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Rhetoric and Reality: A Critical Review of Language Policy and Legislation Governing Official Minority Language Use in Health and Social Care in Wales

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Résumé de l'article

Le gouvernement gallois mène présentement une action concertée en vue de revitaliser la langue galloise au pays de Galles grâce à des mesures législatives et à des initiatives stratégiques en matière linguistique. Cet article explore la rhétorique politique et la réalité pratique de ces récents développements législatifs en ce qui a trait aux soins de santé. Il propose une analyse qualitative des preuves écrites fournies par les principales parties prenantes lors du processus de consultation sur les nouvelles exigences juridiquement contraignantes des normes de conduite concernant l'emploi de la langue galloise, applicables aux prestataires de soins de santé. Nous soutenons que ces prestataires de services de niveau intermédiaire sont des pivots essentiels du système de santé et que c'est au niveau intermédiaire que les tensions entre macro-rhétorique et micro-réalité se produisent. Notre analyse met en évidence les lacunes et les obstacles à la prestation de services en gallois dans les soins de santé au pays de Galles et recommande l'adoption d'approches holistiques dans la planification linguistique qui répondent aux besoins linguistiques des patients décrits par le gouvernement.



Rhetoric and Reality: A Critical Review of Language Policy and Legislation Governing Official Minority Language Use in Health and Social Care in Wales

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Abstract

A concerted attempt is being made by the Welsh Government to revitalize the Welsh language in Wales through language legislation and policy initiatives. This paper explores the political rhetoric and practical reality of these recent legislative developments, as they pertain to the health care sector. It offers a qualitative analysis of written evidence provided by key stakeholders during the consultation process on the new legally-binding requirements of Welsh Language Standards for health care providers in Wales. We argue that these meso-level service providers are critical linchpins within the health care system and that it is at the meso level that full tensions between the macro rhetoric and micro reality occur. This contribution highlights shortcomings and barriers to Welsh language service provision in health care in Wales and recommends the adoption of wide-ranging, holistic approaches to language planning that meet the language needs of patients outlined by the Welsh Government.

Résumé

Le gouvernement gallois mène présentement une action concertée en vue de revitaliser la langue galloise au pays de Galles grâce à des mesures législatives et à des initiatives stratégiques en matière linguistique. Cet article explore la rhétorique politique et la réalité pratique de ces récents développements législatifs en ce qui a trait aux soins de santé. Il propose une analyse qualitative des preuves écrites fournies par les principales parties prenantes lors du processus de consultation sur les nouvelles exigences juridiquement contraignantes des normes de conduite concernant l'emploi de la langue galloise, applicables aux prestataires de soins de santé. Nous soutenons que

ces prestataires de services de niveau intermédiaire sont des pivots essentiels du système de santé et que c'est au niveau intermédiaire que les tensions entre macro-rhétorique et micro-réalité se produisent. Notre analyse met en évidence les lacunes et les obstacles à la prestation de services en gallois dans les soins de santé au pays de Galles et recommande l'adoption d'approches holistiques dans la planification linguistique qui répondent aux besoins linguistiques des patients décrits par le gouvernement.

Crynodeb

Gwelir ymgais gan Lywodraeth Cymru i adfywio'r Gymraeg yng Nghymru trwy bolisi iaith a deddfwriaeth. Mae'r papur hwn yn archwilio i'r rhethreg wleidyddol a'r realiti ymarferol y datblygiadau deddfwriaethol diweddar hyn, yn benodol yn y sector gofal iechyd. Mae'r papur hwn yn cynnig dadansoddiad o'r dystiolaeth ysgrifenedig a gasglwyd gan rhanddeiliaid yn ystod y broses ymgynghori i ofynion cyfreithiol Safonau'r Iaith Cymraeg ar gyfer darparwyr gofal iechyd yng Nghymru. Rydym yn dadlau fod y darparwyr gwasanaethau lefel meso hyn yn gyswllt hanfodol yn y system gofal iechyd a'i bod yn lleoliad ble mae tensiynau rhwng rhethreg lefel macro Llywodraeth Cymru a realiti lefel micro'r darparwyr gwasanaeth iechyd yn cael ei amlygu. Mae'r cyfraniad hwn yn tynnu sylw at ddiffygion a rhwystrau i ddarpariaeth gwasanaethau iaith Cymraeg mewn gofal iechyd yng Nghymru ac yn argymhell mabwysiadu dulliau cyfannol eang o gynllunio iaith sy'n diwallu anghenion iaith cleifion a amlinellwyd gan Lywodraeth Cymru.

