home. Support will either be delivered directly by the local authority; or the authority will arrange for another organisation (e.g. from the private sector) to deliver the service; or the authority may make a payment to the individual or their carer to arrange their own care and support.
- 1.6 Around 60% of people receiving domiciliary care in Britain are living with dementia, and around 70% of people living in care homes have dementia.⁷ According to a report by Alzheimer's Society in 2007, a third of people with dementia live in care homes and therefore, the vast majority live in the community.⁸ As mentioned above, people living in the community can receive a range of different services including respite care, visits to day care centres, participation in a wide range of activities etc. In terms of care homes, there are two main types - nursing and residential care. There are also more specialist forms of care such as specialist dementia care, palliative care and recovery care. The type of support required depends on the individual's needs. Residential care homes provide personal care, such as washing, dressing and eating and in some of these homes, a few of the workers will have received specialist training in dementia support. Nursing homes provide personal care, as described above, but they also have a qualified nurse on duty 24 hours a day.⁹

6. https://www.alzheimers.org.uk/info/20032/legal_and_financial/35/assessment_for_care_and_support_in_wales/5 [accessed 4 September 2018]

7. Alzheimer's Society (2007), *Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes*, London: Alzheimer's Society. [accessed 4 September 2018]

8. Alzheimer's Society (2007). *Dementia UK*. London: Alzheimer's Society.

9. https://www.alzheimers.org.uk/info/20046/help_with_dementia_care/384/finding_a_care_home/2 [accessed 6 September 2018]

2. Dementia ac iaith

- 2.1 Mae natur dementia yn golygu y gall effeithio ar allu ieithyddol pobl gan ei fod yn effeithio ar y rhannau o'r ymennydd sy'n rheoli iaith. Deallwyd ers tro bod y cyflwr yn arwain at ddirywiad ieithyddol cyffredinol ymhlith pobl sydd â dementia ac ymhlith pobl uniaith, ond yn ddiweddar mae llawer o ymchwil hefyd wedi'i gyhoeddi am yr effeithiau mwy penodol ar bobl ddwyieithog.
- 2.2 Ceir corff mawr o ymchwil a thystiolaeth ryngwladol sy'n dangos effeithiau andwyol dementia ar allu ieithyddol pobl gan gynnwys, mewn rhai achosion, ddirywiad llwyr yng ngallu pobl ddwyieithog i siarad un o'r ieithoedd hynny. Mae hefyd lawer o dystiolaeth yng Nghymru, yn enwedig trwy ymchwil ansoddol, am bwysigrwydd cyfrwng iaith wrth ddarparu cymorth i bobl sydd â dementia.
- 2.3 Wrth sôn am bwysigrwydd cyfrwng iaith wrth ddarparu cymorth i bobl sydd â dementia, dywedodd Dr Catrin Hedd Jones, Darlithydd ac Ymchwilydd Dementia yng Nghanolfan Datblygu Gwasanaethau Dementia Cymru, Prifysgol Bangor:

“ Mae'n rhaid cofio nad dewis ond angen clinigol yw cael gwasanaeth yn yr iaith sy'n teimlo yn naturiol i bobl sy'n byw gyda dementia, yn enwedig wrth i'r gallu i gyfathrebu yn eu hail iaith fod yn fwy heriol i rai.

Os ydych chi'n holi rhywun yn yr iaith maen nhw fwyaf cyfforddus, byddwch yn cael mwy o wybodaeth am eu sefyllfa. Bydd rhai yn gallu disgrifio eu teimladau a'u hemosiynau yn llawer mwy naturiol os cânt y cyfle i wneud hynny yn eu hiaith gyntaf, yn enwedig os nad oes ganddynt y gallu i gyfleu eu hunan cystal yn eu hail iaith. Mae rhaid bod y gefnogaeth ar gael i'w cefnogi nhw yn y Gymraeg os mai dyna sydd fwyaf priodol.”

2. Dementia and language

- 2.1 The nature of dementia means that it can impair people's linguistic ability as it affects those parts of the brain which control language. It has long been understood that the condition leads to a general language decline amongst people with dementia and monoglot people, but much research has been published recently on the more specific effects on bilingual people.
- 2.2 There is a substantial body of international research and evidence which demonstrates the harmful effects of dementia on people's linguistic ability including, in some cases, a complete decline in the ability of bilingual people to speak one of those languages. There is also significant evidence in Wales, particularly through qualitative research, of the importance of the language of provision in delivering support to people with dementia.
- 2.3 When discussing the importance of the language of provision in delivering support to people with dementia, Dr Catrin Hedd Jones, a Lecturer and Researcher in Dementia in the Dementia Services Development Centre Wales at Bangor University, said:

“ We must remember that receiving a service in the language that feels natural to people living with dementia is not a matter of choice but a clinical need, especially as the ability to communicate in their second language becomes more challenging for some.

If you question someone in the language with which they are most comfortable, you will glean more information about their situation. Some will be able to describe their feelings and emotions much more naturally if they're given the opportunity to do so in their first language, especially if they don't have the ability to express themselves as well in their second language. Help must be in place to support them in Welsh if that is most appropriate.’ (Translation)

2.4 Amlygwyd y pwysigrwydd i bobl sydd â dementia dderbyn gwasanaeth Cymraeg yn yr adroddiad *Profiad Siaradwyr Cymraeg o'r Gwasanaethau Iechyd a Gofal* a baratowyd gan IAITH Cyf ar gyfer yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant, Llywodraeth Cymru a Chyngor Gofal Cymru yn 2012.¹⁰ Wrth lunio'r adroddiad derbyniwyd tystiolaeth gan 51 o ymatebwyr gan gynnwys pedwar oedd wedi derbyn diagnosis o ddementia. I nifer o ymatebwyr, roedd defnyddio'u hiaith o ddewis yn bwerau o safbwynt creu agosatrwydd a ffurfio perthynas broffesiynol gynnes.

2.5 Mae hyn yn cyd-fynd â chanfyddiadau ymholiad iechyd Comisiynydd y Gymraeg *Fy Iaith, Fy Iechyd*. Er bod y gwaith yn canolbwyntio ar ofal sylfaenol trwy gyfrwng y Gymraeg, mae rhannau ohono yn arbennig o berthnasol i bobl sydd â dementia. Roedd y dystiolaeth a dderbyniodd y Comisiynydd gan randdeiliaid a'r cyhoedd yn pwysleisio ei bod yn angenrheidiol i'r sector gofal sylfaenol gydnabod y ffaith mai angen ac nid dewis yw hi i nifer o gleifion dderbyn gwasanaeth yn Gymraeg. Ynndo, dywedwyd bod angen gwasanaeth Cymraeg ar rai cleifion, neu fel arall mae risg wirioneddol o ran diogelwch a lles. I nifer, mae defnyddio'r Saesneg i drafod eu bywyd mewnol, emosiynol yn anodd gan nad oes perthynas rhwng y geiriau yn Saesneg a'r profiadau a'r emosiynau sy'n cael eu trafod. Tanlinellodd Dr Catrin Hedd Jones hynny wrth drafod effaith peidio â gallu derbyn gwasanaeth yn yr iaith fwyaf priodol:

‘ Gall diffyg cyfathrebu effeithiol fod yn beryglus pan fo anghenion person sy'n siarad Cymraeg yn cael eu camdeall. Yn ehangach na hynny, mae'r gofal a chymorth a roddir i bobl yn ddibynnol ar ddatblygu perthynas ac yn amlwg mae iaith yn elfen holl bwysig o ran hynny.’

10. IAITH, *Profiad Siaradwyr Cymraeg o'r Gwasanaethau Iechyd a Gofal* (2012), t.39. [http://www.wales.nhs.uk/sites3/documents/415/120208welshresearchreportcy\[1\].pdf](http://www.wales.nhs.uk/sites3/documents/415/120208welshresearchreportcy[1].pdf) [Cyrchwyd 6 Medi 2018].

2.4 The importance of ensuring that people with dementia receive services in Welsh was highlighted in the report *Welsh Speakers' Experiences of Health and Social Care Services* prepared by IAITH (for the Welsh Government's Department for Health, Social Services and Children, and Care Council Wales) in 2012¹⁰. In producing the report, evidence was received from 51 respondents including four who had received a dementia diagnosis. For a number of respondents, using their language of choice was powerful in terms of creating affinity and forming closer professional relationships.

2.5 This supports the findings of the Welsh Language Commissioner's inquiry *My Language, My Health*. Although the work focuses on Welsh medium primary care, some elements are particularly relevant to people with dementia. The evidence received by the Commissioner from stakeholders and members of the public emphasised that the primary care sector must recognise that, for a number of patients, receiving a service in Welsh is a matter of need and not a matter of choice. The report explains that Welsh language services are needed by some patients who would otherwise face a real risk to their safety and welfare. To many, using English to discuss their inner, emotional life is difficult as there is no connection between the words in English and the experiences and emotions being discussed. Dr Catrin Hedd Jones underlined this when discussing the impact of not being able to receive a service in the most appropriate language:

‘ Lack of effective communication can be dangerous when the needs of a Welsh speaker are misunderstood. On a wider level, the care and support delivered to people depends on developing a relationship and language is obviously a crucial element of that.’ (Translation)

10. IAITH, *Welsh Speakers' Experiences of Health and Social Care Services*, 2012, p.48. [http://www.wales.nhs.uk/sites3/documents/415/120208welshresearchreporten\[1\].pdf](http://www.wales.nhs.uk/sites3/documents/415/120208welshresearchreporten[1].pdf) [accessed 6 September 2018]

3. Y cyd-destun polisi

Polisiau perthnasol

Symud Cymru Ymlaen – Rhaglen Lywodraethu 2016-21¹¹ a Ffyniant i Bawb: y strategaeth genedlaethol¹²

3.1 Mae rhaglen lywodraethu Llywodraeth Cymru ar gyfer 2016-21, yn nodi ymrwymadau Llywodraeth Cymru ar gyfer Cymru iach ac egniol. Yng nghyd-destun gofal a phobl hŷn nodir y bydd y Llywodraeth yn gwneud y canlynol, sy'n uniongyrchol berthnasol i ddarpariaethau gofal dementia:

- o sicrhau bod ein deddfwriaeth arloesol ar wasanaethau cymdeithasol yn cael ei weithredu'n llawn a bod yr holl fanteision yn cael eu gwireddu.
- o cymryd camau pellach i wneud Cymru'n wlad sy'n ystyriol o ddementia drwy ddatblygu a gweithredu cynllun dementia cenedlaethol newydd.

3.2 Mae *Ffyniant i Bawb* yn rhoi'r ymrwymadau allweddol hynny yn Symud Cymru Ymlaen mewn cyd-destun hirdymor, ac yn amlinellu sut maent yn cyd-fynd â'r gwaith y mae gwasanaeth cyhoeddus ehangach Cymru yn ei wneud i osod y sylfeini i sicrhau ffyniant i bawb. Mae 'Gwell Iechyd Meddwl' yn un o bum blaenoriaeth trawsbynciol ar gyfer tymor presennol Llywodraeth Cymru, a cheir yr ymrwymiad canlynol ynghylch dementia:

Byddwn yn...helpu pobl â dementia a'u teuluoedd a'u gofalwyr i gael gafael ar wybodaeth, cyngor a chymorth er mwyn iddynt fedru parhau i fod yn annibynnol drwy sicrhau bod y gwasanaeth iechyd/yr awdurdod lleol yn cydweithio i 'greu tîm o amgylch y teulu.

11. Llywodraeth Cymru, *Symud Cymru Ymlaen – Rhaglen Lywodraethu 2016-21*, <https://llyw.cymru/docs/strategies/160920-taking-wales-forward-cy.pdf> [cyrchwyd 19 Gorffennaf 2018].

12. Llywodraeth Cymru, *Ffyniant i Bawb: y strategaeth genedlaethol*, <https://llyw.cymru/docs/strategies/170919-prosperity-for-all-cy.pdf> [cyrchwyd 19 Gorffennaf 2018].

3. The policy context

Relevant policies

Taking Wales Forward – Programme for Government 2016-21¹¹ and Prosperity for All: the national strategy¹²

3.1 The Welsh Government's programme for government for 2016-21 outlines the Government's commitments to a healthy and active Wales. In the context of care and older people the Government states that it will do the following, which applies directly to dementia care provisions:

- o ensure our ground-breaking social services legislation is fully implemented and all the benefits are realised.
- o take further action to make Wales a dementia friendly country through developing and implementing a new national dementia plan.

3.2 *Prosperity for All* takes those key commitments made in *Taking Wales Forward* and places them in a long-term context, and sets out how they fit with the work of the wider Welsh public service to lay the foundations for achieving prosperity for all. 'Better Mental Health' is one of the five cross-cutting priorities for this current Welsh Government term and the following commitment is made in relation to dementia:

We will...help people with dementia and their families and carers to access information, advice and support to maintain their independence by a joint health service/local authority 'team around the family approach'.

11. Welsh Government, *Taking Wales Forward – Programme for Government 2016-21* <https://llyw.cymru/docs/strategies/160920-taking-wales-forward-en.pdf> [accessed 19 July 2018]

12. Welsh Government, *Prosperity for All: the national strategy* <https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf> [accessed 19 July 2018]

Cymru Iachach¹³ a Chynllun Gweithredu Cymru ar gyfer Dementia 2018-22¹⁴

3.3 Fis Chwefror 2018 cyhoeddodd Llywodraeth Cymru *Gynllun Gweithredu Cymru ar gyfer Dementia 2018-2022* sy'n amlygu ymrwymiad Llywodraeth Cymru i hyrwyddo hawliau, urddas ac annibyniaeth pobl sy'n byw gyda dementia. Mae'r cynllun yn tynnu sylw at ddatganiadau o hawliau pobl sy'n byw gyda dementia a'u gofalwyr a ddatblygwyd gan bobl sydd wedi'u heffeithio gan ddementia.¹⁵ Yn eu plith ceir datganiad pwysig yng nghyd-destun gofal yn y Gymraeg, ac yn wir yng nghyd-destun canfyddiadau'r adroddiad hwn yn ei gyfanrwydd:

“ Mae gennym hawl i ddiagnosis cynnar a chywir ac i dderbyn gofal addas a thosturiol- wedi'u seilio ar dystiolaeth a'u hariannu'n briodol – gan bobl hyfforddedig sy'n ein deall ni ac yn gwybod sut mae dementia yn effeithio arnom. Dylai hyn fod yn addas i'n hanghenion lle bynnag rydym yn byw.”¹⁶

13. Llywodraeth Cymru, *Cymru Iachach*, <https://gov.wales/docs/dhss/publications/180608healthier-wales-maincy.pdf> [cyrchwyd 17 Awst 2018].

14. Llywodraeth Cymru, *Cynllun Gweithredu Cymru ar gyfer Dementia 2018-22*, <https://gov.wales/docs/dhss/publications/180214dementia1cy.pdf> [cyrchwyd 19 Gorffennaf 2018].

15. <https://www.dementiaaction.org.uk/> (gwefan Saesneg yn unig) [cyrchwyd 30 Awst 2018]

16. *Ibid.*, t. 4.

A Healthier Wales¹³ and the Dementia Action Plan for Wales 2018-22¹⁴

3.3 In February 2018, the Welsh Government published the *Dementia Action Plan for Wales 2018-2022* which highlights its commitment to promoting the rights, dignity and autonomy of people living with dementia. The plan focuses on statements of rights for people living with dementia and their carers developed by people affected by dementia.¹⁵ These include an important statement in the context of care through the medium of Welsh and, indeed, in the context of the findings of this report in its entirety:

“ We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.”¹⁶

13. Welsh Government, *A Healthier Wales* <https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf> [accessed 17 August 2018]

14. Welsh Government, *Dementia Action Plan for Wales 2018-22* <https://gov.wales/docs/dhss/publications/180214dementiaen.pdf> [accessed 19 July 2018]

15. <https://www.dementiaaction.org.uk/> [accessed 30 August 2018]

16. *Ibid.*, p. 4.

3.4 Mae'r cynllun gweithredu yn cydnabod pwysigrwydd gwasanaethau ym mamiaith pobl drwy ddweud 'rhaid i ymateb ein gwasanaethau a'n cymunedau fod yn deg...a rhaid iddynt ddiwallu anghenion pobl ... sydd ond yn gallu deall eraill trwy gyfrwng eu mamiaith wrth i'w cyflwr waethygu'.¹⁷ Mae'r cynllun gweithredu wedi'i lunio ar sail canlyniadau sy'n dilyn llwybrau gofal at ofal dementia. Mae'r Gymraeg yn hollbwysig i bob un o'r canlyniadau hyn sy'n rhan o lwybr gofal dementia. Yn Atodiad 1 y cynllun nodir bod darpariaeth cyfrwng Cymraeg yn faes y dylid ei ystyried ar draws y llwybr gofal.¹⁸ Eglurir yn y cynllun gweithredu bwysigrwydd gweithredu wrth gynnig gwasanaethau trwy gyfrwng y Gymraeg yn rhagweithiol. Nodir yn ogystal y bydd safonau'r Gymraeg yn cryfhau'r ymrwymiad i'r cynnig rhagweithiol. Mae'r cynllun yn pwysleisio'r ffaith bod derbyn gofal chymorth yn y Gymraeg yn angen clinigol i siaradwyr Cymraeg â dementia yn ogystal. Wrth i'w cyflwr waethygu, efallai mai dim ond trwy eu mamiaith y gall pobl â dementia ddeall neu gyfathrebu ag eraill. Gwneir yr ymrwymiad penodol canlynol o safbwynt y Gymraeg:

Byddwn yn...Gweithio gyda rhanddeiliaid i nodi a defnyddio'r adnoddau asesu dementia sydd wedi'u dilysu'n glinigol a chadarn i'w defnyddio drwy gyfrwng y Gymraeg, a chomisiynu adnoddau fel bo'r angen.'

17. Ibid., t. 4.

18. Ibid., t.31.

3.4 The action plan recognises the importance of delivering services in individuals' first language stating 'our service and community response needs to be equitable...and it needs to meet diverse needs...people who may be able to understand only their first language as their condition progresses'.¹⁷ The action plan is structured around outcomes which follow a pathway approach to dementia care. The Welsh language is crucial to all of the outcomes which form part of the dementia care pathway. ¹⁸ The action plan explains the importance of actively offering services through the medium of the Welsh language. It is also stated that the active offer commitment will be strengthened when the Welsh Language Standards for the health sector are introduced. The plan also emphasises that receiving care and support in Welsh is a clinical need for Welsh speakers with dementia and that as their condition progresses, people with dementia may understand or be able to communicate in their first language only. It makes the following specific commitment to dementia care in Welsh:

We will...Work with stakeholders to identify and utilise the most robust clinically validated dementia assessment tool(s) for use in the Welsh language and commission research as necessary.'

