

Equality & Health Impact Assessment for

Policy on the use of the Welsh Language within Public Health Wales

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Policy on the use of the Welsh Language within Public Health Wales
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	People & Organisational Development Sam Sutton, Welsh Language Advisor Sam.Sutton@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Internal Use of Welsh Policy, as required under Standard 79 if the Welsh Language Standards (No.7) Regulations 2018
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	Relevant Welsh Government strategy documents: Cymraeg 2050: A Million Speakers; More Than Just Words, Five-year Plan 2022–27.

<ul style="list-style-type: none"> list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>Public Health Wales Welsh skills declaration rates</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Public Health Wales headcount as at 31/03/2025</td> <td>2634</td> <td>100%</td> </tr> <tr> <td>Employees who have recorded their Welsh speaking skills as at 31/03/2025</td> <td>2558</td> <td>97%</td> </tr> <tr> <td>Employees who have not recorded their Welsh speaking skills as at 31/03/2025</td> <td>76</td> <td>3%</td> </tr> <tr> <td>Level 0</td> <td>1525</td> <td>57.9%</td> </tr> <tr> <td>Level 1</td> <td>547</td> <td>20.7%</td> </tr> <tr> <td>Level 2</td> <td>137</td> <td>5.2%</td> </tr> <tr> <td>Level 3</td> <td>84</td> <td>3.2%</td> </tr> <tr> <td>Level 4</td> <td>98</td> <td>3.7%</td> </tr> <tr> <td>Level 5</td> <td>167</td> <td>6.3</td> </tr> </tbody> </table> <p>Input sought from colleagues from Welsh Language Group, People and OD and the Ymlaen Welsh language network. A draft will be shared wider on further consultation.</p>		Number	Percentage	Public Health Wales headcount as at 31/03/2025	2634	100%	Employees who have recorded their Welsh speaking skills as at 31/03/2025	2558	97%	Employees who have not recorded their Welsh speaking skills as at 31/03/2025	76	3%	Level 0	1525	57.9%	Level 1	547	20.7%	Level 2	137	5.2%	Level 3	84	3.2%	Level 4	98	3.7%	Level 5	167	6.3
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<p>5. Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>All staff have the potential to be affected by this policy, as it has the ambition to change organisational culture with regard to the use of the Welsh language internally.</p> <p>If the policy is effective, there is a potential for our provision of Welsh language services to improve, which would have a positive effect on our Welsh-speaking populations.</p>																														

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

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6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There are no substantial differences in how this policy could affect people because of their age. Younger colleagues are more likely to have studied Welsh at school, so may have latent skills more easily revived in a conducive environment. However, the policy is designed to support use of and respect for the language regardless of ability.		

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<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Those with hearing or sight impairment might face additional barriers to accessing training in Welsh language skills, much of which takes place online.</p> <p>Some neurodiverse colleagues could face challenges adapting to the change in behaviours and expectations described in this policy. However, those who have Welsh as a first language could find that an improved bilingual environment makes it easier for them to cope.</p>	<p>Adjustments should be sought from learning providers to make opportunities accessible to all. Colleagues who face challenges should be supported to identify them and managers</p>	

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		(and, where appropriate, P&OD) should work together to find practical solutions.	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	There is no differentiation by sex or gender in this policy. Encouraging and facilitating Welsh learning in work hours should remove some barriers to learning which are traditionally faced by women who may not be able to pursue evening classes due to caring responsibilities.		

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NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Increased use of Welsh in a professional environment, and increased discussion of terminology, should facilitate the creation, adoption and normalisation of newer terms around gender-non-conforming identities.		