Background

Welsh is the oldest spoken language of the British Isles and one of the most ancient literary languages in Europe (Jenkins & Williams, 2000). According to the 2011 Census, 19% of the population of Wales are able to speak Welsh, which equates to approximately 562,000 Welsh speakers (Office of National Statistics, 2012), whereas 13% are reported to use the language on a daily basis (Welsh Government [WG] & Welsh Language Commissioner [WLC], 2015). It is understandable, therefore, that Welsh is often referred to as a minority language within Wales. Nonetheless, since 1991, there has been a steady increase in the number of young Welsh speakers in Wales, with 40% of children aged 5-15 reportedly speaking the language in 2011 (Welsh Government & Welsh Language Commissioner, 2015). Along with this generational variation, regional differences are also found in the percentage of Welsh speakers living in Wales, with 65% in the county of Gwynedd, 57% on the Isle of Anglesey, and 47% in Ceredigion. The lowest percentage of people speaking Welsh in 2011 was found in Blaenau Gwent, at 7.8% (Office of National Statistics, 2012), thus demonstrating that Welsh speakers are present in every local authority across the country.

Welsh-medium and bilingual education in Wales have made a substantial contribution to the numbers of Welsh speakers in Wales (Hodges, 2012; Thomas & Williams, 2013). Since the *Education Reform Act* was established in 1988, Welsh is a compulsory subject within the national curriculum for pupils up to 16 years of age. It is taught either as a first language in Welsh-medium schools or as a second language in English-medium schools¹. Sixteen per cent of pupils in Wales attend Welsh-medium schools, with a further 10% attending schools that are bilingual, dual-medium, or English-medium schools with significant Welsh provision (StatsWales, 2017). However, despite this measure of success, the education system has been criticized for its lack of forward planning and failure to create more new Welsh speakers that could provide an active bilingual workforce (Welsh Government, 2010). This, of course, has an impact across the public sector, especially within the health sector, where recruiting health care professionals with sufficient bilingual skills is paramount for ensuring quality care (Welsh Government, 2016).

Whereas Welsh is considered a vulnerable language by UNESCO (Moseley, 2011), it can be argued that a concerted effort has been made to revitalize the language by halting the decline in the number of Welsh speakers. This can be seen in the most recent language strategy of the WG, *Cymraeg 2050* (Welsh Government, 2017), which outlines the ambitious goal of almost doubling the number of Welsh speakers by 2050. This relatively recent goal can be seen as the latest development in the upwards trajectory of the Welsh language in Wales, from a marginalized language of home and private life, to a language of governance, public services and education.

It is against this legal and linguistic backdrop that health and social care services in Wales are provided, where Welsh language services have emerged as a key element within policy and planning. In the bilingual context of Wales, Welsh-medium provision is seen as a method of delivering safe, dignified, quality care, as outlined in the WG's recent strategic framework, aptly named, *More than just words* (Welsh Government, 2012, 2016). Adopting a whole-system approach, the framework guides the planning and delivery of Welsh language services, with an emphasis on integrating systems and processes for workforce planning.