17. Ibid., p. 4.

18. Ibid., p. 31.

Mwy na geiriau: Fframwaith Strategol Olynol ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol 2016-2019¹⁹

3.5 Mae'r fframwaith strategol hwn yn adeiladu ar fframwaith strategol blaenorol ar gyfer gwasanaethau Cymraeg mewn iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol a gyhoeddwyd yn 2012. Mae'r fframwaith yn gosod camau gweithredu sy'n ymwneud â saith amcan ac yn pennu pwy sydd â'r prif gyfrifoldeb dros eu gweithredu ac erbyn pryd. Mae'r saith amcan yn ymwneud â'r materion canlynol:

- Arweinyddiaeth leol, genedlaethol a pholisi cenedlaethol
- Mapio, archwilio, casglu data ac ymchwil
- Cynllunio gwasanaethau, comisiynu, contractio a chynllunio'r gweithlu
- Hybu ac ymgysylltu
- Addysg broffesiynol
- Y Gymraeg yn y gweithle
- Rheoleiddio ac arolygu

3.6 Mae *Mwy na geiriau 2016-19* yn nodi yn bendant y dylid ystyried y Gymraeg yn elfen sylfaenol o wasanaethau dementia.²⁰ Nodir ei bod yn bwysig cydnabod y cysyniad o angen iaith fel rhan o ansawdd gofal pobl ac fel rheidrydd clinigol. Ymhellach, nodir y dylai gwasanaethau iechyd, gwasanaethau cymorth a gofal cymdeithasol fod ar gael yn Gymraeg er mwyn cynnal safonau proffesiynol a chwrrd ag angen ieithyddol pobl, yn ogystal â chydymffurfio â gofynion cyfreithiol a statudol. Cyfeirir yn ogystal at y Siarter Ewropeaidd ar gyfer Ieithoedd Rhanbarthol neu Leiafrifol sy'n sefydlu'r egwyddor bod 'yr hawl i ddefnyddio iaith ranbarthol neu iaith leiafrifol yn breifat ac mewn bywyd cyhoeddus yn hawl ddiymwad.' Eir ymlaen i gyfeirio at erthygl 13 y Siarter sy'n ymwneud â Bywyd Economaidd a Chymdeithasol ac sy'n rhwymo Llywodraeth y DU, ac yn ei sgil Lywodraeth Cymru: i sicrhau bod cyfleusterau gofal cymdeithasol megis ysbytai, cartrefi ymddeol a hosteli yn cynnig y posibilrwydd i dderbyn a thrin yn eu hiaith eu hunain bersonau sy'n defnyddio iaith ranbarthol neu leiafrifol ac sydd angen gofal oherwydd afiechyd, henaint neu am resymau eraill.²¹

19. Llywodraeth Cymru, *Fframwaith Strategol Olynol ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol 2016-2019* <https://gov.wales/docs/dhss/publications/160317morethanjustwordscy.pdf> [cyrchwyd 19 Gorffennaf 2018].

20. Ibid, t. 10.

21. Ibid. t.13.

More than just words: Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019¹⁹

3.5 This strategic framework builds on the previous strategic framework for Welsh language services in health, social services and social care published in 2012. The framework sets out actions relating to seven objectives and assigns lead responsibility for completing them and by when. The seven objectives relate to the following matters:

- National and local leadership, and national policy
- Mapping, auditing, data collection and research
- Service planning, commissioning, contracting and workforce planning
- Promotion and engagement
- Professional education
- Welsh in the workplace
- Regulation and inspection

3.6 *More than just words 2016-19* specifically states that the Welsh language should be viewed as a fundamental element of dementia services.²⁰ It is stated that it is important to recognise the concept of language need as part of people's quality of care and as a clinical necessity. In addition, it is stated that health and social care and support services should be available in Welsh in order to maintain professional standards and meet the language needs of people as well as comply with legal and statutory requirements. Reference is also made to the European Charter for Regional or Minority Languages which establishes the principal that 'the right to use a regional or minority language in private and public life is an inalienable right.' Reference is then made to article 13 of the Charter relating to Economic and Social Life which is binding upon the UK Government and, therefore, the Welsh Government: to ensure that social care facilities such as hospitals, retirement homes and hostels offer the possibility of receiving and treating in their own language persons using a regional or minority language which are in need of care on grounds of ill-health, old age or for other reasons.²¹

19. Welsh Government, *More than just words: Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019* <https://gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf> [accessed 19 July 2018].

20. Ibid, p. 10.

21. Ibid. p.13.

Strategaeth Cymraeg 2050²²

3.7 Mae *Strategaeth Cymraeg 2050* Llywodraeth Cymru yn amlinellu bwriad y Llywodraeth i sicrhau y bydd miliwn o siaradwyr Cymraeg erbyn 2050 ac y bydd y ganran o bobl sy'n siarad Cymraeg bob dydd ac sy'n gallu siarad mwy nag ychydig eiriau o Gymraeg yn cynyddu o 10 y cant (yn 2013–15) i 20 y cant. Un amcan yw cynyddu'r defnydd o'r Gymraeg yn y gweithle ar draws pob sector. Yn hynny o beth nodir y bydd cynyddu'r defnydd o'r Gymraeg o fewn gweithleoedd llywodraeth leol a'r sector iechyd a gofal yn hynod bwysig. Tynnir sylw yn ogystal at berthnasedd egwyddor y cynnig rhagweithiol wrth ystyried gwasanaethau yn y sector iechyd a gofal cymdeithasol yn arbennig.

Deddfwriaeth berthnasol

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014²³

3.8 Mae gofynion penodol yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 ynghylch y Gymraeg gan gynnwys cyfrwng iaith asesiadau, ystyried y Gymraeg wrth gomisiynu a darparu gofal ac mewn cynlluniau gofal unigol a baratoir yn unol â'r Ddeddf. Mae adran 14(1) yn nodi bod gofyn i awdurdodau lleol a phob bwrdd iechyd lleol asesu ar y cyd ystod a lefel y gwasanaethau y mae eu hangen i ddiwallu anghenion gofal a chymorth pobl yn ardal yr awdurdod lleol, ac ystod a lefel y gwasanaethau ataliol yn ogystal. Rhaid iddynt hefyd asesu ar y cyd y camau y mae angen eu cymryd i ddarparu'r ystod a'r lefel o wasanaethau a adnabuwyd drwy gyfrwng y Gymraeg. Mae'r Ddeddf a Rheoliadau a Chod Ymarfer Rhan 2 yn cynnwys manylder am baratoi cynllun gofal a chymorth, ac yn benodol am hawliau a chyfrifoldebau pobl sydd angen gofal a chymorth i gyflawni eu canlyniadau personol. Mae'r Cod yn datgan pan fo pobl yn defnyddio gwasanaethau cymdeithasol a'u partneriaid i gyflawni eu cynllun cymorth a gofal, 'gall pobl ddisgwyl cyflawni canlyniadau personol sy'n adlewyrchu'r datganiadau canlyniadau llesiant cenedlaethol canlynol: Rwy'n cael gofal a chymorth trwy'r Gymraeg os bydda i eu hangen.'²⁴

22. Llywodraeth Cymru, *Strategaeth Cymraeg 2050* <https://gov.wales/docs/dcells/publications/170711-welsh-language-strategy-cy.pdf> [cyrchwyd 19 Gorffennaf 2018].

23. Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_we.pdf [cyrchwyd 18 Gorffennaf 2018].

24. Llywodraeth Cymru, *Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, Cod Ymarfer Rhan 2 Swyddogaethau Cyffredinol*, t.10. <https://gov.wales/docs/dhss/publications/151218part2cy.pdf> [cyrchwyd 18 Gorffennaf 2018]

Cymraeg 2050 Strategy²²

3.7 The *Cymraeg 2050 Strategy* outlines the Welsh Government's intention to reach a million Welsh speakers by 2050, and for the percentage of the population that speak Welsh on a daily basis, and can speak more than just a few words of Welsh, to increase from 10 per cent (in 2013-15) to 20 per cent. One objective is to increase the use of the Welsh language in the workplace across all sectors. It is noted that increasing the use of Welsh in health and social care sector workplaces is extremely important in this regard. The relevance of the active offer principle is also highlighted when considering services in the health and social care sector in particular.

Relevant legislation

Social Services and Well-being (Wales) Act 2014²³

3.8 The Social Services and Well-being (Wales) Act 2014 contains specific requirements relating to the Welsh language including the language of assessment, considering the Welsh language when commissioning and delivering care and in individual care plans prepared in accordance with the Act. Section 14(1) states that local authorities and each local health board must jointly assess the range and level of services required to meet the care and support needs of people in the local authority area, as well as the range and level of preventative services required. They must also jointly assess the actions required to provide the range and level of services identified through the medium of Welsh. The Act and Regulations and the Part 2 Code of Practice include details on preparing care and support plans and specifically the rights and responsibilities of people who need care and support to achieve their personal outcomes. The Code states that when people use social services and their partners to implement their care and support plan, 'people can expect to achieve personal outcomes which reflect the following national well-being outcome statements: I get care and support through the Welsh language if I need it.'²⁴

22. Welsh Government, *Cymraeg 2050 Strategy* <https://gov.wales/docs/dcells/publications/170711-welsh-language-strategy-eng.pdf> [accessed 19 July 2018]

23. Social Services and Well-being (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf [accessed 18 July 2018]

24. Welsh Government, *Social Services and Well-being (Wales) Act 2014 Part 2 Code of Practice (General Functions)* <https://gov.wales/docs/dhss/publications/151218part2en.pdf> [accessed 18 July 2018]

Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016 ²⁵

3.9 Bwriad Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016 (Deddf 2016) yw gosod ansawdd a gwella gwasanaethau wrth wraidd rheoleiddio. Mae'n sicrhau bod gwasanaethau'n darparu gofal a chymorth o ansawdd uchel gan gefnogi amcanion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 uchod. Mae Rhan 7, adran 24 Rheoliadau Gwasanaethau Rheoleiddiedig (Darparwyr Gwasanaethau ac Unigolion Cyfrifol) (Cymru) 2017 sy'n deillio o'r Ddeddf hon yn rhoi gofynion ar ddarparwyr gwasanaethau mewn perthynas â safon y gofal a'r cymorth y maent yn ei ddarparu. Bwriad Rhan 7 yw sicrhau bod unigolion yn cael y gofal a'r cymorth sy'n eu galluogi i gael y canlyniadau gorau posibl. Bydd y gwasanaeth yn cael ei gynllunio drwy ymgynghori â'r unigolyn, a bydd yn ystyried ei ddyuniadau personol, ei ddyheadau a'i ganlyniadau ac unrhyw beryglon ac anghenion arbenigol sy'n llywio'r gofal a'r cymorth. O ran y Gymraeg nodir yn rheoliad 23 bod 'Rhaid i'r darparwr gwasanaeth gymryd camau rhesymol i ddiwallu anghenion iaith unigolion a rhaid i'r darparwr gwasanaeth sicrhau y darperir mynediad i unrhyw gymhorthion a chyfarpar sy'n angenrheidiol i unigolyn i hwyluso'r ffordd y mae'r unigolyn yn cyfathrebu ag eraill. Mae'r Canllawiau Statudol²⁶ sy'n deillio o'r rheoliadau yn amlinellu dulliau y gallai darparwyr gwasanaethau eu mabwysiadu i helpu pobl gyda'u hanghenion iaith a chyfathrebu:

- Bydd gan ddarparwyr gwasanaethau drefniadau ar waith i helpu unigolion gyda'u hanghenion iaith a chyfathrebu penodol yn unol â'r datganiad o ddiben. Os bydd angen, bydd hyn yn cynnwys rhoi camau ar waith i sicrhau bod unigolion yn gallu cyfathrebu'n ystyrlon. Mae hyn yn cynnwys:
 - iaith yr unigolyn o ran angen, a'i ddewis iaith;
 - dulliau cyfathrebu ychwanegol.
- Bydd darparwyr gwasanaethau'n nodi anghenion cyfathrebu unigolyn wrth benderfynu a all y gwasanaeth ddiwallu ei anghenion.
- Gall unigolion ddeall staff pan fyddant yn cyfathrebu â hwy.

25. Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016, <http://www.legislation.gov.uk/cy/anaw/2016/2/contents/enacted/welsh> [cyrchwyd 18 Gorffennaf 2018]

26. Llywodraeth Cymru, *Canllawiau statudol i ddarparwyr gwasanaethau ac unigolion cyfrifol am gydymffurfio â rheoliadau safonau gwasanaeth*, t. 36. <https://beta.llyw.cymru/sites/default/files/consultations/2018-02/170502statutoryguidancecy.pdf> [cyrchwyd 9 Hydref 2018]

Regulation and Inspection of Social Care (Wales) Act 2016 ²⁵

3.9 The aim of the Regulation and Inspection of Social Care (Wales) Act 2016 is to put quality and service improvement at the heart of regulation. It ensures that services deliver high quality care and support in accordance with the objectives of the Social Services and Well-being (Wales) Act 2014. Part 7, section 24 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, which arise from this Act, places requirements on service providers in relation to the standard of care and support that they deliver. The aim of Part 7 is to ensure that individuals receive care and support that enable them to achieve the best possible outcomes. The service will be planned in consultation with the individual and will consider their personal wishes, aspirations and outcomes and any risks and specialist needs which inform the care and support delivered. In terms of the Welsh language, it is stated in regulation 23 that 'the service provider must take reasonable steps to meet the language needs of individuals and the service provider must ensure that individuals are provided with access to such aids and equipment as may be necessary to facilitate the individual's communication with others.' The Statutory Guidance²⁶ resulting from these regulations outlines methods that could be adopted by service providers to help people with language and communication needs:

- The service provider has arrangements in place to assist individuals with their specific communication needs in line with the statement of purpose. Where necessary this will include putting in place measures to ensure that individuals can communicate meaningfully. This includes:
 - the individual's language of need and choice;
 - additional means of communication
- The service provider identifies individual's communication needs as part of their determination as to whether the service can meet their needs.
- Individuals can understand staff when they communicate with them.

25. Regulation and Inspection of Social Care (Wales) Act 2016, <https://gov.wales/docs/dhss/publications/151218part2en.pdf> [accessed 18 July 2018]

26. Welsh Government, *Statutory guidance for service providers and responsible individuals on meeting service Standard regulations*, p.36. <https://beta.llyw.cymru/sites/default/files/consultations/2018-02/170502statutoryguidanceen.pdf> [accessed 9 October 2018]

- Bydd darparwyr gwasanaethau'n sicrhau bod cymhorthion ac offer sydd eu hangen i helpu unigolyn i gyfathrebu ar waith, ar gael yn hwylus, yn cael eu cynnal a'u cadw a bod staff yn gwybod sut i'w defnyddio.
 - Bydd darparwyr gwasanaethau'n cynnig gwasanaeth yn Gymraeg i unigolion sydd â'r Gymraeg yn iaith gyntaf iddynt, neu'n gweithio tuag at gynnig hynny.
- 3.10 Mae Arolygiaeth Gofal Cymru yn arolygu ac yn gyrru gwelliant mewn gwasanaethau a reoleiddir a gwasanaethau cymdeithasol awdurdodau lleol. Mae cod ymarfer arolygu Arolygiaeth Gofal Cymru yn amlinellu bwriadau'r Arolygiaeth wrth gyflawni ei ddyletswyddau yn unol â Deddf 2016. Nodir y bydd ei harolygon yn canolbwyntio ar ansawdd a diogelwch gwasanaethau a'r canlyniadau i'r bobl sy'n defnyddio'r gwasanaethau.

Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015²⁷

- 3.11 Mae Deddf Llesiant Cenedlaethau'r Dyfodol yn ei gwneud yn ofynnol i gyrff cyhoeddus yng Nghymru, gan gynnwys Gweinidogion Cymru, awdurdodau lleol a byrddau iechyd lleol feddwl am effaith hirdymor eu penderfyniadau; i weithio'n well gyda phobl, cymunedau ac â'i gilydd; ac i atal problemau parhaus megis tlodi, anghydraddoldebau iechyd a newid yn yr hinsawdd. Ymhlith y saith amcan llesiant y mae disgwyl i'r gyrff hyn gyfrannu at eu cyrraedd mae'r canlynol:
- Cymru sy'n fwy cyfartal
 - Cymru iachach
 - Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu

27. Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted/welsh>

- The service provider ensures that aids and equipment required to support individual's communication needs are in place, accessible, maintained and that staff know how to use them.
- The service provider offers services in Welsh to individuals whose first language is Welsh or works towards doing so.

- 3.10 Care Inspectorate Wales inspects and drives improvement in regulated services and local authority social services. Care Inspectorate Wales' code of practice for inspection outlines the Inspectorate's intentions in fulfilling its duties in accordance with the Regulation and Inspection of Social Care (Wales) Act 2016. It is stated that the focus of its inspections is the quality and safety of services and the outcomes for people using these services.

Well-being of Future Generations (Wales) Act 2015²⁷

- 3.11 The Well-being of Future Generations Act requires public bodies in Wales, including Government Ministers, Local Authorities and Local Health Boards, to think about the long-term impact of their decisions; to work better with people; communities and each other; and to prevent persistent problems such as poverty, health inequality and climate change. The seven well-being goals to which these bodies are expected to contribute include the following:
- A more equal Wales
 - A healthier Wales
 - A Wales of vibrant culture and thriving Welsh language

27. Well-being of Future Generations (Wales) Act 2015 <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

Mesur y Gymraeg (Cymru) 2011²⁸ a Safonau'r Gymraeg

3.12 Mae Mesur y Gymraeg (Cymru) 2011 yn rhoi statws swyddogol i'r Gymraeg yng Nghymru. Mae'r Mesur hefyd yn gosod fframwaith cyfreithiol sy'n rhoi dyletswydd ar rai sefydliadau i gydymffurfio â safonau. Mae safon yn egluro sut mae disgwyl i sefydliadau ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd. Mae'r dyletswyddau sy'n deillio o'r safonau yn golygu na ddylai sefydliadau drin y Gymraeg yn llai ffafriol na'r Saesneg, ac y dylent hybu a hwyluso defnyddio'r Gymraeg, sef ei gwneud yn haws i bobl ei defnyddio yn eu bywydau o ddydd i ddydd. Pwrpas safonau yw ei gwneud hi'n eglur i sefydliadau beth yw eu dyletswyddau o ran y Gymraeg a'i gwneud yn glir i'r cyhoedd pa wasanaethau y gallant ddisgwyl eu derbyn yn Gymraeg. Eu bwriad yw sicrhau mwy o gysondeb yn y gwasanaethau Cymraeg a gynigir ac i wella eu hansawdd. Ceir safonau yn y meysydd canlynol:

- cyflenwi gwasanaethau
- llunio polisi
- gweithredu
- hybu
- cadw cofnodion

3.13 Mae Llywodraeth Cymru ac awdurdodau lleol o dan ddyletswydd i gydymffurfio â safonau'r Gymraeg er 2016. Rhagwelir y bydd byrddau iechyd a chyrrff iechyd eraill o dan ddyletswydd o 2019 ymlaen. Dylid nodi yn hyn o beth na fydd y dyletswyddau ar gyrff iechyd yn ymestyn i ddarpariaeth gofal sylfaenol, ond yn hytrach bydd Llywodraeth Cymru yn cytuno ar ddyletswyddau anstatudol ar gyfer cyrrff gofal sylfaenol.