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6.4 People who are married or who have a civil partner.	There are no differential effects with respect to marriage or civil partnership		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	A number of people choose to use more Welsh when they have a baby, in order to bring that child up bilingually. Increased use of Welsh in a professional environment should contribute positively to increased confidence in the language		

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6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>There has been some suggestion that the Welsh language is inherently racist or exclusionary (see for example the anti-racism report commissioned by Amguedda Cymru in 2021: https://arts.wales/sites/default/files/2021-08/Welsh%20Arts%20Anti%20Racist%20Union%20Report.pdf) However, this suggestion has been rejected by other anti-racism groups (see https://nation.cymru/news/race-council-cymru-wrong-to-say-welsh-language-excludes-minorities/)</p> <p>The Welsh Government Anti-Racist Wales Action Plan is explicit in its ambition to increase the number of people in Wales from ethnic-minority backgrounds who are learning and speaking Welsh.</p>	<p>Attention should be paid to ensuring that Welsh-language activities are explicitly inclusive and welcoming to staff of all nationalities and ethnicities. Cultural activities should seek to</p>	

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		include people of colour among the Welsh-speaking/learning role models, in order that all staff should see themselves represented	
6.7 People with a religion or belief or with no religion or belief.	There should be no reason why anyone with a particular religion or belief should be affected disproportionately by this policy, which seeks to enable all staff, at all levels, to embrace the Welsh language.	Attention should be paid to ensuring that staff of	

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<p>The term 'religion' includes a religious or philosophical belief</p>	<p>The chapel can be a central part of culture for many Welsh-speakers, and some may feel a natural tendency to bring this into their discussions around social or cultural issues.</p>	<p>other beliefs and none should not be excluded from events, discussions etc on this basis. This should be included in the Terms of Reference for the Welsh Language Network, for example</p>	

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6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>There is no differentiation by sexual orientation in this policy.</p> <p>Increased use of Welsh in a professional environment, and increased discussion of terminology, should facilitate the creation, adoption and normalisation of newer terms around sexual orientation.</p>		
6.9 People according to their income related group: Consider people on low income, economically	<p>This policy allows all staff to learn Welsh in work hours, with work funding, bringing the language to people of all incomes, and breaking down barriers to learning for lower paid workers</p>	Review the banding of staff who access Welsh learning and monitor to	

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inactive, unemployed/workless, people who are unable to work due to ill-health		ensure all bands of staff access these opportunities	
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access	Welsh-speaking staff living in those areas where the language is not widely used as a community language (e.g. south-east Wales) should see a benefit from an improved Welsh culture and community in the workplace.		

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services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			
6.12 Welsh Language			
<p>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)</p>			

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Opportunities for persons to use the Welsh language	<p>This policy is explicitly designed to increase and facilitate opportunities for all staff to use the Welsh language.</p> <table border="0" data-bbox="548 989 1433 1404"> <tr> <td data-bbox="548 989 963 1404"> <p style="text-align: center;">Direct Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Mandates bilingual communication in key services and governance. - Commits to offering Welsh services across internal systems (e.g. ESR, recruitment). </td> <td data-bbox="963 989 1433 1404"> <p style="text-align: center;">Indirect Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Reinforces organisational culture that values Welsh, encouraging staff to use it informally. - Encourages procurement of Welsh-language-capable systems and suppliers. </td> </tr> </table>	<p style="text-align: center;">Direct Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Mandates bilingual communication in key services and governance. - Commits to offering Welsh services across internal systems (e.g. ESR, recruitment). 	<p style="text-align: center;">Indirect Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Reinforces organisational culture that values Welsh, encouraging staff to use it informally. - Encourages procurement of Welsh-language-capable systems and suppliers. 		<p>Introduce proactive prompts in digital forms, ESR onboarding, and surveys to offer Welsh without waiting for a request.</p> <p>Create a network of Welsh Language Champions across all</p>
<p style="text-align: center;">Direct Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Mandates bilingual communication in key services and governance. - Commits to offering Welsh services across internal systems (e.g. ESR, recruitment). 	<p style="text-align: center;">Indirect Effects</p> <p>Positive</p> <ul style="list-style-type: none"> - Reinforces organisational culture that values Welsh, encouraging staff to use it informally. - Encourages procurement of Welsh-language-capable systems and suppliers. 				