Welsh Language (Wales) Measure 2011²⁸ and the Welsh Language Standards

3.12 The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales. The Measure also sets a legal framework which places a duty on some organisations to comply with standards. The standards explain how organisations are expected to use the Welsh language in different situations. The duties resulting from the standards mean that organisations must not treat the Welsh language less favourably than the English language, and that they should promote and facilitate the use of the Welsh language making it easier for people to use the Welsh language in their everyday lives. The purpose of the standards is to set out clearly for organisations their duties in relation to the Welsh language and to set out clearly for the public which services they can expect to receive in Welsh. Their aim is to ensure greater consistency in terms of the Welsh language services on offer and improve their quality. There are standards in the following areas:

- service delivery
- policy making
- operational
- promotion
- record keeping

3.13 The Welsh Government and local authorities have been under a duty to comply with the Welsh language standards since 2016. It is anticipated that health boards and other health bodies will be under a duty to do so from 2019. It should be noted that the duties on health bodies will not extend to primary care provision, but that the Welsh Government will agree non-statutory duties for primary care bodies instead.

3.14 Mae'r adran hon yn amlygu bod deddfwriaeth a pholisiau sydd eisoes yn eu lle yn creu amodau ffafriol ar gyfer darparu gofal trwy gyfrwng y Gymraeg i bobl sy'n byw gyda dementia. Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn golygu bod y Gymraeg yn ystyriaeth wrth baratoi cynlluniau gofal a chymorth ac mae Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016 yn ei gwneud yn ofynnol i ddarparwr gwasanaeth ymgynghori ag unigolion wrth gynllunio ei wasanaeth a chymryd camau rhesymol i ddiwallu anghenion ieithyddol unigolion. Mae *Mwy na geiriau 2016-19* yn ogystal â *Chynllun Gweithredu Cymru ar gyfer Dementia 2018-2022* yn cydnabod bod derbyn gofal a chymorth yn Gymraeg yn angen clinigol ar gyfer siaradwyr Cymraeg â dementia. Mae'r ddwy ddogfen bolisi hefyd yn tanlinellu pwysigrwydd y cynnig rhagweithiol. Mae camau gweithredu pendant yn *Mwy na geiriau 2016-19* a fyddai, o'u gweithredu'n yn llawn, yn ategu ac yn cefnogi'r gofynion deddfwriaethol yn helaeth.

3.14 This section demonstrates that legislation and policies already in place create favourable conditions for delivering care through the medium of Welsh to people living with dementia. The Social Services and Well-being (Wales) Act 2014 means that the Welsh language is a consideration when preparing care and support plans and the Regulation and Inspection of Social Care (Wales) Act 2016 requires service providers to consult with individuals when planning their services and to take reasonable steps to meet individuals' language needs. *More than just words 2016-19* and the *Dementia Action Plan for Wales 2018-2022* also recognise that receiving care and support in Welsh is a clinical need for Welsh speakers with dementia. Both policy documents also highlight the importance of the active offer. There are clearly-defined actions in *More than just words 2016-19* that would, if fully implemented, greatly complement and support the legislative requirements.

Rhan 2

Yr ymchwil a'i
ganfyddiadau

Part 2

The research
and its findings

Trosolwg o'r adran

- Mae effaith dementia ar bobl ddwyieithog yn wahanol i'w effaith ar bobl uniaith ac mae angen i'w gofal adlewyrchu hynny.
- Mae gofal a gwasanaethau trwy gyfrwng y Gymraeg yn angen clinigol sylfaenol i lawer o siaradwyr Cymraeg ac mae gan bobl hawl i dderbyn y gofal hwnnw.
- Er bod arfer da lleol ac ymwybyddiaeth o'r Gymraeg a'r cynnig rhagweithiol ar lefel strategol wedi gwella, mae'r ymchwil yn awgrymu bod llawer o fylchau yn y gofal yn bodoli ar lawr gwlad a phrin iawn yw'r enghreifftiau o holl anghenion defnyddwyr Cymraeg eu hiaith yn cael eu diwallu.
- Mae'r ymchwil yn amlygu anghysondeb yn ystod y teclynnau, y profion diagnostig a'r adnoddau asesu sydd ar gael ac yn cael eu defnyddio yn y Gymraeg. Gall cyfrwng ieithyddol y ddarpariaeth sy'n cael ei chynnig ddibynnu ar allu ieithyddol yr ymarferwyr sy'n cynnig y ddarpariaeth.
- Er bod polisiau cenedlaethol yn amlygu'r ffaith bod derbyn gofal yn y Gymraeg yn fater o angen clinigol ac nid yn fater o ddewis nid yw'r ymwybyddiaeth a'r ddealltwriaeth o hyn wedi treiddio ar lawr gwlad.

Overview of this section

- Dementia affects bilingual people in a different way to monoglot people and their care should reflect this.
- Providing care and services through the medium of Welsh is a basic clinical need for many Welsh speakers and people have a right to receive such care.
- Although there is good practice at a local level and the awareness of the Welsh language and the active offer at a strategic level has improved, the research suggests that there are many gaps in the care and very few examples where the needs of Welsh-speaking service users are being fully met.
- The research highlights inconsistency in the range of tools, diagnostic tests and assessment resources available for use in Welsh. The language of the provision offered can depend on the linguistic ability of the practitioners offering the provision.
- Although national policies emphasise that receiving care in Welsh is a matter of clinical need and not a matter of choice, this awareness and understanding has not filtered down into practice.

Cynllunio gwasanaethau

- Mae'r ymchwil yn amlygu bod diffyg casglu a defnyddio data digonol am sgiliau ieithyddol staff a defnyddwyr a'i rhannu rhwng asiantaethau yn llesteirio cynllunio gwasanaethau.
- Mae cwestiynau ynghylch y graddau y mae'r cynnig rhagweithiol wedi treiddio o fod yn gysyniad polisi i fod yn realiti sy'n amlygu dealltwriaeth wirioneddol o ystyr ymarferol y cysyniad ar lawr gwlad.
- Mae angen i ymdrechion i wella gofal a gwasanaethau ar gyfer siaradwyr Cymraeg gael eu perchnogi gan yr holl broffesiynau sy'n rhan o gynllun gofal unigolyn.
- Gwelwyd enghreifftiau cadarnhaol o gynnwys gofynion am y Gymraeg wrth gomisiynu gwasanaethau a monitro'r gofynion.
- Nid oedd llawer o dystiolaeth i ddangos bod cydweithio aml asiantaeth yn digwydd yn eang i sicrhau bod y bobl sydd ei angen yn derbyn gwasanaeth Cymraeg. Er hynny, gwelwyd enghreifftiau o arfer da, megis cydweithio â grwpiau lleol a'r trydydd sector i lenwi bylchau mewn sgiliau staff a darparu profiad Cymraeg.

Addysg, hyfforddiant a recriwtio

- Mae recriwtio pobl i weithio yn y maes yn broblem gyffredinol ac mae recriwtio siaradwyr Cymraeg yn her ychwanegol.
- Mae diffyg hyfforddiant ac ymwybyddiaeth am effaith dementia ar siaradwyr Cymraeg hefyd yn her.
- Amlygwyd yr angen am ragor o hyfforddiant ymwybyddiaeth iaith, hyfforddiant gwella sgiliau Cymraeg ynghyd â hyfforddiant drwy gyfrwng y Gymraeg yn fwy cyffredinol, gan gynnwys cyrsiau ar-lein.
- Mae diffyg hyder staff yn eu sgiliau Cymraeg yn her sylweddol.

Service planning

- The research demonstrates that failure to collect and use sufficient data on the language skills of staff and service users and share this data between agencies is a barrier to service planning.
- There are doubts as to the extent to which the active offer has developed from being a policy concept to a reality which reflects a genuine understanding of the practical meaning of the concept.
- All professions involved in an individual's care plan need to take ownership of efforts to improve care and services for Welsh speakers.
- Positive examples were seen of requirements in relation to the Welsh language being included when commissioning services and monitoring them.
- There was very little evidence of multi-agency collaboration on a wide scale to ensure that people receive the Welsh language service they need. However, examples of good practice were seen, such as joint working with local groups and the third sector to fill gaps in staff skills and deliver a Welsh language experience.

Education, training and recruitment

- Recruiting people to work in the area is a problem in general and recruiting Welsh speakers is an additional challenge.
- The lack of training and awareness of the effects of dementia on Welsh speakers is also a challenge.
- The need for more language awareness training, Welsh language improvement training as well as training through the medium of Welsh more generally, including online courses, was highlighted.
- The lack of confidence amongst staff in their Welsh language skills is a significant challenge.

1. Cyflwyniad i'r ymchwil

- 1.1 Yn yr adran hon dangosir y prif anawsterau sy'n effeithio ar ofal dementia siaradwyr Cymraeg. I wneud hynny cyfunir canfyddiadau ymchwil ansoddol a gomisiynwyd gennym ag ymchwil a wnaed gan eraill yn y maes. Fel rhan o'r ymchwil ansoddol a gomisiynwyd ymwelwyd ag wyth lleoliad oedd yn darparu gofal dementia ar draws Cymru. Roedd y rhain yn cynnwys amrywiaeth eang o ardaloedd a sefydliadau, gan gynnwys sefydliadau cyhoeddus, preifat a thrydydd sector; canolfannau gofal dydd, cartrefi preswyl a nyrsio; mewn ardaloedd Cymraeg traddodiadol ac ardaloedd lle siaradir llai o'r Gymraeg yn draddodiadol, ynghyd ag ardaloedd gwledig a dinesig. Yn ystod yr ymweliadau hyn cynhaliwyd cyfweiliadau â 14 ymarferydd ac 18 unigolyn oedd â dementia ac ar gyfnodau gwahanol o'r cyflwr. Cynhaliwyd pum cyfweiliad ag uwch-swyddogion awdurdodau lleol a byrddau iechyd, a oedd yn gymysg o unigolion sy'n bennaf gyfrifol am wasanaethau dementia eu hardaloedd a'r rhai sy'n bennaf gyfrifol am wasanaethau Cymraeg. Hefyd, cynhaliwyd dau gyfweiliad ag academyddion yn y maes dementia a iechyd a gofal cymdeithasol. Yn olaf cynullwyd cyfarfod bwrdd crwn o bobl o wahanol sefydliadau sydd ag arbenigedd yn y maes (gweler Atodiad 1). Cynhwysir yn ogystal grynodedb o'r ymatebion a gafwyd mewn ymatebion i geisiadau rhyddid gwybodaeth gan Alzheimer's Society Cymru yn 2017. Nod y ceisiadau am wybodaeth oedd ceisio sefydlu gwaelodlin o'r ddarpariaeth bresennol drwy gyfrwng y Gymraeg a'r ymrwymadau polisi sydd wedi'u gwneud i siaradwyr Cymraeg sydd â dementia.
- 1.2 Gan fod y gwaith ymchwil a gomisiynwyd wedi'i seilio ar ymgynghori â nifer gymharol gyfyngedig o randdeiliaid ceisiwyd gwneud y sampl mor gynrychioliadol â phosibl. Dylid pwysleisio yn ogystal na cheir dadansoddiad meintiol o'r holl wasanaethau dementia a ddarperir ledled Cymru yn yr adroddiad hwn. Er hynny, mae'r ymchwil a gomisiynwyd gennym yn cynnwys barn, profiadau a thystiolaeth pobl sy'n byw â dementia ac ymarferwyr yn y maes. O'i gyfuno â gwaith ymchwil gan eraill mae'n creu darlun cynrychioliadol o natur y gwasanaethau cymorth a chefnogaeth dementia sydd ar gael i siaradwyr y Gymraeg.

1. Introduction to the research

- 1.1 This section demonstrates the main difficulties affecting the dementia care received by Welsh speakers. To do this, we have drawn together the findings of qualitative research that we commissioned and research that has been undertaken by others in the field. As part of the qualitative research that was commissioned visits were undertaken to eight locations across Wales where dementia care is provided. These included a wide variety of areas and settings, including public, private and third sector settings; day care centres, residential and nursing homes; and traditional Welsh-speaking areas and areas where Welsh is traditionally less spoken, as well as rural and urban areas. During these visits interviews were conducted with 14 practitioners and 18 individuals who lived with dementia and were at different stages of the condition. Five further interviews were conducted with senior officers from local authorities and health boards including those who have lead responsibility for dementia services in their areas and those who have lead responsibility for Welsh language services. In addition, two interviews were conducted with academics from the fields of dementia and health and social care. Lastly, a round-table event was convened of people from different organisations with expertise in the field. The report also includes a summary of the answers received in response to freedom of information requests made by Alzheimer's Society Cymru in 2017. The aim of the information requests was to establish a baseline for the current Welsh language provision and the policy commitments which have been made to Welsh speakers with dementia.
- 1.2 As the research that was commissioned is based on consultation with a limited number of stakeholders an effort was made to make this sample as representative as possible. It should be emphasised that the report does not include a quantitative analysis of all the dementia services delivered across Wales. However, the research that we commissioned does include the opinions, experiences and testimony of people living with dementia and practitioners in the field. Together with research conducted by others it provides a representative picture of dementia care available to Welsh speakers.

Yr ymchwil

- ymwelwyd ag wyth lleoliad oedd yn darparu gofal dementia ar draws Cymru
- cynhaliwyd cyfweiliadau â 14 ymarferydd ac 18 unigolyn oedd â dementia ac ar gyfnodau gwahanol o'r cyflwr
- cynhaliwyd pum cyfweiliad ag uwch-swyddogion awdurdodau lleol a byrddau iechyd
- cynhaliwyd dau gyfweiliad ag academyddion yn y maes dementia a iechyd a gofal cymdeithasol
- cynullwyd cyfarfod bwrdd crwn o bobl o wahanol sefydliadau sydd ag arbenigedd yn y maes

The research

- visits were undertaken to eight locations across Wales where dementia care is provided.
- interviews were conducted with 14 practitioners and 18 individuals who lived with dementia and were at different stages of the condition.
- five interviews were conducted with senior officers from local authorities and health boards
- two interviews were conducted with academics from the fields of dementia and health and social care
- a round-table event was convened of people from different organisations with expertise in the field.

2. Asesiadau dementia

- 2.1 Mae tystiolaeth yn dangos bod cyfrwng iaith yn arbennig o bwysig yn ystod y broses o asesu a rhoi diagnosis o ddementia. Mae peidio â derbyn gwasanaeth yn yr iaith fwyaf priodol yn gallu arwain at oedi wrth i bobl gael diagnosis o ddementia. Dywedwyd hefyd yn ein cyfweiliadau gydag ymarferwyr ac arbenigwyr yn y maes bod cyfrwng iaith yn hanfodol wrth gynnal profion gwybyddol sy'n rhan o'r broses o sefydlu diagnosis a'i bod yn gallu effeithio ar berfformiad pobl ynddynt. Cefnogir hynny gan dystiolaeth ryngwladol ac astudiaethau ymchwil a wnaed yng Nghymru. Er enghraifft, yn ôl ymchwil a gyhoeddwyd yn y *Journal of Neuropsychology*.²⁹, mae siaradwyr Cymraeg yn derbyn diagnosis dementia ar gyfartaledd dair blynedd yn hwyrach na phobl sy'n siarad Saesneg yn unig, a bydd eu cyflwr gwybyddol gryn dipyn yn waeth pan fyddant yn cael y diagnosis hwnnw. Yn ôl Dr Catrin Hedd Jones, gall hyn fod oherwydd diffyg gwasanaeth dwyieithog yn ogystal â ffactorau diwylliannol mewn cymunedau Cymraeg.³⁰ Ategir hyn mewn briff ymchwil³¹ a baratowyd gan Dr Catrin Hedd Jones ar gyfer gwasanaeth ymchwil Cynulliad Cenedlaethol Cymru. Ynddo tynnir sylw at ymateb grŵp ffocws a gynhaliwyd gyda thîm o nyrsys seiciatrig cymunedol sy'n arbenigo mewn dementia i ganfyddiadau'r gwaith ymchwil hwn. Mae'r briff ymchwil yn nodi bod tri phrif thema yn deillio o drafodaethau'r grŵp ffocws sef: dylanwad diwylliant, stigma iechyd meddwl a phwysigrwydd dangos sensitifrwydd diwylliannol.

29. Linda Clare, et al, 'Bilingualism, executive control, and age at diagnosis among people with early stage Alzheimer's disease in Wales', *Journal of Neuropsychology* (Medi 2016). <https://onlinelibrary.wiley.com/doi/full/10.1111/jnp.12061> [cyrchwyd 16 Awst 2018].

30. Golwg 360, 'Canfod dementia yn hwyrach mewn Cymry Cymraeg', 19 Mai 2017. <https://golwg360.cymru/newyddion/cymru/264166-canfod-dementia-yn-hwyrach-mewn-cymry-cymraeg> [cyrchwyd 17 Awst 2018].

31. Catrin Hedd Jones, *Briff Ymchwil Mynediad trigolion dwyieithog (Cymraeg a Saesneg) i wasanaethau Dementia*, Cynulliad Cenedlaethol Cymru, 2018. <http://www.assembly.wales/research%20documents/18-017/18-017-web-welsh.pdf> [cyrchwyd 20 Awst 2018].

2. Dementia assessments

- 2.1 Evidence shows that the language of provision is extremely important when assessing and diagnosing dementia. Failure to deliver services in the most appropriate language can lead to delay in diagnosing dementia. It was also stated in our interviews with practitioners and experts in the field that the language of provision is essential when conducting diagnostic tests that are part of diagnosing dementia and it can impact people's performance in them. This is supported by international evidence and research studies undertaken in Wales. For example, according to research published in the *Journal of Neuropsychology*²⁹, Welsh speakers receive a dementia diagnosis three years later on average than those who only speak English, and their cognitive condition will be a great deal worse by the time they receive that diagnosis. Dr Catrin Hedd Jones says that this may be due to a lack of bilingual services as well as cultural factors within Welsh-speaking communities.³⁰ This is echoed in a research briefing³¹ prepared by Dr Catrin Hedd Jones for the National Assembly for Wales' research service. The briefing highlights the response to the research of a focus group with a team of community psychiatric nurses specialising in dementia. The research briefing states that three main themes arise from the focus group's discussions: the influence of culture, mental health stigma and the importance of cultural sensitivity.

29. Linda Clare, et al, 'Bilingualism, executive control, and age at diagnosis among people with early stage Alzheimer's disease in Wales', *Journal of Neuropsychology*, September 2016. <https://onlinelibrary.wiley.com/doi/full/10.1111/jnp.12061> [accessed 16 August 2018]

30. Golwg 360, 'Canfod dementia yn hwyrach mewn Cymry Cymraeg', 19 Mai 2017. <https://golwg360.cymru/newyddion/cymru/264166-canfod-dementia-yn-hwyrach-mewn-cymry-cymraeg> (Welsh only) [accessed 17 August 2018]

31. Catrin Hedd Jones, *Research Briefing Access to dementia services for bilingual (Welsh and English) residents, National Assembly for Wales, 2018*. <http://www.assembly.wales/research%20documents/18-017/18-017-web-english.pdf> [accessed 20 August 2018]

2.2 Fel rhan o'i gwaith gyda LLAIS (Gwasanaeth Cefnogi Isadeiledd Ymwybyddiaeth Iaith),³² gweithiodd Gwerfyl Roberts o Brifysgol Bangor, sydd bellach yn Ymgynghorydd Annibynnol, ar y dasg o gyfieithu a dilysu'n ieithyddol brofion asesu gwybyddol trwy gyfrwng y Gymraeg.³³ Yn dilyn y profiad hwn, dywedodd bod tebygolrwydd unigolyn o sgorio'n uchel yn y prawf yn dibynnu ar ei gryfder yn yr ieithoedd sy'n cael eu defnyddio. Mae hynny'n cydfynd â thystiolaeth ryngwladol sy'n dangos mai iaith yw un o'r prif ffactorau sy'n effeithio ar offerynnau sgrinio gwybyddol.³⁴

Previous studies have demonstrated that while age and education are the most important determinants of normal variation in performance on cognitive testing, ethnicity and language may also affect selected items of standard cognitive screening instruments. This may be particularly important when assessing bilingual patients who may vary in comprehension and performance on cognitive tests depending on the language used to administer the tests.'

2.3 Tynnodd Alzheimer's Society Cymru sylw at y sialensiau yma yn ogystal wrth i *Gynllun Gweithredu Cymru ar gyfer Dementia 2018-22* gael ei ddatblygu. Yn benodol, tanlinellwyd yr anawsterau yr oedd siaradwyr Cymraeg yn eu hwynebu yn y broses o dderbyn diagnosis o ddementia. Tynnwyd sylw at awdit Iechyd Cyhoeddus Cymru o glinigau cof yn 2014³⁵ lle nodwyd 'Welsh language assessment was available in all clinics, but usually by involving a Welsh-speaking colleague from another service.' Ni ganfu'r adroddiad bod hyn yn ddiffyg yn y gwasanaeth er hynny. Roedd Alzheimer's Society Cymru wedi gobeithio gweld rhagor o fanylion yn y Cynllun Gweithredu am sut y byddai Llywodraeth Cymru yn sicrhau bod pobl sy'n siarad Cymraeg yn gallu cael mynediad at wasanaethau dementia. Argymhellwyd mai dim ond aseswyr cymwys a ddylai fod yn rhan o'r broses diagnosis o ddementia a phan nad oes aseswyr sy'n siarad Cymraeg, dylai clinigau gymryd camau i hyfforddi siaradwyr Cymraeg i sefydlu diagnosis o ddementia.

32. <http://nworth-ctu.bangor.ac.uk/llais/staff.php.cy>

33. Prifysgol Bangor, LLAIS (2014) Pecyn Offer Asesu Gwybyddol. <http://nworth-ctu.bangor.ac.uk/documents/25714CognitiveAssessmentToolkitCYMRAEG.pdf> ac yn <http://www.wales.nhs.uk/sites3/documents/415/Pecyn%20Offer%20Asesu%20Gwybyddol.pdf>

34. Aaron McMurtray, MD, Erin Saito, MSc, a Beau Nakamoto, MD. Language Preference and Development of Dementia Among Bilingual Individuals, 2009.

35. Iechyd Cyhoeddus Cymru, *Wales National Audit Memory Clinic and Memory Assessment Services, 2014*. <https://www.rcpsych.ac.uk/pdf/Wales%20National%20Audit%20-%20Memory%20Clinics%20Aug%202014.pdf> [cyrchwyd 17 Awst 2018 – ni chanfuwyd fersiwn Cymraeg o'r adroddiad].

2.2 As part of her work with LLAIS (Language Awareness Infrastructure Support),³² Gwerfyl Roberts from Bangor University who currently works as an Independent Adviser translated and linguistically validated Welsh language dementia cognitive assessments.³³ Following this experience, she said that an individual's chances of obtaining a high score in the assessment depended on their proficiency in the languages being used. This supports international evidence which demonstrates that language is one of the main factors that affect cognitive screening tools.³⁴

Previous studies have demonstrated that while age and education are the most important determinants of normal variation in performance on cognitive testing, ethnicity and language may also affect selected items of standard cognitive screening instruments. This may be particularly important when assessing bilingual patients who may vary in comprehension and performance on cognitive tests depending on the language used to administer the tests.'

2.3 Alzheimer's Society Cymru also drew attention to these challenges during the development of the *Dementia Action Plan for Wales 2018-22*. Specifically, it emphasised the difficulties experienced by Welsh speakers in the process of obtaining a dementia diagnosis. Reference was made to Public Health Wales' audit of memory clinics in 2014³⁵ which stated that 'Welsh language assessment was available in all clinics, but usually by involving a Welsh-speaking colleague from another service'. The report did not identify this as a weakness in the service however. Alzheimer's Society Cymru hoped to see further details in the Action Plan on how the Welsh Government would ensure that Welsh speakers can access dementia services. It was recommended that only qualified assessors should be involved in diagnosing dementia and where there are no Welsh-speaking assessors, clinics should take action to train Welsh speakers to diagnose dementia.

32. <http://nworth-ctu.bangor.ac.uk/llais/staff.php.en>

33. Bangor University, LLAIS (2014) Cognitive Assessment Toolkit <http://nworth-ctu.bangor.ac.uk/documents/25714CognitiveAssessmentToolkitCYMRAEG.pdf>.

34. Aaron McMurtray, MD, Erin Saito, MSc, and Beau Nakamoto, MD. Language Preference and Development of Dementia Among Bilingual Individuals, 2009.

35. Public Health Wales, *Wales National Audit Memory Clinic and Memory Assessment Services, 2014*. <https://www.rcpsych.ac.uk/pdf/Wales%20National%20Audit%20-%20Memory%20Clinics%20Aug%202014.pdf> [accessed 17 August 2018]

- 2.4 Gwyddom bod nifer o brofion gwybyddol dementia ar gael yn Gymraeg (e.e. MOCA, ACE III) a cheir gwybodaeth amdanynt ar wefan Mi-Cym.³⁶ Er hynny, yn gyffredinol mae'r dystiolaeth yn amlygu anghysondeb yn yr ystod o declynnau, profion diagnostig ac adnoddau sy'n cael eu defnyddio gyda phobl sy'n siarad Cymraeg. Amlygodd y ceisiadau rhyddid gwybodaeth gan Alzheimer's Society Cymru fod peth anghysondeb yn y profion diagnosis gwybyddol sy'n bodoli ar gyfer siaradwyr Cymraeg sy'n byw gyda dementia. Nododd un bwrdd iechyd eu bod yn gwybod am un prawf gwybyddol Cymraeg a oedd wedi'i ddilysu a'u bod yn sicrhau ei fod ar gael i feddygon. Fel arall roedd anghysondeb yn yr atebion i gais am wybodaeth ynghylch p'un a oedd profion yn cael eu defnyddio yn y Gymraeg ai peidio. Yn y drafodaeth bwrdd crwn nodwyd nad oedd rhai o'r gweithwyr proffesiynol sy'n gweithio yn y maes yn cydnabod ac yn perchnogi'r profion Cymraeg sydd ar gael oherwydd eu bod yn amau eu hansawdd a'u dilysrwydd. Nodwyd, er hynny, y gallasid dweud yr un fath am y profion Saesneg sy'n cael eu defnyddio â siaradwyr Cymraeg yn ogystal gan nad oeddynt wedi'u safoni i ystyried y byddai siaradwyr Cymraeg neu bobl ddwyieithog yn eu gwneud.
- 2.5 Astudiodd ymchwil Morgan a Crowder³⁷ o 2003 ymateb pobl ddwyieithog oedd â'r Gymraeg yn iaith gyntaf iddynt i brawf gwybyddol MMSE (Mini Mental State Examination).³⁸ Dangoswyd bod pobl yn sgorio'n wahanol wrth wneud y prawf yn y Gymraeg a'r Saesneg. Roedd hyn, ym marn yr ymchwilwyr, yn achos pryder gan fod canlyniad y prawf yn effeithio ar y gofal y byddai'r bobl hyn yn ei dderbyn maes o law. Fel y nodir yn yr ymchwil:

It is felt that misleading results are being achieved for Welsh speaking patients. In the context that decisions about the allocation of health and social care services are increasingly made on the basis of people's scores on a screening instrument this may have potentially significant consequences, both for those concerned whose ability to live independently may be questioned and also for the health and social care services where resources may be inappropriately targeted.'³⁹

36. <http://www.micym.org/llais/measure/index> <http://www.micym.org/llais/static/indexCym.html> [cyrchwyd 12 Medi 2018].

37. Tracey Morgan, Ruth Crowder. 'Mini Mental State Examinations in English: are they suitable for people with dementia who are Welsh speaking?', 2003. <http://journals.sagepub.com/doi/abs/10.1177/1471301203002002009>

38. Mae'r prawf hwn bellach wedi'i ddisodli gan brofion mwy diweddar.

39. Ibid. t. 271.

- 2.4 We know that a number of dementia diagnostic tests are available in Welsh (e.g. MOCA, ACE III) and information about these is available on the Mi-Cym website.³⁶ However, in general, the evidence highlights inconsistencies in the range of tools, diagnostic tests and resources used with Welsh speakers. The freedom of information requests from Alzheimer's Society Cymru revealed some inconsistency in the dementia diagnostic tests available for Welsh speakers living with dementia. One health board stated that they were aware of one Welsh language dementia diagnostic test which had been validated and that they ensure that it is available to doctors. However, the responses to the request for information about whether tests were used in Welsh were inconsistent. In the round-table discussion, it was noted that not all of the professionals in the field recognise and take ownership of the Welsh language tests that are available due to doubts about their quality and validity. It was noted, however, that the same could be said for English language tests used with Welsh speakers too because they have not been moderated to consider Welsh speakers or bilingual people.
- 2.5 Research from 2003 conducted by Morgan and Crowder³⁷ studied the response of bilingual people with Welsh as a first language to the MMSE (Mini Mental State Examination) cognitive test.³⁸ It showed that people achieved a different score when completing the test in Welsh and in English. This, according to the researchers, was a cause for concern as the result of the test affects the care subsequently received by these people. As noted in the research:

It is felt that misleading results are being achieved for Welsh speaking patients. In the context that decisions about the allocation of health and social care services are increasingly made on the basis of people's scores on a screening instrument this may have potentially significant consequences, both for those concerned whose ability to live independently may be questioned and also for the health and social care services where resources may be inappropriately targeted.'³⁹

36. <http://www.micym.org/llais/measure/index> <http://www.micym.org/llais/static/index.html> [accessed 12 September 2018].

37. Tracey Morgan, Ruth Crowder. 'Mini Mental State Examinations in English: are they suitable for people with dementia who are Welsh speaking?', 2003. <http://journals.sagepub.com/doi/abs/10.1177/1471301203002002009>

38. This test has now been superseded by more recent tests.

39. Ibid. p. 271.

2.6 O'r gwaith ymchwil mewn lleoliadau gofal gwelwyd yn ogystal fod iaith y profion yn dibynnu ar iaith y sawl oedd yn eu cynnal. Cafwyd tystiolaeth bod rhai siaradwyr Cymraeg yn gwneud profion gwybyddol yn Saesneg gan ddibynnu ar eraill i gyfieithu i'r Gymraeg. Roedd y rhain weithiau yn aelodau o staff nad oedd wedi'u hyfforddi i gynnal y profion nac ychwaith yn gyfieithwyr cymwys. Clywir yn ogystal am ofalwyr neu aelodau o'r teulu yn gorfod cyfieithu. Fel y dywedodd un rheolwr mewn cartref gofal:

‘ Nes i eistedd mewn ar ddau brawf rai wythnosau yn ôl ac roedd y seiciatryddion yn ddi-Gymraeg. Roeddwn i yno i gyfieithu ond roedd o'n anodd i fi eu deall nhw ac ro'n i'n teimlo'n eithaf anghyfforddus. Nid oedd yn deg ar yr unigolyn achos mae hynny yn bwysig, mae'r profion yn ddigon anodd beth bynnag ond mae methu â'i wneud yn dy iaith gyntaf hyd yn oed yn fwy anodd. Dwi erioed wedi gweld seiciatrydd yn gwneud y prawf yn y Gymraeg.’ (rheolwr cartref gofal).

2.7 Nododd ymchwil Morgan a Crowder yn ogystal ei bod yn hanfodol i'r asesiadau gael eu gwneud gan weithwyr dwyieithog er mwyn sicrhau bod y gofal gorau yn cael ei ddarparu ar gyfer unigolion. Nodir:

‘ Each public body must have its own procedures to accommodate Welsh speakers. It is essential that clients are treated individually using bilingual staff as it is believed this is the only way to ensure that Welsh speaking clients with dementia receive the client-centred and holistic assessment they require.’⁴⁰

2.6 The research undertaken in care settings showed once again that the language of tests depended on the language of those conducting them. Evidence suggested that some Welsh speakers undertake cognitive tests in English relying on others to translate them into Welsh. These were sometimes members of staff who were not trained to conduct the tests nor were they qualified translators. We also heard of carers or family members having to translate. As one manager of a care home said:

‘ I sat in on two tests some weeks ago and the psychiatrists didn't speak Welsh. I was there to translate but I found it difficult to understand them and I felt quite uncomfortable. It wasn't fair on the individual because this is important, the tests are hard enough as it is but not being able to do them in your first language is even harder. I have never seen a psychiatrist conducting the test in Welsh.’ (care home manager) (Translation)

2.7 The research by Morgan and Crowder also stated that it is crucial that assessments are undertaken by bilingual workers in order to ensure that individuals receive the best care, as follows:

‘ Each public body must have its own procedures to accommodate Welsh speakers. It is essential that clients are treated individually using bilingual staff as it is believed this is the only way to ensure that Welsh speaking clients with dementia receive the client-centred and holistic assessment they require.’⁴⁰

- 2.8 Amlygwyd yn ogystal bod ansicrwydd ynghylch pa brofion gwybyddol sydd ar gael, eu cyfrwng a pha gymorth a roddir i siaradwyr Cymraeg sy'n gwneud y profion.

**‘ Mae angen i ni ddeall a ydy'r profion sydd wedi eu cyfieithu yn cael eu cynnig yn y clinigau cof. Ydy o'n ddibynnol ar y staff i fod yn ddwyieithog? Os byddai derbyn y gwasanaeth Cymraeg yn arwain at oedi mae perygl byddai Cymry Cymraeg yn bodloni gyda gwneud y prawf Saesneg yn lle a gall hyn olygu nad yw'r person yn cyflawni ar eu gorau. Mae angen i'r staff fod yna i sicrhau nad yw'r unigolion dwyieithog yn teimlo fel eu bod nhw'n creu trafferth os ydynt yn dymuno cael y gwasanaeth ac yn bwysicach i sicrhau y cânt wneud eu profion trwy gyfrwng y Gymraeg.’
(Dr. Catrin Hedd Jones)**

- 2.9 Yn astudiaeth IAITH o Brofiad Siaradwyr Cymraeg o'r Gwasanaethau Iechyd a Gofal soniodd un ymatebydd am y gwahaniaeth rhwng mynd â'i berthynas i glinig cof lle nad oedd yr asesiad ar gael yn y Gymraeg ac yna gyda seicolegydd oedd yn siarad Cymraeg. Yn y cyntaf, disgrifiodd fod ei berthynas wedi cynhyrfu ['agitated' a ddefnyddiwyd gan yr ymatebydd] ac roedd rhaid iddo ei gorfodi i aros yno. Yn yr ail achos, dywedodd:

‘ Oedd hi'n (y seicolegydd) egluro'n syml, yn defnyddio Cymraeg llafar gwlad ... Yr un peth oedd y diagnosis ond o'n i'n teimlo'n wahanol.’

Eglurir yn yr adroddiad mai 'Y gwahaniaeth hanfodol, meddai hi [yr ymatebydd], oedd bod rhannu'r un iaith a'r ddealltwriaeth ddiwylliannol sydd ynghlwm â hynny, yn help i ffurfio perthynas glinigol'.⁴¹

- 2.8 It also became clear that there was uncertainty regarding which cognitive tests are available, the language of provision and the support delivered to Welsh speakers taking these tests.

**‘ We must understand whether the tests which have been translated are being offered by memory clinics. Is it dependent on having bilingual staff? If receiving a Welsh language service led to delay, there's a risk that Welsh speakers would make do with the English language test and this could mean that they wouldn't perform to best of their ability. Staff need to be there to ensure that bilingual individuals don't feel that they're causing trouble if they wish to receive the service and, importantly, their tests through the medium of Welsh.’
(Dr. Catrin Hedd Jones) (Translation)**

- 2.9 In the IAITH study of Welsh Speakers' Experiences of Health and Social Care Services one respondent referred to the difference they saw when they took a relative to a memory clinic where the assessment was not available through the medium of Welsh and then took them to see a Welsh-speaking psychologist. In the first case, the relative was described as being agitated and she had to be forced to stay there. In the second case, the respondent said:

‘ She explains simply; she uses every day Welsh ... The diagnosis is the same but we feel different.’

The report explains that 'The essential difference, she says [the respondent], is that having a shared language and an associated understanding of culture has helped create a clinical relationship'.⁴¹

3. Y galw am wasanaeth Cymraeg

‘Dwi’n hapusach yn siarad Cymraeg gyda phobl ond prin yw’r gwasanaethau yn y Gymraeg yma. Does neb yn gofyn i ni [o ran y dewis iaith ar gyfer gwasanaethau].’ (preswlydd)

- 3.1 Amlygodd cais rhyddid gwybodaeth Alzheimer’s Society Cymru bod diffyg data gan fyrdau iechyd ac awdurdodau lleol fel ei gilydd am nifer y siaradwyr Cymraeg sy’n cyrchu gwasanaethau cymorth dementia, a’u dewis iaith. Cynigiodd yr astudiaeth achos enghreifftiau o sefydliadau sy’n darparu gofal a chymorth i bobl sydd â dementia ac argaeledd y gwasanaethau hynny yn y Gymraeg. Er nad oedd yr ymchwiler yn cynnwys sampl digonol i gynnig canfyddiadau pendant am natur y gwasanaethau; gyda’i gilydd rhoddodd yr astudiaethau achos dystiolaeth ddefnyddiol ar gyfer creu darlun cyffredinol ar lefel genedlaethol o natur ieithyddol gwasanaethau dementia yng Nghymru.
- 3.2 Yn ôl Alzheimer’s Society,⁴² mae 1 o bob 14 unigolyn dros 65 oed yn y DU yn byw â dementia. Hyd yn oed yn yr ardaloedd gyda llai o drigolion Cymraeg eu hiaith felly bydd sawl enghraifft o siaradwyr Cymraeg â dementia. Yn y siroedd lle mae niferoedd uwch o siaradwyr Cymraeg, mae’n debygol bod rhai cannoedd os nad miloedd o siaradwyr Cymraeg gyda dementia. Er bod y galw felly am wasanaeth Cymraeg gymaint yn fwy ar hyn o bryd yn yr ardaloedd mwy Cymraeg eu hiaith yng ngogledd, canolbarth a de-orllewin Cymru, yn y gwaith ymchwiler gwelwyd sawl achos o’r angen am wasanaeth Cymraeg mewn ardaloedd lle mae canrannau is o siaradwyr Cymraeg hefyd, megis yn y de-ddwyrain. Roedd y galw am wasanaeth Cymraeg, felly, yn amrywio o sefydliad i sefydliad ac o ardal i ardal ond roedd yr angen am wasanaeth Cymraeg yn bodoli ym mhob un o’r sefydliadau ac ardaloedd a oedd yn rhan o’r astudiaeth. Dylid ystyried yn ogystal oblygiadau tymor hir y cynnydd diweddar yn niferoedd siaradwyr Cymraeg yn yr ardaloedd hynny lle yn draddodiadol roedd niferoedd is yn siarad yr iaith. Bydd y boblogaeth honno wrth gwrs yn heneiddio maes o law.
- 3.3 Roedd y rhan fwyaf o’r sefydliadau yr ymwelwyd â hwy yn cynnal asesiadau o anghenion iaith defnyddwyr cyn iddynt gyrraedd y cartref/canolfan a/neu’n gofyn i’w teuluoedd lenwi pecyn gwybodaeth a oedd yn cynnwys adran ar iaith yr unigolyn â dementia. Dywedodd tri ymarferwr eu bod yn derbyn yr wybodaeth honno gan y gwasanaethau cymdeithasol a dywedodd pob sefydliad ac eithrio un bod ganddynt ffordd systematig o adnabod anghenion ieithyddol defnyddwyr.