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	<p>- Embeds Welsh language in staff-facing policies and procedures (e.g. HR letters, training).</p> <p>Negative</p> <p>- Could unintentionally rely on staff self-identifying language needs, limiting proactive provision.</p> <p>- Some digital tools and third-party services may not fully support Welsh use.</p> <p>- Raises expectations among stakeholders that Welsh will be available in all future interactions.</p> <p>Negative</p> <p>- A lack of clear operational monitoring may reduce Welsh provision in practice over time.</p> <p>- Risk of uneven implementation across directorates, especially in non-frontline or corporate areas.</p>		<p>directorates to ensure consistent local implementation.</p> <p>Embed Welsh language into staff training as a cultural value (not just policy), using real-life case studies and impact.</p>

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	<ul style="list-style-type: none"> - If Welsh is seen as "compliance" rather than empowerment, it could suppress use among staff. - Poor visibility of Welsh resources (e.g. intranet navigation) may discourage uptake. 				
Treating the Welsh language no less favourably than the English language	<p>This policy is explicitly designed to ensure favourable treatment for the Welsh language.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%; border: none;"> Direct Effects Positive <ul style="list-style-type: none"> - Requires Welsh to be equally prominent in publications and policies. - States bilingual versions must be of equal quality </td> <td style="text-align: center; width: 50%; border: none;"> Indirect Effects Positive <ul style="list-style-type: none"> - Promotes a cultural shift toward linguistic parity in public health discourse. - Normalises the expectation that services </td> </tr> </table>	Direct Effects Positive <ul style="list-style-type: none"> - Requires Welsh to be equally prominent in publications and policies. - States bilingual versions must be of equal quality 	Indirect Effects Positive <ul style="list-style-type: none"> - Promotes a cultural shift toward linguistic parity in public health discourse. - Normalises the expectation that services 		<p>Frame the language policy positively through internal comms—highlight benefits to staff, brand reputation and patients too.</p> <p>Define responsibilities</p>
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	<p>and published at the same time. and materials will be equally available in Welsh.</p> <ul style="list-style-type: none"> - Ensures Welsh is offered proactively, not just reactively, in staff and public communication. <p>Negative</p> <ul style="list-style-type: none"> - Lack of enforcement or accountability may lead to inconsistencies in actual practice. - Some staff may view "equal treatment" as a burden rather than a standard, affecting implementation. 		<p>clearly in manager role profiles</p>

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	<p>- Where translation is poor or delayed, Welsh may appear like an afterthought.</p> <p>- Bilingual formatting/layout done poorly may reduce clarity and usability, leading to frustration.</p>		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
Welsh speaking patients	An increase in Welsh learners and fluent speakers within the organisation will assist us in providing Welsh language services to patients.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	No impacts anticipated			
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	Increased internal use of Welsh should contribute to an improvement in skills and confidence of our staff at all levels of Welsh, and the normalisation of its use. Those staff should then feel more enabled and confident to use that language in a social setting, contributing in a positive way to those communities where Welsh is used.			
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? 	No impacts anticipated			

<ul style="list-style-type: none"> Does it impact on emotional wellbeing and resilience? 				
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> Air quality Attractiveness/access/availability/quality of area, green and blue space, natural space. Health & safety, community, individual, public/private space Housing, quality/tenure/indoor environment Light/noise/odours, pollution Quality & safety of play areas (formal/informal) Road safety Urban/rural built & natural environment Waste and recycling Water quality 	No impacts anticipated			
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> Unemployment Income, poverty (incl. food and fuel) Economic inactivity Personal and household debt Type of employment i.e. permanent/temp, full/part time Workplace conditions i.e. environment culture, H&S 	Welsh skills are highly sought after in the workforce, and developing those skills will improve people's employability for the future.			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care 	No impacts anticipated			

<ul style="list-style-type: none"> Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 				
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	<p>No impacts anticipated</p>			

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
<p>No impacts anticipated</p>				

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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).