42. https://www.alzheimers.org.uk/info/20091/what_we_think/93/demography

3. The demand for Welsh language services

‘I’m happier speaking Welsh to people but there are very few Welsh language services here. No one asks us [about our language choice for services].’ (resident) (Translation)

- 3.1 Alzheimer’s Society Cymru’s freedom of information request revealed a lack of data amongst health boards and local authorities alike about the number of Welsh speakers accessing dementia support services and their language choice. The case studies gave examples of organisations which deliver care and support to people with dementia and the availability of those services through the medium of Welsh. The research sample was insufficient to provide definitive findings about the nature of services but, put together, the case studies provided useful evidence to create a general picture of the linguistic nature of dementia services in Wales.
- 3.2 According to Alzheimer’s Society,⁴² 1 in 14 individuals over 65 years old in the UK are living with dementia. Therefore, even in those areas with fewer Welsh-speaking inhabitants, there will be several cases of Welsh speakers with dementia. In counties with higher percentages of Welsh speakers, it is likely that several hundred or indeed thousands of Welsh speakers have dementia. Therefore, even though the demand for Welsh language services is currently much higher in the more Welsh-speaking areas in north, mid and south-west Wales, the research revealed several cases of demand for Welsh language services in areas with lower percentages of Welsh speakers, such as the south-east. The demand for Welsh language services, therefore, varied between settings and areas but there is a need for Welsh language services in all of the settings and areas covered by this study. The long term consequences of the recent increase in the number of Welsh speakers in those areas with traditionally fewer Welsh speakers must also be borne in mind. This population will of course age with time.
- 3.3 Most of the settings visited assessed service users’ language needs before they arrived at the home/centre and/or asked their family to complete an information pack which included a section on the language of the individual with dementia. Three practitioners said that they receive this information from social services and all but one of the settings said that they have a systematic approach to identifying service users’ language needs.

42. https://www.alzheimers.org.uk/info/20091/what_we_think/93/demography

3.4 Awgrymodd yr ymchwiler, felly, fod y gwasanaethau hyn ar y cyfan yn asesu anghenion ieithyddol preswylwyr/ defnyddwyr. Er hynny, mewn un cyfweiliad, dywedwyd bod y pwyslais ar y teulu i ddatgelu gwybodaeth am anghenion ieithyddol unigolion. Amlygodd trafodaethau'r bwrdd crwn y ffaith nad oedd yr wybodaeth am anghenion ieithyddol unigolion yn cael ei rhannu rhwng gwahanol asiantaethau yn effeithiol bob tro. Yn ogystal, darganfu'r cais rhyddid gwybodaeth i awdurdodau lleol bod aneglurder ynghylch sut yn union yr oedd gwybodaeth am anghenion ieithyddol siaradwyr Cymraeg sydd â dementia yn cael ei lledaenu rhwng gwasanaethau.

3.4 The research suggested, therefore, that these services assess the language needs of residents/service users on the whole. However, during one interview, it was said that there is a reliance on the family to disclose information about individuals' language needs. The round-table discussions revealed that information about individuals' language needs was not always shared effectively between various agencies. In addition, the freedom of information request to local authorities found a lack of clarity regarding the way in which information about the language needs of Welsh speakers with dementia was disseminated between services.

4. Darparu gwasanaeth Cymraeg a'r cynnig rhagweithiol

Does 'na fawr o wasanaethau ar gael yn y Gymraeg bellach yma. Does fawr o neb yn gallu siarad Cymraeg yma ond mae rhai gweithgareddau yn digwydd yn y Gymraeg. Mi faswn yn llawer hapusach os byddai mwy o wasanaethau ar gael yn y Gymraeg. Tydi ddim yn hawdd mynegi eich hun bob amser yn y Saesneg. Os na'i ofyn mi ga i bethau yn y Gymraeg weithiau, ond rhan amlaf dwi ddim yn gofyn.' (preswlydd)

- 4.1 Un o'r egwyddorion sylfaenol wrth ystyried i ba raddau mae gwasanaeth Cymraeg digonol yn cael ei gynnig yw a ydy'r dewis yn cael ei gynnig yn rhagweithiol, ynteu a oes disgwyl i'r claf holi am y gwasanaeth, neu a oes rhwystrau i dderbyn y gwasanaeth yn y Gymraeg. Yn y papur *Profiad Siaradwyr Cymraeg o'r Gwasanaethau Iechyd a Gofal*,⁴³ dywedodd nifer o ddefnyddwyr a gofaldwyr mai ar sail galw yn hytrach nag angen y caiff gwasanaethau eu darparu yn Gymraeg. Mae'r papur yn casglu y dylid gosod dyletswydd ar y darparwr i holi'r cwestiwn yn hytrach na disgwyl i'r defnyddiwr orfod adnabod yr angen, a bod hynny'n arbennig o berthnasol i ddefnyddwyr bregus.
- 4.2 Mae *Fy Iaith, Fy Iechyd* hefyd yn dod i gasgliad tebyg. Gwelwyd o'r ymatebion i'r Ymholiad bod nifer o siaradwyr Cymraeg yn bodloni ar wasanaeth gofal sylfaenol yn Saesneg er y byddai'n well ganddynt siarad Cymraeg. Nodir bod sawl ffactor yn cyfrannu at amharodrwydd claf i ofyn am wasanaeth Cymraeg gan gynnwys y canfyddiad nad yw dewis iaith yn bodoli y rhan fwyaf o'r amser ac mai ar hap a damwain y mae ar gael mewn mannau eraill. Mae'r berthynas anghyfartal o ran pŵer sydd rhwng darparwr gwasanaeth a chlaf yn ei gwneud hi'n anodd tu hwnt i glaf newid y sefyllfa drwy ofyn am wasanaeth Cymraeg.

4. Delivering a Welsh language service and the active offer

There are hardly any Welsh language services available now. Hardly anyone can speak Welsh here but there are some Welsh language activities. I would be far happier if there were more Welsh language services. It isn't always easy expressing yourself in English. If I ask, I do sometimes get things in Welsh, but I don't normally ask.' (resident) (Translation)

- 4.1 One of the basic principles when considering the extent to which an adequate Welsh language service is being offered is whether an active offer is made or whether the patient is expected to ask for the service, or whether there are any barriers to receiving a Welsh language service. In the paper *Welsh Speakers' Experiences of Health and Social Care Service*⁴³, a number of service users and carers said that Welsh language services were delivered on the basis of demand rather than need. The paper concludes that the onus should be placed on the provider to ask the question rather than on the service user to identify the need, and that this is particularly pertinent for vulnerable service users.
- 4.2 *My Language, My Health* comes to a similar conclusion. The responses to the Inquiry demonstrated that a number of Welsh speakers make do with primary care service in English even though they would prefer to speak Welsh. It is noted that several factors contribute to a patient's reluctance to ask for a Welsh language service, including the perception that there is no language choice available in most cases and that it is only available in other areas by chance. The unequal balance of power between the service provider and the patient makes it very difficult for a patient to change the situation by asking for a Welsh language service.

4.3 Ategir hyn gan yr ymchwiler a wnaed mewn lleoliadau gofal. Er gwaethaf meddu ar yr wybodaeth am anghenion ieithyddol pobl â dementia nid oedd y dewis iaith bob tro'n cael ei wneud mewn modd rhagweithiol. Roedd yn amlwg o rai o'r cyfweiliadau gyda phobl oedd â dementia eu bod yn osgoi gofyn am wasanaeth Cymraeg. Amlygwyd yn rhai o'r cyfweiliadau gyda darparwyr bod anwybodaeth ynghylch pwysigrwydd y cynnig rhagweithiol, gyda rhai yn cymryd bod pobl yr un mor gyfforddus yn y Gymraeg â'r Saesneg os nad oeddynt yn gofyn am wasanaeth Cymraeg. Serch hynny, roedd hyn yn amrywio o sefydliad i sefydliad a dywedodd eraill eu bod yn cynnig dewis iaith mewn modd rhagweithiol. Mae diffyg cyffredinol gwasanaethau dementia hefyd yn gallu gwneud i bobl y mae arnynt angen cymorth fod yn anfodlon hawlio gwasanaeth Cymraeg gan eu bod yn ofni peidio â chael cefnogaeth o gwbl. Mae hynny yn ei dro yn ei gwneud yn anodd amlygu angen am wasanaethau cyfrwng Cymraeg.

‘ Bydda i'n gwneud [siarad Cymraeg], ond 'di nhw ddim yn deall.’ (preswilydd)

Dangosodd cais rhyddid gwybodaeth Alzheimer's Society Cymru fod mwyafrif yr awdurdodau lleol yn cadarnhau ymrwymiad polisi lefel uchel i ddarparu gwasanaethau dwyieithog i bobl sydd â dementia, gan gyfeirio at y cynnig rhagweithiol mewn sawl achos. Yn hynny o beth roedd gofynion ynghylch y Gymraeg wedi'u cynnwys mewn nifer helaeth o fanylebau comisiynu gwasanaethau yn ogystal. Er hynny, amlygodd y ceisiadau rhyddid gwybodaeth sawl achos o ddibyniaeth ar gyfieithwyr i ddarparu gwasanaethau gan awdurdodau lleol. Mewn ambell ardal bwrdd iechyd yn ogystal, gwelwyd hefyd fod anhawster darparu llwybr gofal cyflawn drwy gyfrwng y Gymraeg i siaradwyr Cymraeg sydd â dementia, er bod ymdrechion ar fynd i'r cyfeiriad hwnnw.

4.3 This is supported by the research undertaken in care settings. Even though they had information about the language needs of people with dementia, they did not always actively offer a language choice. It was clear from some of the interviews conducted with people with dementia that they avoided asking for a Welsh language service. Some of the interviews with service providers demonstrated ignorance regarding the importance of the active offer, with some assuming that people are equally comfortable in Welsh and English if they do not ask for a Welsh language service. However, this varied between settings and others said that they actively offered a language choice. The general shortage of dementia services can also mean that people who need support are reluctant to demand a Welsh language service due to concerns that they will not receive any support at all. This in turn makes it difficult to demonstrate the need for Welsh language services.

‘ I do [speak Welsh], but they don't understand.’ (resident) (Translation)

Alzheimer's Society Cymru's freedom of information request demonstrated that the majority of local authorities confirmed that they have a high level policy commitment to delivering bilingual services to people with dementia, with several references to the active offer. As such, requirements in relation to the Welsh language were also included in a significant number of service commissioning specifications. However, the freedom of information requests revealed several cases where local authorities relied on translators to deliver services. In addition, in some health board areas, there was evidence of difficulty in delivering a full care pathway through the medium of Welsh to Welsh speakers with dementia, although efforts are being made in this direction.

4.4 Nid oedd cynllunio'r gweithlu mewn ffordd sy'n golygu bod y gallu i ddarparu gwasanaeth Cymraeg ym mhob rhan o'r gwasanaeth (e.e. gofal cyffredinol, nyrsio a.y.b.) wedi'i ystyried gan bob lleoliad gofal. Roedd amrywiaeth yn ogystal yn y modd yr oedd y sefydliadau yr ymwelwyd â hwy yn cynllunio'u gwasanaeth mewn ffordd bwrpasol i sicrhau bod gwasanaeth Cymraeg ar gael i'r rheini oedd ei angen. Mewn dau leoliad, dywedwyd eu bod yn sicrhau bod gofalwr sy'n gallu siarad Cymraeg yn gweithio ar bob shift. Mewn man arall, dywedwyd nad oedd ganddynt ddigon o staff Cymraeg i sicrhau bod siaradwr Cymraeg ar y rota bob amser, ond roeddynt yn ceisio cysylltu staff a phreswylwyr Cymraeg gyda'i gilydd pan oedd hynny'n bosib. Roedd y staff sy'n gofalu am un o'r preswylwyr Cymraeg mewn un cartref wedi dysgu rhai ymadroddion syml, ond nid oedd ganddynt staff oedd yn siarad Cymraeg yn rhugl er mwyn cynllunio gwasanaeth Cymraeg mwy cynhwysfawr.

4.5 Mewn ardaloedd mwy di-Gymraeg, prin oedd y staff oedd yn siarad Cymraeg ac felly nid oedd yn bosibl darparu cymorth a gofal cyflawn yn y Gymraeg. Oherwydd hynny, roedd rhai o'r sefydliadau yma'n dibynnu ar ddulliau eraill i ddarparu rhyw fath o wasanaeth Cymraeg. Mewn un man, ffurfiwyd perthynas agos â mudiadau Cymraeg lleol gan gynnwys y Mudiad Meithrin er mwyn cynnal digwyddiadau a gweithgareddau Cymraeg i'r preswylwyr. Roedd un sefydliad wedi cyfieithu llawer o'i ddeunyddiau i'r Gymraeg ac roedd dau gartref yn cynnig setiau teledu a radio i breswylwyr allu clywed y Gymraeg trwy'r cyfryngau hynny. Dywedodd nifer o'r ymarferwyr fod y ffocws a roddir ar y Gymraeg wedi cynyddu llawer yn y blynyddoedd diwethaf ac mae'n datblygu i fod yn llawer mwy o fater byw iddynt. Roedd y darlun amrywiol hwn yn cael ei ategu gan sylwadau'r bobl oedd â dementia ac roedd nifer o breswylwyr yn dweud nad ydynt yn teimlo bod digon o wasanaethau Cymraeg ar gael iddynt.

4.4 Not all care settings had considered workforce planning in such a way as to deliver a Welsh language service across the service (e.g. general care, nursing etc.). There was also inconsistency in the way in which the settings visited planned their services purposefully to ensure that Welsh language services were available to those who required them. Two settings stated that they ensure that Welsh speaking carers are on duty on every shift. Another stated that they did not have enough Welsh-speaking staff to ensure that there were Welsh speakers on the rota at all times, but that they tried to pair Welsh-speaking staff and residents where possible. Staff caring for one of the Welsh-speaking residents in one home had learnt some simple phrases, but there were no fluent Welsh speakers available to be able to plan a more comprehensive Welsh language service.

4.5 In the areas where less Welsh was spoken, there were very few Welsh-speaking staff and therefore it was not possible to deliver full care and support through the medium of Welsh. As a result, some of these settings relied on other ways of delivering some kind of Welsh language service. One setting had established close links with local Welsh language organisations, including Mudiad Meithrin, in order to hold events and activities through the medium of Welsh for residents. One setting had translated many of its resources into Welsh and two homes offered televisions and radios to enable residents to hear the Welsh language through those media. Many of the practitioners stated that the focus placed on the Welsh language has increased significantly over recent years and that it is becoming far more of a live issue. This mixed picture was supported by comments from people with dementia and a number of residents said that they do not believe that there are enough Welsh language services available to them.

4.6 Daeth yn amlwg yn ogystal bod anawsterau yn codi pan ddaw pobl sy'n byw â dementia i gyswllt â gwasanaethau y tu allan i'r lleoliadau gofal. Mae hyn yn amlygu diffyg mewn casglu, cofnodi a rhannu gwybodaeth am anghenion ieithyddol pobl a sicrhau bod yr wybodaeth honno yn bwydo i mewn i gynllunio'r gweithlu a gwasanaethau yn ehangach. Yn gyffredinol, gwelwyd bod darparwyr cymorth yn blaenoriaethu darparu'r gwasanaeth dros aros am siaradwr Cymraeg wrth symud o un gwasanaeth i un arall. Dywedodd nifer eu bod yn gwneud cais am weithwyr proffesiynol sy'n siarad Cymraeg pan fo angen gwasanaeth allanol ar ddefnyddwyr, ond bod hynny'n dibynnu ar allu'r gwasanaeth i ddarparu hynny.

‘Da ni'n gwneud pob peth yn y Gymraeg. Yr unig wasanaeth sy'n gallu bod trwy gyfrwng y Saesneg yw'r ochr feddygol pan mae doctoriaid yn eu trin ac ati. Gyda gweithwyr locwm, nid yw'n bosib sicrhau cael yr un Meddyg Teulu bob tro ac felly weithiau mae'r rhai sy'n ymweld yn ddi-Gymraeg... Efallai mai'r brif her yw'r diffyg seiciatryddion Cymraeg.’ (Rheolwr cartref gofal)

‘Dwi'n credu mai'r gefnogaeth amlasiantaethol [yw'r prif fwllch] lle nad oes yna lawer o weithwyr proffesiynol yn gallu siarad Cymraeg, o ran y proffesiwn meddygol a'r grwpiau cymdeithasol lleol hefyd.’ (Rheolwr cartref gofal)

Mae ymwybyddiaeth gyffredinol ar lefel polisi o'r angen clinigol i gynnig gofal yn y Gymraeg i bobl â dementia ac yn wir mae ymrwymadau polisi wedi'u gwneud i ymateb i'r angen hwnnw. Er hynny, ymddengys nad yw'r ymwybyddiaeth hon na gweithrediad yr ymrwymadau polisi wedi treiddio ar lawr gwlad fel y bo gweithwyr yn y maes yn deall bod derbyn gofal yn y Gymraeg yn fater o angen clinigol nid yn hytrach nag yn fater o ddewis.

4.6 It became clear also that difficulties arise when people living with dementia come into contact with services outside the care settings. This highlights weaknesses in terms of collecting, recording and sharing information about people's language needs and ensuring that this information informs wider workforce and service planning. In general, it was seen that support providers give priority to delivering the service rather than waiting for Welsh speakers when moving from one service to another. A number of settings said that they ask for a Welsh speaking professional when a service user requires an external service, but that this depends on the service's ability to meet the request.

‘We do everything in Welsh. The only service which may be delivered in English is the medical side when doctors are treating them and so on. With locums, it's impossible to get the same GP every time and so some of the ones that visit don't speak Welsh... Perhaps the main challenge is a lack of Welsh-speaking psychiatrists.’ (Care home manager) (Translation)

‘I think that multi-agency support [is the main gap] where there aren't many Welsh-speaking professionals, in terms of the medical profession as well as local social groups.’ (Care home manager) (Translation)

There is a general awareness at a policy level of the clinical need to offer care through the medium of Welsh to people with dementia and, indeed, policy commitments have been made in response to this need. However, it does not appear that this awareness and action to fulfil these policy commitments have filtered down to grass roots level so that professionals in the field understand that receiving care in Welsh is a matter of clinical need rather than choice.

5. Y gweithlu

Ychydig o'r staff sy'n Gymraeg, Saesneg yw'r rhan fwyaf... Dwi 'di bod i'r doctor ond Saesneg maen nhw'n siarad... Mae'n rhaid i mi siarad Saesneg efo nhw.' (preswlydd)

- 5.1 Wrth ddarparu gofal mae'n hanfodol sicrhau bod niferoedd digonol o bobl yn y gweithlu iechyd a gofal cymdeithasol yn gallu gwneud hynny trwy gyfrwng y Gymraeg a bod pobl yn ymwybodol o bwysigrwydd y cynnig rhagweithiol ac anghenion gofal siaradwyr Cymraeg. Mae'n hollbwysig felly bod camau yn eu lle i gasglu data am siaradwyr Cymraeg a chynllunio a hyfforddi'r gweithlu ar sail hynny. Er hynny, o'r gwaith ymchwil a wnaed yn y lleoliadau gofal gwelwyd bod gallu'r gweithlu i ddarparu gwasanaeth Cymraeg, a'r ymdrech sy'n cael ei wneud i sicrhau bod gan bobl y gallu digonol a'r modd i ddatblygu'r gallu hwnnw, yn amrywio'n fawr o sefydliad i sefydliad ac o ardal i ardal. Mewn un sefydliad roedd yr holl staff yn siarad Cymraeg ac mewn dau sefydliad arall roedd dros 50% o'r staff yn siarad Cymraeg. Mewn dau sefydliad roedd bwlch mawr rhwng canran y staff oedd yn siarad Cymraeg a'r ganran o'r preswylwyr oedd yn siarad Cymraeg (8% i 42% ac 17% i 50%). Mewn man arall, er bod ganddynt ddau breswlydd oedd ag angen am wasanaeth Cymraeg, nid oedd digon o siaradwyr Cymraeg i ddarparu gwasanaeth Cymraeg yn gyson. Gwelwyd nad oedd dull cyson o recriwtio siaradwyr Cymraeg ar draws Cymru, gyda rhai sefydliadau yn ei gwneud yn ofynnol mewn disgrifiadau swyddi ond eraill yn ei gwneud yn ddymunol. Nid oedd y gallu i siarad Cymraeg yn cael ei weld fel rhan o ansawdd y gofal y gallai unigolyn ei gynnig i breswylwyr.

Nid yw'n ofynnol ar hyn o bryd i siarad Cymraeg ar ein swydd ddisgrifiadau achos byddai hynny'n ei gwneud yn anodd recriwtio o gwbl, ond byddai hi yn neis cael mwy o staff sydd yn siarad Cymraeg. Byddai hefyd yn dda cael mwy o weithwyr proffesiynol eraill yn y maes sy'n gallu siarad Cymraeg gan gynnwys y doctoriaid, nyrsys a'r asiantaethau allanol.' (Rheolwr cartref gofal)

5. The workforce

Very few of the staff speak Welsh, most of them are English speakers... I've been to see the doctor but they're English too... I have to speak English with them.' (resident) (Translation)

- 5.1 It is essential to ensure that there is an adequate number of people in the health and social care workforce that can provide services through the medium of Welsh and that people are aware of the active offer and the care needs of Welsh speakers. It is essential therefore that there are steps in place to collect data about Welsh speakers and that the workforce is planned and trained on the basis of data. Despite this, from the research undertaken in care settings, it was seen that the ability of the workforce to deliver a service in Welsh, and the efforts made to ensure that people have sufficient ability and the means to develop that ability, vary widely from setting to setting and from area to area. In one setting, all the staff spoke Welsh and in another two settings, more than 50% of the staff were Welsh speakers. In two settings, there was a big gap between the percentage of staff who could speak Welsh and the percentage of residents who could speak Welsh (8% to 42% and 17% to 50%). In another setting, even though there were two residents who required Welsh language services, there were not enough Welsh speakers to deliver a regular Welsh language service. An inconsistent approach to recruiting Welsh speakers was seen across Wales, with some job descriptions stating that the Welsh language is essential and others stating that it is desirable. The ability to speak Welsh was not considered part of the quality of care that an individual could offer to residents.

Our job descriptions don't currently state that the Welsh language is essential because that would make it difficult to recruit anyone, but it would be nice to have more Welsh-speaking members of staff. It would also be good to have more Welsh-speaking professionals in the field, including doctors, nurses and external agencies.' (Care home manager) (Translation)

- 5.2 Yn gyffredinol, mae'r dystiolaeth yn yr astudiaethau achos hyn yn awgrymu nad yw nifer o gartrefi gofal yn asesu gallu ieithyddol gweithwyr ac yn cofnodi'r wybodaeth honno mewn modd ffurfiol, systematig. Dywedodd sawl un eu bod yn dod i ddeall gallu Cymraeg y staff yn ystod y broses gyfnewid ac roedd ambell un yn dibynnu ar y ffaith eu bod yn adnabod neu yn dod i adnabod y staff. Dywedodd un rheolwr mai amcangyfrif y nifer yn unig y gellid ei wneud a'i fod yn dyfalu efallai bod gan aelodau o'i staff sgiliau yn y Gymraeg nad oedd yn ymwybodol ohonynt. Amlygwyd enghreifftiau o ddiffyg hyder pobl a oedd â sgiliau yn y Gymraeg i ddefnyddio'r iaith yn ogystal.
- 5.3 O dystiolaeth aelodau'r bwrdd crwn a sylwadau dau ddigwyddiad a gynhaliwyd gan Gomisiynydd y Gymraeg, Alzheimer's Society Cymru a'r Theatr Genedlaethol, a'r llall gan Ofal Cymdeithasol Cymru yn Eisteddfod Caerdydd 2018 i drafod gofal dementia pwysleisiwyd mai un o brif heriau'r maes oedd diffyg hyder y gweithlu yn eu sgiliau ieithyddol. Nodwyd bod nifer yn teimlo na ddylent ddefnyddio'r Gymraeg o gwbl os nad oeddynt yn gallu cynnig gwasanaeth Cymraeg llawn. Pwysleisiodd sawl un bod angen ysgogi gweithwyr a oedd yn darparu gwasanaethau i bobl â dementia i ddefnyddio'r hynny o Gymraeg oedd ganddynt waeth beth fo'i lefel. Nodwyd, yn ogystal bod ymwybyddiaeth ddiwylliannol yn hollbwysig i fedru trafod â phobl â dementia yn Gymraeg.
- 5.4 Trafodwyd pwysigrwydd darparu gwersi Cymraeg i aelodau o staff byrddau iechyd yn ogystal. Tynnwyd sylw at y gofyn yn Sweden ar i broffesiynolion iechyd clinigol feddu ar sgiliau ieithyddol digonol mewn Swedeg er mwyn cael trwydded i weithio yno.⁴⁴ O brofiad yr unigolyn dan sylw cafodd ei ryddhau o'i waith ar dâl llawn i ddysgu'r iaith. Ar hyn o bryd mae gan awdurdodau a sefydliadau sydd o dan reolaeth awdurdodau lleol ddyletswyddau penodol i asesu a datblygu sgiliau Cymraeg eu staff oherwydd safonau'r Gymraeg. Yn ystod 2019 daw'r un gofynion yn wir mewn perthynas â gwaith byrddau iechyd. Bydd y safonau hyn yn ei gwneud yn ofynnol i gyrff iechyd asesu sgiliau ieithyddol eu gweithlu ac i ddarparu cyrsiau hyfforddi i aelodau o staff i ddysgu a datblygu eu sgiliau yn y Gymraeg, yn ogystal â chodi ymwybyddiaeth o'r Gymraeg a dealltwriaeth am y modd y gellir defnyddio'r Gymraeg yn y gweithle.

44. <https://legitimation.socialstyrelsen.se/en/educated-within-eu-or-eea> (Saesneg yn unig) [cyrchwyd 18 Medi 2018]

- 5.2 In general, evidence from these case studies suggests that few care homes assess workers' language skills and record that information in a formal and systematic way. Several said that they get an insight into the Welsh language skills of staff during the interview process and a few relied on the fact that they know the staff or come to know them. One manager said that they could only estimate the number and that they would guess that some members of staff may have Welsh language skills of which the manager is unaware. Examples were also seen of a lack of confidence amongst people with Welsh language skills to use the language.
- 5.3 From the evidence of members of the round-table and comments from two events held by the Welsh Language Commissioner, Alzheimer's Society Cymru and Theatr Genedlaethol Cymru and another by Social Care Wales in the National Eisteddfod in Cardiff in 2018 to discuss dementia care, it was emphasised that one of the main challenges in the field was a lack of confidence within the workforce in their language skills. It was noted that a number of people felt that they should not use Welsh at all if they could not deliver a full Welsh language service. Several emphasised the need to encourage workers delivering services to people with dementia to use the Welsh skills that they have, whatever their level. It was also noted that cultural awareness is crucial in order to be able to discuss with people with dementia in Welsh.
- 5.4 The importance of providing Welsh lessons for health board staff was also discussed. Reference was made to requirement in Sweden that clinical health professionals are required to possess sufficient language skills in order to obtain a licence to practise.⁴⁴ The individual in question was released from work on full pay in order to learn the language. Currently, authorities and organisations managed by local authorities have a specific duty to assess and develop the Welsh language skills of their staff due to the Welsh language standards. In 2019, the same requirements will apply to health boards. These standards will require health bodies to assess the language skills of their workforce and provide training for staff to learn Welsh and develop their Welsh language skills, as well as raise awareness of the language and improve understanding of the way in which Welsh can be used in the workplace.

44. <https://legitimation.socialstyrelsen.se/en/educated-within-eu-or-eea> [accessed 18 September 2018]

Cafwyd llawer o dystiolaeth yn yr ymchwil fod y rhan fwyaf o sefydliadau yn ymdrechu i wella sgiliau Cymraeg y gweithlu. Soniodd llawer o'r cartrefi gofal a'r canolfannau gofal dydd eu bod yn annog staff i fynychu cyrsiau dysgu Cymraeg a bod llawer ohonynt yn gwneud hynny. Dim ond dau o'r wyth a ddywedodd nad oes ganddynt unrhyw strwythurau penodol i gynyddu gallu'r gweithlu i ddarparu gwasanaethau Cymraeg. Amlygwyd yr angen am ragor o hyfforddiant ymwybyddiaeth iaith, hyfforddiant gwella sgiliau Cymraeg ynghyd â hyfforddiant drwy gyfrwng y Gymraeg yn fwy cyffredinol, gan gynnwys cyrsiau ar-lein.

- 5.5 Mae'r ymwybyddiaeth o anghenion cleifion sy'n byw â dementia yn isel yn gyffredinol. Mae mentrau llwyddiannus fel 'Dyma Fi'⁴⁵ a Chynllun Pili-Pala⁴⁶ wedi helpu i godi ymwybyddiaeth ymhlith gweithwyr proffesiynol mewn lleoliadau gofal. Dylid datblygu mentrau tebyg ar gyfer sicrhau bod gweithwyr iechyd proffesiynol yn ymwybodol bod cleifion angen gofal a chymorth yn yr iaith Gymraeg, yn enwedig ar gyfer pobl â dementia. Er mwyn gwneud hynny, mae angen arweinyddiaeth gadarn o ran y Gymraeg a dealltwriaeth o'r cynnig rhagweithiol gan y proffesiynau iechyd sy'n ymwneud â gofal dementia, yn ogystal ag uwch-swyddogion mewn awdurdodau lleol a byrddau iechyd. Er hynny, amlygodd y cais rhyddid gwybodaeth i fyrddau iechyd bod gwahaniaeth barn mewn sawl man rhwng yr arweinwyr clinigol oedd yn gyfrifol am ofal dementia a'r arweinwyr corfforaethol oedd yn gyfrifol am y Gymraeg. Nodwyd nad oedd yr arweinwyr clinigol bob tro yn cydnabod pwysigrwydd clinigol darparu gwasanaethau Cymraeg i bobl â dementia. Gwelwyd bod angen rhagor o gydweithio rhyngddynt i oresgyn hyn. Yn hynny o beth, amlygodd trafodaethau'r bwrdd crwn yr angen i'r holl broffesiynau sy'n rhan o becyn gofal pobl â dementia gydnabod pwysigrwydd y Gymraeg fel angen clinigol wrth ddarparu gofal. Nodwyd bod angen i ymdrechion i newid a gwella'r gofal a ddarperir gael eu perchnogi yn llawn gan yr holl broffesiynau er mwyn creu newid a gwelliant.

45. <https://www.alzheimers.org.uk/about-us/wales> (gwefan Saesneg, rhai dolenni Cymraeg) [cyrchwyd 12 Medi 2018]
https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/this_is_me_bilingual_welsh.pdf
46. <https://www.sir-benfro.gov.uk/gofal-ysbyty-derbyn/cynllun-pili-pala> [cyrchwyd 6 Medi 2018]

The research found significant evidence that most settings try to improve the Welsh language skills of their workforce. Many care homes and day centres said that they encourage staff to attend Welsh courses and that many of them do so. Only two of the eight said that they do not have any specific structures in place to improve the workforce's ability to deliver Welsh language services. The need for more language awareness training, Welsh language improvement training as well as training through the medium of Welsh more generally, including online courses, was highlighted.

- 5.5 In general, there is lack awareness of the needs of patients living with dementia. Successful initiatives such as 'This is me'⁴⁵ and the Butterfly Scheme⁴⁶ have helped to raise awareness amongst professionals in care settings. Similar initiatives should be developed to ensure that health professionals are aware that patients need care and support in Welsh, especially people with dementia. To achieve this, strong leadership in relation to the Welsh language and an understanding of the active offer is required from health professions involved in dementia care as well as senior officers within local authorities and health boards. However, the freedom of information request to health boards revealed a difference of opinion in several areas between clinical leaders responsible for dementia care and corporate leaders responsible for the Welsh language. It was noted that clinical leaders did not always recognise the clinical importance of delivering Welsh language services to people with dementia. It was seen that further collaboration is needed to overcome this. In this regard, the round-table discussions revealed the need for all professions involved in the care package of people with dementia to recognise the importance of the Welsh language as a clinical need when delivering care. It was noted that all professions need to take ownership of efforts to change and improve the care delivered in order to create change and improvement.

45. <https://www.alzheimers.org.uk/about-us/wales> [accessed 12 September 2018]
https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/this_is_me_bilingual_welsh.pdf
46. <https://www.pembrokeshire.gov.uk/hospital-care-admission/butterfly-scheme> [accessed 6 September 2018]

6. Effaith ar ddefnyddwyr

Wrth i'r dementia gynyddu, rydym wedi sylwi bod rhai o'r preswylwyr yn teimlo'n fwy cyfforddus wrth drafod eu hanghenion personol yn y Gymraeg. Mae hynny'n rhywbeth sydd yn digwydd yn aml.'(rheolwr cartref gofal)

- 6.1 Yn anffodus amlygodd y gwaith ymchwil enghreifftiau o effaith andwyol diffyg gwasanaethau Cymraeg ar bobl. Mewn un achos roedd unigolyn wedi cychwyn colli ei gafael ar y Saesneg ac yn siarad Cymraeg gyda'r staff er nad oeddynt yn ei deall hi. Roedd hyn wedi arwain at rwystredigaeth fawr i'r unigolyn:

Dwi'n credu ei bod yn mynd yn rhwystredig iawn pan nad ydym yn deall beth mae'n ceisio dweud wrthym, yn enwedig os mae hi mewn poen neu'n ypset am rywbeth. Rydym wedi trafod fel staff i beidio dweud wrthi 'gwedwch hynny'n Saesneg plis' achos mae hynny'n ei gwneud yn rhwystredig iawn. Mae'r staff sydd wedi bod yma ers iddi symud mewn yn deall ei hanghenion yn iawn, ond efallai byddai rhai o'r staff newydd yn gallu ei gwneud yn rhwystredig... Pan ddaeth hi atom i gychwyn, roedd hi wedi byw yn yr ardal am amser hir ac yn siarad Saesneg yn iawn gyda ni. Ond, yn ddiweddar ac ar ôl i'r dementia waethygu, mae hi wedi cychwyn siarad llawer mwy o Gymraeg gyda ni.' (rheolwr cartref gofal)

- 6.2 Cafwyd achos yn ogystal lle nad oedd preswilydd yn siarad o gwbl ac nid oedd y staff yn ymwybodol ei fod yn siaradwr Cymraeg. Aeth trwy gyfnod felly heb siarad gydag unrhyw un hyd nes i'r staff ddod i ddeall, trwy lwc ac ar hap, ei fod yn siaradwr Cymraeg. Mae'n anodd dychmygu'r profiad a'r loes a gafodd yr unigolyn hwn o fethu â chyfathrebu â phobl o'i gwmpas er gwaetha'r ffaith ei fod yn meddu ar iaith i gyfathrebu ynddi.

Roedd un o'n preswylwyr, sydd ddim gyda ni mwyach, yn gwrthod siarad gydag unrhyw un ac felly cymerwyd nad oedd yn gallu siarad. Wedi hynny, mi wnaeth un o'r rheolwyr yma, sy'n siarad Cymraeg iaith gyntaf, ddigwydd dweud ambell air Cymraeg wrtho ac mi wnaeth y preswilydd ddechrau siarad gyda fe yn syth - nid Cymraeg toredig ond siarad yn hollol rugl. Roedd ganddo ddementia a dim ond yn y Gymraeg byddai'n siarad. Dim ond trwy siawns wnaethon ni adnabod hynny. Mi wnaeth dysgu hyn newid yn llwyr y ffordd rwy'n meddwl am y gwasanaeth a chafodd y cyfle i siarad Cymraeg effaith enfawr arno.' (rheolwr cartref gofal)

6. Impact on service users

As their dementia develops, we've noticed that some of the residents feel more comfortable discussing their personal needs in Welsh. This is something which happens often.' (care home manager) (Translation)

- 6.1 Unfortunately, the research revealed examples where a lack of Welsh language services has had a harmful effect on people. In one case, an individual had started to lose her grasp of English and spoke Welsh to staff even though they did not understand her. This caused great frustration to the individual:

I think that she gets very frustrated when we don't understand what she's trying to tell us, especially if she's in pain or upset about something. As staff, we've discussed not asking her to repeat everything in English because that makes her feel very frustrated. The staff who have been here since she moved in understand her needs well, but maybe some of the new staff can make her feel frustrated... When she came to us initially, she had lived in the area for a long time and she spoke English with us easily. But, lately and after her dementia progressed, she has started to speak a lot more Welsh with us.' (care home manager) (Translation)

- 6.2 In another case, a resident did not speak at all and staff were unaware that he was a Welsh speaker. Therefore, for a period, he did not talk to anyone until staff found out, by chance, that he was a Welsh speaker. It is difficult to imagine the experience of this individual and the pain of not being able to communicate with those around him even though he had a language of communication.

One of our residents, who is no longer with us, refused to talk to anyone so we thought he couldn't talk. Subsequently, one of the managers here, whose first language is Welsh, happened to say a few words of Welsh to the resident and he started talking to him straight away – not in broken Welsh but fluent Welsh. He had dementia and he would only speak in Welsh. It was only by chance that we found out. Learning about this completely changed the way I think about the service and the opportunity to speak Welsh had a big impact on him.' (care home manager) (Translation)

6.3 Yn astudiaeth IAITH o Brofiad Siaradwyr Cymraeg o'r Gwasanaethau Iechyd a Gofal mae sawl ymatebydd yn sôn am y ffordd y gall defnyddio iaith naill ai gynhyrfu neu dawelu'r person â dementia. Wrth sôn am brofiad ei dad a oedd yn aros mewn ysbyty ac wedi colli ei allu yn y Saesneg yn llwyr, dywedodd un ymatebwr:

‘Roedd dau berson yn siarad Cymraeg ar y ward a phan oedd un o'r rheiny'n digwydd bod ar shifft, roedd e'n tawelu... Mae e'n hala'r cyflwr lot yn waeth os na allwch chi gyfathrebu yn eich iaith gyntaf. Os nag oedd Cymry ar y shifft, oedd e'n mynd yn wyllt. Oedd e'n edrych yn syn. Oedd ei freichiau fe'n mynd i gyd... Y peth ola ych chi'n ddysgu yw'r peth cynta i fynd gyda dementia.’⁴⁷

6.4 Mae'r enghreifftiau hyn ac eraill o adrannau eraill yr adroddiad hwn yn tanlinellu'r ffaith fod cynnig gofal yn y Gymraeg yn angen clinigol ar gyfer siaradwyr Cymraeg sydd â dementia ac mae ganddynt hawl i'w dderbyn. Os nad yw'r gofal ar gael iddynt yn y Gymraeg mae'n gyfystyr â diffyg yn y gofal a dderbyniant ac mae'r effaith arnynt yn andwyol. Nodir yn *Mwy na geiriau* bod 'sichrau diogelwch, urddas a pharch siaradwyr Cymraeg yn hanfodol bwysig wrth ddarparu gwasanaethau iechyd a gwasanaethau cymdeithasol drwy gyfrwng y Gymraeg..... mae hefyd yn ymwneud â gwella ansawdd y gofal a diwallu anghenion ieithyddol pobl, a darparu gwasanaethau cyhoeddus da sy'n canolbwyntio ar yr unigolyn⁴⁸. Nid yw'r enghreifftiau hyn yn canolbwyntio ar anghenion yr unigolyn ac nid ydynt ychwaith yn sichrau eu hurddas nac yn dangos parch tuag atynt. Gellir dehongli felly nad yw'r gwasanaethau hyn sy'n effeithio ar ofal clinigol unigolion - boed hwy yn wasanaethau cyhoeddus, preifat neu wirfoddol - yn wasanaethau da. Ar raddfa Cymru gyfan felly ymddengys nad yw gofal dementia i siaradwyr Cymraeg yn ddigonol. Nid yw hyn yn dderbyniol.

47. Ibid. t.40.

48. Ibid. t. 4.

6.3 In the IAITH study of Welsh Speakers' Experiences of Health and Social Care Services several respondents refer to the way in which language use can either agitate or placate an individual with dementia. One respondent, discussing the experience of his father who had been admitted to hospital and who had lost grasp of English completely, said:

‘There were two people who spoke Welsh on the ward and when one of these happened to be on duty, he'd be quieter... It makes the condition a lot worse if you can't communicate in your first language. If there weren't any Welsh speakers on the shift, he used to be wild. He'd stare. His arms used to flay around... It's the last thing you learn which is the first to go with dementia.’⁴⁷

6.4 These examples and other sections of this report underline the fact that offering care in Welsh is a clinical need for Welsh speakers with dementia and that they have a right to receive such care. If care is not available to individuals in Welsh, it constitutes a weakness in the care delivered, which is harmful and impacts their care. *More than just words* states that 'ensuring the safety, dignity and respect of Welsh speakers is at the heart of providing health and social services in Welsh...it is also about improving the quality of care and meeting the language need of people and providing good public services that focus on the individual⁴⁸. These examples do not focus on the needs of the individual nor do they ensure their dignity and respect. It can be interpreted, therefore, that these services which affect individuals' clinical care - be they public, private or voluntary - are not good services. At an all Wales level, therefore, it appears that dementia care for Welsh speakers is inadequate. This is unacceptable.

47. Ibid. p.39.

48. Ibid. p. 4.

Rhan 3
Argymhellion Polisi

Part 3
Policy Recommendations

1. Gweithredu deddfwriaeth a pholisïau yn llawn

- 1.1 Mae rhan 1 yr adroddiad hwn yn amlygu bod deddfwriaeth a pholisïau sydd eisoes yn eu lle yn creu amodau ffafriol ar gyfer darparu gofal trwy gyfrwng y Gymraeg i bobl sy'n byw â dementia. Gyda'i gilydd mae'r ddeddfwriaeth a'r pholisïau o blaid y Gymraeg mewn gofal yn gymharol bwerus. Er hynny, mae canfyddiadau'r adroddiad hwn a amlygir yn Rhan 1 yn amlygu diffygion yng ngweithrediad y pholisïau a'r ddeddfwriaeth sy'n golygu bod diffygion mewn gofal i unigolion sy'n byw gyda dementia ar hyn o bryd. Mae'r diffygion hyn yn gyfystyr â methiant mewn gofal. Cesglir felly fod angen gweithredu, adolygu ac arolygu gofynion y pholisïau ar ddeddfwriaeth yn fwy effeithiol a gweithredu yn sgil canfyddiadau gwneud hynny. Yn ogystal cesglir bod angen hyrwyddo'r ddealltwriaeth o angen clinigol pobl â dementia i gael gwasanaethau Cymraeg, a bod angen sicrhau'r hawl hwn drwy gynllunio gwasanaethau, cydweithio rhwng asiantaethau, a thrwy brosesau recriwtio a darparu addysg a hyfforddiant i weithwyr proffesiynau sy'n rhan o'r pecyn gofal ar gyfer pobl â dementia.

Argymhelliad 1

Gofynnwn i Bwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon y Cynulliad gynnal adolygiad o'r graddau y mae gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn cael eu gweithredu mewn perthynas â darparu gofal dementia trwy gyfrwng y Gymraeg, a'r graddau y mae'r datganiad ynghylch y canlyniad llesiant cenedlaethol 'Rwy'n cael gofal a chymorth trwy'r Gymraeg os bydda i eu hangen'⁴⁹ yn cael eu gwireddu mewn perthynas â gofal dementia. Yn benodol dylid ystyried y graddau y mae ystyriaeth yn cael ei roi i'r Gymraeg mewn:

- o asesiadau
- o comisiynu a darparu gofal
- o cynlluniau gofal unigolyn
- o sut mae awdurdodau lleol a byrddau iechyd lleol yn asesu ar y cyd ystod a lefel y gwasanaethau y mae eu hangen i ddiwallu anghenion gofal a chymorth pobl yn ardal yr awdurdod lleol

Argymhelliad 2

Argymhellwn bod Arolygiaeth Gofal Cymru ac Arolygiaeth Gofal Iechyd Cymru yn cydnabod bod diffyg gofal trwy gyfrwng y Gymraeg i'r sawl sydd ei angen yn gyfystyr â gofal gwael a allai effeithio'n andwyol ar bobl. Dylai gallu darparwyr i gynnig gofal cyfrwng Cymraeg i bobl â dementia fod yn gyfystyr â gofal da ac yn fater o ansawdd a diogelwch gwasanaethau. Dylai hyn fod yn rhan o'u gwaith arolygu.

1. Full implementation of legislation and policies

- 1.1 Part 1 of this report demonstrates that legislation and policies already in place create favourable conditions for delivering care through the medium of Welsh to people living with dementia. Taken together, legislation and policies in favour of the Welsh language in care are relatively powerful. However, the findings in Part 2 of this report reveal gaps in the implementation of these policies and legislation leading to gaps in the care currently delivered to individuals living with dementia. These gaps represent a failure in care. We therefore conclude that these policies and legislation need to be implemented, reviewed and inspected more effectively and action taken in response to the findings. We also conclude that there is a need to promote the understanding of the clinical need of people with dementia to receive services in Welsh and that this right needs to be upheld through service planning, collaboration between agencies, and recruitment, education and training processes for professionals involved in the care package of people with dementia.

Recommendation 1

We ask the Assembly's Health, Social Care and Sport Committee to conduct a review of the extent to which the requirements of the Social Services and Well-being (Wales) Act 2014 are being implemented in relation to providing dementia care through the medium of Welsh and the extent to which the statement regarding the national well-being outcome 'I get care and support through the Welsh language if I need it'⁴⁹ is being met in relation to dementia care. Specifically, the consideration given to the Welsh language in the following areas should be examined:

- o assessments
- o commissioning and delivering care
- o individual care plans
- o how local authorities and local health boards jointly assess the range and level of services required to meet the care and support needs of people in the local authority area.

Recommendation 2

We recommend that Care Inspectorate Wales and the Healthcare Inspectorate Wales recognise that a lack of Welsh language care for those who require it constitutes poor care which may have a harmful effect on people. The ability of providers to offer care in Welsh to people with dementia should constitute good practice and be a measure of the quality and safety of services. This should form part of their inspection work.

2. Datblygu llwybr gofal dementia Cymraeg

- 2.1 Dylai'r Gymraeg, dealltwriaeth o effaith dementia ar siaradwyr Cymraeg a chydabyddiaeth o hawliau siaradwyr Cymraeg â dementia fod yn greiddiol i weledigaeth Cynllun Gweithredu Dementia Cymru ar gyfer Dementia. Er gwaetha'r ymrwymadau sydd mewn deddfwriaeth ar hyn o bryd, gwelwyd o'r gwaith ymchwil mai ystyriaeth 'ychwanegol' oedd y Gymraeg i ofal dementia yn aml. Nodir yn y Cynllun Gweithredu bod pobl sy'n byw gyda dementia a'u teuluoedd a'u gofalwyr wedi dweud bod angen datblygu system gymorth sy'n 'hybly - gyda gwasanaethau'n gallu ymateb i anghenion unigolion yn hytrach na disgwyl i bobl addasu i'r hyn sydd eisoes ar gael... ac yn gallu ymateb i anghenion iaith a diwylliant eu poblogaeth'.⁵⁰ Mae'n nodi ymrwymiad Llywodraeth Cymru i 'ddatblygu llwybr diagnosis, gofal a chymorth cyson, hawdd ei ddeall, sy'n ymgorffori safonau gofal a mesurau canlyniadau'. Mae'r Cynllun hefyd yn nodi'r bwriad i '[d]atblygu timau amlddisgyblaethol 'o amgylch yr unigolyn', sy'n darparu gofal, cymorth a thriniaeth gydlynol fel bo'r angen'.⁵¹

Argymhelliad 3

Gofynnwn i Lywodraeth Cymru wrth weithredu *Cynllun Gweithredu Cymru ar gyfer Dementia* ystyried y graddau y mae'r targedau perthnasol a osodwyd ar gyfer gwasanaethau iechyd a gofal yn *Mwy na geiriau* wedi'u gweithredu ac yn hwyluso cynnig darpariaeth dementia cyfrwng Cymraeg. Os nad ydynt wedi'u gweithredu dylid cymryd camau i unioni hynny er mwyn hwyluso gweithredu'r Cynllun Gweithredu ac argymhellion eraill yr adroddiad hwn.

50. Ibid., t.19

51. Ibid., t.20.

2. Develop a Welsh language dementia care pathway

- 2.1 The Welsh language, understanding of the impact of dementia on Welsh speakers and a recognition of the rights of Welsh speakers with dementia should be central to the vision of the *Dementia Action Plan for Wales*. Despite the commitments in current legislation, the research demonstrated that the Welsh language is often an 'additional' consideration in terms of dementia care. The Action Plan states that people living with dementia and their families and carers have said that a support system needs to be developed which is 'flexible – with services able to respond to an individual's needs rather than expect people to adapt to what exists already... and able to respond to the language and cultural needs of their population'.⁵⁰ It states the Welsh Government's commitment to 'develop a consistent clearly understood diagnosis, care and support pathway which incorporates standards of care and outcome measures'. The Plan also states the intention to 'develop multidisciplinary 'teams around the individual' which provide person-centred and co-ordinated care, support and treatment as needed'.⁵¹

Recommendation 3

We ask the Welsh Government, in implementing the *Dementia Action Plan for Wales*, to consider the extent to which the relevant targets set for health and social care services in *More than just words* have been met and the extent to which they facilitate efforts to offer Welsh language dementia provision. If they have not been met, steps should be taken to rectify this in order to facilitate implementation of the Action Plan and other recommendations made in this report.

50. Ibid., p. 19

51. Ibid., p. 20.

Argymhelliad 4

Gofynnwn i awdurdodau lleol, byrddau iechyd a Llywodraeth Cymru gydweithio i ddatblygu llwybr gofal dementia cyfrwng Cymraeg. Dyma gyfle euraid i sicrhau bod y Gymraeg yn gwbl ganolog i lwybr gofal unigolion a bod y staff sy'n gweithio gyda hwy a'u teuluoedd yn gallu ymateb i'w hanghenion ieithyddol.

Argymhelliad 5

Gofynnwn i Lywodraeth Cymru lunio cynllun gweithredu penodol i gynllunio, ddatblygu a hyfforddi timau gofal cyfrwng Cymraeg wrth ddatblygu'r llwybr gofal a'r timau amlddisbyglaethol sy'n rhan o'r Cynllun Gweithredu, er mwyn sicrhau y gwireddir yr ymrwymadau gofal a geir yn Neddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Recommendation 4

We ask local authorities, health boards and the Welsh Government to work together to develop a Welsh language care pathway. This is a golden opportunity to ensure that the Welsh language is central to individuals' care pathways and that staff working with them and their families can respond to their language needs.

Recommendation 5

We ask the Welsh Government to produce a specific action plan to plan, develop and train Welsh medium care teams when developing the care pathway and multidisciplinary teams which form part of the Action Plan, in order to ensure that the care commitments made in the Social Services and Well-being (Wales) Act 2014 are fulfilled.

3. Cydweithio i rannu adnoddau a gwybodaeth

- 3.1 Mae Cynllun Gweithredu Cymru ar gyfer Dementia yn nodi 'rhaid i adnoddau diagnostig fod ar gael mewn sawl iaith wahanol, yn ddiwylliannol briodol, ac mewn fformatau gwahanol fel bod byrddau iechyd yn gallu diwallu anghenion eu poblogaeth'⁵². Yn benodol yng nghyd-destun y Gymraeg ceir yr ymrwymiad i,weithio gyda rhanddeiliaid i nodi a defnyddio'r adnoddau asesu dementia sydd wedi'u dilysu'n glinigol a chadarn i'w defnyddio drwy gyfrwng y Gymraeg, a chomisiynu adnoddau fel bo'r angen'.⁵³
- 3.2 Mae'r ymrwymiad hwn i'w groesawu wrth gwrs ond mae angen mynd ymhellach a datblygu a chynnal llwyfan cenedlaethol ar-lein sy'n darparu adnoddau Cymraeg safonol ar gyfer gweithwyr a gofalwyr dementia. Gwyddom bod nifer o adnoddau ar gael ar wefan Mi-CYM⁵⁴ ac mae rhai byrddau iechyd yn cyfeirio at yr adnoddau hyn, ond nid oes cysondeb ar draws Cymru. Mae angen hefyd wneud gwaith pellach i sicrhau bod cyfieithiadau safonol ar gael a bod dilysiad ieithyddol o asesiadau pellach ym maes gofal dementia. Mae hyn yn ychwanegol at ddatblygu canllawiau a hyfforddiant ar gyfer cynnal profion ac asesiadau gyda siaradwyr Cymraeg, a chasglu data anhysbys ar ganlyniadau profion asesu gwybyddol Cymraeg er mwyn sefydlu gwaelodlin ar gyfer siaradwyr Cymraeg sy'n gwneud profion. Mae angen i Lywodraeth Cymru arwain drwy godi ymwybyddiaeth o'r adnoddau hyn a sicrhau bod cydnabyddiaeth iddynt gan y gwahanol broffesiynau sy'n gweithio â phobl â dementia, gan gynnwys seiciatryddion a seicolegwyr clinigol. Rhaid hefyd sicrhau bod y bobl sy'n gweinyddu'r profion yn gallu gwneud hynny trwy gyfrwng y Gymraeg.

Argymhelliad 6

Fel rhan o'r ymrwymiad uchod i wneud gwaith pellach ar adnoddau asesu dementia gofynnwn i Lywodraeth Cymru gydweithio ag awdurdodau lleol a byrddau iechyd Cymru i ddatblygu llwyfan cenedlaethol i rannu'r profion Cymraeg yn ogystal â'r adnoddau, yr arbenigedd a'r wybodaeth am ddementia a'r Gymraeg; i sicrhau bod cydnabyddiaeth iddynt gan y gwahanol broffesiynau sy'n gweithio â phobl a dementia; i godi ymwybyddiaeth ohonynt ymysg gweithwyr iechyd a gofal.

52. Ibid., t. 16

53. Ibid., t.16.

54. <http://www.micym.org/llais/static/indexCym.html>

3. Collaborate to share resources and information

- 3.1 The Dementia Action Plan for Wales states that 'diagnostic tools must be available in a variety of languages, which are culturally appropriate, and in various formats to ensure that health boards can meet the needs of their population'⁵². Specifically, in the context of the Welsh language, the commitment is made. We will work with stakeholders to identify and utilise the most robust clinically validated dementia assessment tool(s) for use in the Welsh language and commission research as necessary.⁵³
- 3.2 This commitment is to be welcomed, of course, but it needs to go further and develop and maintain a national online platform providing quality Welsh language resources for dementia workers and carers. We know that a number of resources are available on the Mi-CYM⁵⁴ website and that some health boards refer to these resources, but there is inconsistency across Wales. Further work needs to be undertaken to ensure that standardised translations are available and that further assessments in the field of dementia care are validated. This is in addition to developing guidelines and training to conduct tests and assessments with Welsh speakers and collecting anonymized data to set the norms for Welsh speakers undertaking test. The Welsh Government needs to raise awareness of these resources and ensure that they are recognised by the different professions working with people with dementia, including psychiatrists and clinical psychologists. It must also be ensured that these tests are administered by people who can do so through the medium of Welsh.

Recommendation 6

As part of the commitment above to undertake further work on dementia assessment tools we ask the Welsh Government to work with local authorities and health boards in Wales to develop a national platform to share Welsh language tests as well as resources, expertise and information about dementia and the Welsh language. This will ensure that they are recognised by the different professions working with people with dementia and raise awareness of them amongst health and social care workers.

52. Ibid., p. 16

53. Ibid., p. 16.

54. <http://www.micym.org/llais/static/index.html>

- 3.3 Argymhellodd aelodau'r bwrdd crwn yn ogystal bod angen datblygu fforwm cenedlaethol i weithwyr dementia sy'n rhoi gofal yn y Gymraeg rannu gwybodaeth a rhoi cefnogaeth i'w gilydd. Gallasai fforymau rhanbarthol gyfrannu at wybodaeth y fforwm cenedlaethol hwn. Dylid sicrhau bod pobl sy'n byw â dementia a'u gofawyr yn cael lle amlwg yn y fforymau hyn.

Argymhelliad 7

Gofynnwn i Lywodraeth Cymru ar y cyd â byrddau iechyd ac awdurdodau lleol ddatblygu fforymau cenedlaethol a lleol i rannu profiadau darparu gofal Cymraeg a gwirfoddoli yn Gymraeg a fyddai'n bwydo profiadau a gwybodaeth i mewn i'r llwyfan cenedlaethol uchod.

- 3.4 Hyd yn oed pan fo anghenion a dewisiadau ieithyddol yn cael eu cofnodi gan wasanaeth penodol, gwelwyd bod anawsterau yn codi wrth drosglwyddo'r wybodaeth hon rhwng gwasanaethau. Dylai Llywodraeth Cymru sicrhau bod y systemau yn eu lle sy'n cofnodi ac yn trosglwyddo'r wybodaeth hon rhwng asiantaethau yn hwylus. Mae System Wybodaeth Gofal Cymunedol Cymru (WCCIS)⁵⁵ a chofnodion cleifion meddygon teulu yn enghreifftiau o'r systemau hyn.

Argymhelliad 8

Gofynnwn i Lywodraeth Cymru sicrhau bod technoleg yn ei lle i sicrhau y cofnodir gwybodaeth am ddewis iaith unigolion ac y trosglwyddir yr wybodaeth hon yn effeithiol rhwng ac o fewn gwasanaethau gofal a iechyd.

- 3.5 Mae arweinyddiaeth yn y maes hwn yn gwbl hanfodol ac mae angen i arweinwyr ym meysydd iechyd a gofal gymryd cyfrifoldeb proffesiynol dros arwain i sicrhau bod ymwybyddiaeth a dealltwriaeth o anghenion pobl sydd â dementia yn treiddio ac yn ystyriaeth lawn wrth gynllunio a darparu gwasanaethau. Mae *Cynllun Gweithredu Cymru ar gyfer Dementia* yn cynnwys bwriad y Llywodraeth i greu swydd newydd Ymarferydd Perthynol i Iechyd ar gyfer Dementia yng Nghymru. Bydd yn rhoi cyngor a chymorth i fyrddau iechyd ac awdurdodau lleol er mwyn llywio gwelliannau i wasanaethau.

55. <http://www.wales.nhs.uk/nwis/tudalen/67435>

- 3.3 Participants in the round-table discussions also suggested that a national forum should be developed to enable dementia workers delivering care in Welsh to share information and support each other. Regional forums could contribute information to this national forum. It should be ensured that people living with dementia and their carers are prominent in these forums.

Recommendation 7

We ask the Welsh Government along with health boards and local authorities to develop national and local forums to share experiences of delivering care and volunteering in Welsh which would contribute experiences and information to the national platform mentioned above.

- 3.4 Even when language needs and choices are recorded by a specific service, difficulties were seen to arise when transferring this information between services. The Welsh Government should ensure that there are systems in place to record and transfer this information between agencies effectively. The Welsh Community Care Information System (WCCIS) and GP records are examples of such systems.⁵⁵

Recommendation 8

We ask the Welsh Government to put technology in place to ensure that information about patients' language choice and needs is recorded and that this information is transferred effectively between health and social care services.

- 3.5 Leadership is essential in this field and leaders in health and social care fields need to take professional responsibility for ensuring that awareness and understanding of the needs of people with dementia is disseminated and is fully considered when planning and providing services. The *Dementia Action Plan for Wales* refers to the Government's intention to create a new All Wales Dementia Allied Health Practitioner post. They will provide advice and support to health boards and local authorities to drive service improvement.

55. <http://www.wales.nhs.uk/nwis/page/66175>

Argymhelliad 9

Gofynnwn i Lywodraeth Cymru sicrhau bod y swydd newydd Ymarferydd Perthynol i lechyd ar gyfer Dementia yn cynnwys cyfrifoldeb dros roi cyngor a chymorth am ystyriaethau yn ymwneud â'r Gymraeg a dementia. Gall hyn gynnwys codi ymwybyddiaeth am bwysigrwydd y cynnig rhagweithiol er mwyn llywio gwelliannau i wasanaethau a chodi ymwybyddiaeth am bwysigrwydd cyfrwng iaith wrth ddarparu gofal dementia.

Argymhelliad 10

Gofynnwn i Lywodraeth Cymru sicrhau bod y cyfrifoldeb neu swydd gyfatebol i Ymarferydd Perthynol i lechyd ar gyfer Dementia yng Nghymru yn cael ei chreu yn y maes clinigol er mwyn rhoi arweiniad a chynghor clinigol a chymorth ynghylch dementia a'r Gymraeg i fyrdau iechyd, awdurdodau lleol, proffesiynau iechyd ac eraill, ac i godi ymwybyddiaeth o bwysigrwydd cyfrwng iaith a'r cynnig rhagweithiol wrth ddarparu gofal dementia. Gallasai'r arweinydd cenedlaethol hwn fod yn gyfrifol am ddatblygu'r llwyfan a'r fforymau cenedlaethol yn argymhellion 6 a 7 yn ogystal.

Recommendation 9

We ask the Welsh Government to ensure that the new Dementia Allied Health Practitioner post includes responsibility for providing advice and support on considerations relating to the Welsh language and dementia. This can include raising awareness of the importance of the active offer, in order to drive service improvement and raise awareness of the importance of the language of provision when delivering dementia care.

Recommendation 10

We ask the Welsh Government to ensure that the equivalent responsibility or post to the All Wales Dementia Allied Health Practitioner is created in the clinical field in order to provide clinical advice and leadership and support in relation to dementia and the Welsh language to health boards, local authorities, health professions and others, and to raise awareness of the importance of the language of provision and the active offer when delivering dementia care. This national leader could be responsible for developing the platform and national forums in recommendations 6 and 7 also.

4. Datblygu a chodi ymwybyddiaeth y gweithlu

- 4.1 Dengys canfyddiadau'r gwaith ymchwil yn glir mai diffyg gweithlu sy'n medru'r Gymraeg yw'r prif rwystr sy'n atal cynnig gwasanaethau Cymraeg i bobl sy'n byw â dementia. Mae *Mwy na geiriau* yn tanlinellu bod diffyg data digonol ynghylch siaradwyr Cymraeg o fewn y gweithlu a bod hynny yn rhwystro cynllunio'r gweithlu ac yn cyfyngu ar y broses o ddarparu hyfforddiant a chymorth addas i alluogi'r gweithlu i ddatblygu eu sgiliau Cymraeg. Ceir camau gweithredu penodol ar gyfer Prif Weithredwyr GIG Cymru a Chyfarwyddwyr Gwasanaethau Cymdeithasol sy'n ymwneud â chasglu data a sefydlu proffiliau ieithyddol o gymunedau a'r gweithlu⁵⁶ er mwyn cynllunio ar gyfer darparu gwasanaethau Cymraeg a rhoi'r cynnig rhagweithiol i unigolion. Mae meddu ar ddata o'r fath yn gwbl angenrheidiol er mwyn cynllunio'r gweithlu. Yn ystod hydref 2018 bydd Addysg a Gwella Iechyd Cymru yn dod i fodolaeth a bydd i'r corff hwn swyddogaeth bwysig yn hyfforddi ac yn datblygu gweithlu iechyd Cymru.

Argymhelliad 11

Gofynnwn i'r ymrwymadau yn *Mwy na geiriau* sy'n ymwneud â chasglu data am anghenion ieithyddol y cyhoedd ac am sgiliau ieithyddol y gweithlu gael eu gweithredu'n llawn ac ar fyrder mewn perthynas â darparu gwasanaethau dementia. Ar sail yr wybodaeth hon dylai Addysg a Gwella Iechyd Cymru, sefydliadau addysg uwch a phellach, y Coleg Cymraeg Cenedlaethol a byrddau iechyd gydweithio a chynllunio yn strategol i gomisiynu lleoedd ar gyfer siaradwyr Cymraeg ar gyrsiau hyfforddi perthnasol a sicrhau bod siaradwyr Cymraeg yn ymwybodol o'r angen am weithwyr iechyd a gofal cymdeithasol Cymraeg a'r cyfleoedd sydd ar gael iddynt.

Argymhelliad 12

Argymhellwn y dylai Addysg a Gwella Iechyd Cymru sicrhau bod ymwybyddiaeth iaith; y ddealltwriaeth o effaith dementia ar bobl ddwyieithog; y ffaith fod cynnig darpariaeth iechyd a gofal yn angen clinigol i nifer o siaradwyr Cymraeg; hawl siaradwyr Cymraeg i dderbyn gwasanaethau yn y Gymraeg, a phwysigrwydd y cynnig rhagweithiol yn rhan annatod o hyfforddiant ac addysgu pob gweithiwr proffesiynol gwasanaethau iechyd Cymru. Dylai hyn fod yn rhan o ddarpariaeth hyfforddiant cychwynnol gweithwyr ac yn rhan o'u datblygiad proffesiynol parhaus yn ogystal, ac yn arbennig yn rhan o hyfforddiant arweinwyr yn y meysydd hyn.

56. Gweler camau gweithredu 2.1, 2.2, 2.5, 2.6, 3.2, 3.3

4. Develop and raise the awareness of the workforce

- 4.1 The findings of the research demonstrate clearly that a lack of Welsh-speaking staff is the main barrier to offering Welsh services to people living with dementia. *More than just words* highlights that a lack of data on Welsh speakers within the workforce impedes not just workforce planning but also restricts the process of providing appropriate training and support to enable the workforce to develop their Welsh language skills. There are specific actions for NHS Wales Chief Executives and Directors of Social Services relating to collecting data and establishing language profiles of communities and the workforce⁵⁶ in order to plan Welsh language service provision and provide the active offer to individuals. Obtaining such data is crucial for workforce planning. In autumn 2018 Health Education and Improvement Wales will come into being and this body will have an important role in training and developing the Welsh health workforce.

Recommendation 11

We ask that the commitments made in *More than just words* relating to collecting data about the linguistic needs of the public and the language skills of the workforce be implemented fully and promptly in relation to delivering dementia services. Based on this information Health Education and Improvement Wales, higher and further education establishments, the Coleg Cymraeg Cenedlaethol and health boards should cooperate and strategically plan to commission places for Welsh speakers on relevant training courses and ensure that Welsh speakers are aware of the need for Welsh speaking health and social care workers and the opportunities open to them.

Recommendation 12

We recommend that Health Education and Improvement Wales should ensure that language awareness, an understanding of the impact of dementia on bilingual people; the fact that offering health and social care provision in Welsh is a clinical need for a number of Welsh speakers; the rights of Welsh speakers to receive services in Welsh, and the importance of the active offer are an integral part of the education and training of all health service professionals across Wales. This should be part of the initial training of health workers and part of their continuing professional development, and especially part of the training of leaders in these fields.

56. See actions 2.1, 2.2, 2.5, 2.6, 3.2, 3.3

4.2 Ceir ymrwymiad yn y Cynllun Gweithredu Dementia i 'adolygu a safoni rôl gweithwyr cymorth dementia– gan gynyddu eu niferoedd fel bo'r angen' ac i ddatblygu 'timau o amgylch yr unigolyn'. Mae cynnal ymarferiad adolygu a safoni rôl gweithwyr cymorth dementia a datblygu timau newydd yn gyfle pwysig i gynnwys sgiliau Cymraeg fel gofyniad ar gyfer swyddi newydd yn y maes dementia ac i sicrhau bod siaradwyr Cymraeg yn dod i mewn i'r proffesiynau gofal dementia.

Argymhelliad 13

Argymhellwn fod sgiliau Cymraeg gweithwyr yn ystyriaeth ganolog wrth adolygu a safoni rôl gweithwyr cymorth dementia a datblygu timau o amgylch yr unigolyn fel rhan o weithredu'r Cynllun Gweithredu dementia.

Argymhelliad 14

Argymhellwn y dylai Llywodraeth Cymru gynnal awdit o'r graddau y mae dealltwriaeth o'r cynnig rhagweithiol; hawl pobl i dderbyn gwasanaethau Cymraeg a'r angen clinigol i wneud hynny wedi treiddio ac yn weithredol ymysg gweithwyr sy'n rhan o becyn gofal pobl â dementia ac sy'n arwain yn y maes. Ar sail yr awdit hwn dylid cynllunio i godi ymwybyddiaeth o'r materion hyn ymysg y gweithwyr hyn, e.e. drwy gynnal ymgyrch codi ymwybyddiaeth benodol ar gyfer dementia a'r cynnig rhagweithiol.

4.2 The Dementia Action Plan includes a commitment to 'reviewing and standardising the role of dementia support workers – increasing their numbers as required' and to develop 'teams around the individual'. Reviewing and standardising the role of dementia support workers and developing new teams offer an important opportunity to include Welsh language skills as a requirement for new posts in the field of dementia and to ensure that Welsh speakers enter the dementia care professions.

Recommendation 13

We recommend that workers' Welsh language skills are a key consideration when reviewing and standardising the role of dementia support workers and developing teams around the individual as part of the Dementia Action Plan.

Recommendation 14

We recommend that the Welsh Government should audit the extent to which understanding of the active offer; people's right to receive services in Welsh and the clinical need to do so, has filtered down and is being applied by workers involved in the care package of people with dementia and of leaders in the field. Based on this audit, plans should be made to raise awareness of these matters amongst these workers, e.g. by undertaking a specific campaign to raise awareness of dementia and the active offer.

- 4.3 Eisoes mae gwaith ar y gweill i ddatblygu cymwysterau Iechyd a Gofal Cymdeithasol a Gofal Plant newydd i Gymru a gobeithir y bydd y cymwysterau hyn yn codi ymwybyddiaeth o bwysigrwydd y cynnig gofal yn y Gymraeg a'r cynnig rhagweithiol yn ogystal ag ystyriaethau diwylliannol eraill. Yn ogystal, dylid sicrhau bod cyfleoedd ar gael i siaradwyr Cymraeg wneud y cyrsiau hyn yn Gymraeg a bod niferoedd digonol o siaradwyr Cymraeg yn gwneud hynny. Mae prosiect ar y cyd rhwng y Ganolfan Dysgu Cymraeg Genedlaethol a Gofal Cymdeithasol Cymru i ddatblygu sgiliau Cymraeg y gweithlu presennol. Rhaid sicrhau bod y cyrsiau hyn ar gael i bob gweithiwr sy'n rhan o becyn gofal pobl sy'n byw â dementia.

Argymhelliad 15

Fel rhan o *Gynllun Gweithredu Cymru ar gyfer Dementia* Llywodraeth Cymru ac yn sgil gofynion sydd ac a fydd arnynt yn unol â safonau'r Gymraeg, dylai byrddau Iechyd ac awdurdodau lleol sicrhau bod darpariaeth dysgu Cymraeg arbenigol ar gael ar gyfer gweithwyr sy'n rhan o becyn gofal pobl sy'n byw â dementia, gan fanteisio ar y cynlluniau a gynigir gan y Ganolfan Dysgu Cymraeg Cenedlaethol er enghraifft. Yn ogystal, dylid chwilio am gyfleoedd i ryddhau gweithwyr Iechyd a gofal perthnasol o bob proffesiwn am gyfnodau estynedig er mwyn iddynt ddatblygu sgiliau iaith a fydd yn eu galluogi i gynnig gofal dementia trwy gyfrwng y Gymraeg.

- 4.4 Yn ogystal â'r argymhellion hyn a wneir ar y cyd rhwng Alzheimer's Society Cymru a Chomisiynydd y Gymraeg, credwn bod angen rhoi ystyriaeth lawn i weithredu'r argymhellion a wnaed ym mrieff ymchwil Gwasanaeth Ymchwil Cynulliad Cenedlaethol Cymru a baratowyd gan Dr Catrin Hedd Jones.⁵⁷ Mae nifer o'r argymhellion hyn yn cyd-fynd â'r argymhellion a wneir yn yr adroddiad hwn.

57. Catrin Hedd Jones, Briff Ymchwil Mynediad trigolion dwyieithog (Cymraeg a Saesneg) i wasanaethau Dementia, Cynulliad Cenedlaethol Cymru.
<http://www.assembly.wales/research%20documents/18-017/18-017-web-welsh.pdf>

- 4.3 Work is already underway to develop new Health and Social Care and Child Care qualifications for Wales and it is hoped that these new qualification will raise awareness of the importance of offering care in Welsh and the active offer as well as other cultural considerations. It should be ensured that it is possible for Welsh speakers to undertake these courses in full and that an adequate number of Welsh speakers do so. There is a joint project underway between the National Centre for Learning Welsh and Social Care Wales to develop the Welsh language skills of the current workforce. It must be ensured that these courses are available to all workers involved in the care package for people living with dementia.

Recommendation 15

As part of the Welsh Government's *Dementia Action Plan for Wales* and in light of the requirements that are and will be applicable to them in accordance with the Welsh language standards, health boards and local authorities should ensure that specialist Welsh learning provision is available for workers involved in the care package for people living with dementia, using the plans offered by the National Centre for Learning Welsh for example. Where possible, relevant health and social care workers from all professions should be released for extended periods to develop linguistic skills that will enable them to provide dementia care through the medium of Welsh.

- 4.4 As well as these recommendations made jointly by Alzheimer's Society Cymru and the Welsh Language Commissioner, we believe that full consideration should be given to implementing the recommendations made in the research briefing prepared by Dr Catrin Hedd Jones for the National Assembly for Wales' Research Service.⁵⁷ Many of these recommendations complement the recommendations made in this report.

57. Catrin Hedd Jones, Research Briefing Access to dementia services for bilingual (Welsh and English) residents, National Assembly for Wales.
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Atodiad 1

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Meri Huws, Comisiynydd y Gymraeg
Conor Martin, Bwrdd Iechyd Betsi Cadwaladr
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Appendix 1

Round-table members

Beti George, person affected by dementia and broadcaster
Sue Phelps, Alzheimer's Society Cymru
Meri Huws, Welsh Language Commissioner
Conor Martin, Betsi Cadwaladr Health Board
Catrin Hedd Jones, Bangor University
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