In line with these legislative and policy developments, Welsh Language Standards (WLS) were placed on all local authorities in Wales (social care commissioners and providers) in 2016 (*Welsh Language Standards [No. 1] Regulations 2015*); and, more recently, further standards were introduced to local Welsh health boards and National Health Service (NHS)

1. Within the primary school sector (3-7 year olds), Welsh-medium schools are schools where Welsh is the main language of instruction within the foundation phase (3-7-year olds) and within at least 70% of key stage 2 (7-11 year olds) teaching. English-medium primary schools are schools where English is the main language of the curriculum and where Welsh is taught as a second language. Within the secondary school sector (11-18 year olds), Welsh-medium secondary schools teach all school subjects apart from English through the medium of Welsh, and English-medium secondary schools teach all subjects through the medium of English, and Welsh is taught as a subject up until the age of 16.

trusts (health care providers), in 2019 (*Welsh Language Standards [No. 7] Regulations 2018*). The WLS outline the role of organizations in relation to their Welsh language provision and offer clarity to Welsh speakers on what services they can expect to receive in Welsh. In the health sector, which is the focus of this paper, the publication of the draft WLS attracted wide interest and intensive debate, prompting scrutiny from several key stakeholders (National Assembly for Wales [NAW] 2018, 2019). The exemption of independent primary care services (e.g., general practitioners) has called into question the potential reach and suitability of the legislation, with a plea for a more comprehensive approach. Nonetheless, amidst concerns about the language capacity of the workforce and regional variations therein, health care providers and bodies representing health professionals have questioned the viability of delivering some of the Welsh language provisions outlined in the standards.

This paper will explore the tension between the WG's rhetoric and the reality of implementing current language legislation in Wales. It will examine how the WG strikes a balance between providing Welsh language services to the people of Wales, and the day-to-day practical reality of doing so within a minority language context. This will be achieved by analyzing the responses of stakeholders during the consultation process on the WLS for the health sector between 2018 and 2019 respectively.

Welsh language legislation

Although Welsh, as a minority language, has historically struggled for official recognition in Wales, its status has increased over the past three decades with the Welsh Language Acts of 1967 and 1993, and the more recent *Welsh Language (Wales) Measure 2011* (WLWM), representing the progression of Welsh language legislation in Wales. The *Welsh Language Act 1993* placed a duty on public bodies in Wales, including local health boards, to treat the Welsh and English languages on a basis of equality as set out in their language schemes, which were monitored by the Welsh Language Board. Nonetheless, it was argued that the Act was limited in scope (Dunbar, 2009; Williams & Morris, 2000; Vacca, 2013), as it contained a clause that allowed the concept of equality to be relevant only when it was “reasonable” and “practical” (1993: 03). Furthermore, the lack of oversight for the implementation of the Act was also criticized, leading to calls by some for more rigorous legislation to protect the language rights of Welsh speakers when accessing public services, such as health care.

Since 1999, Wales has had a devolved legislature within the United Kingdom, with decision-making powers on issues including the Welsh language, as well as health and social care (Royles, 2007). Subsequently, the transfer of social policymaking from a centralized to a non-centralized government heralded a policy paradigm shift that included language

policy within mainstream social policy for the first time in Wales (Carlin & Mac Giolla Chríost, 2016; Lewis & Royles, 2017; Williams, 2011).

Following devolution, the (WLWM)² was enacted by the WG in 2011. It creates a new legislative framework for the promotion of Welsh, where the language now has official status in Wales and should be treated no less favourably than English within the public sector. The WLWM also creates standards of conduct that relate to the use of Welsh within a variety of contexts, including service delivery and policymaking. Furthermore, the role of the Welsh Language Commissioner (WLC) was created to promote the use of Welsh and oversee and enforce compliance with the WLWM.

The paradigm shift (Williams, 2011) is evident when discussing the place of Welsh within the broader health and social care agenda that has also been developed in recent years. The WG's *Well-being of Future Generations (Wales) Act 2015*³ placed a legal duty on public bodies to assess the effect of policy decisions on wellbeing. The role of language, and its influence on wellbeing is presented as one of the seven wellbeing goals found within the Act. In a further example, A Healthier Wales (Welsh Government, 2018a) action plan was published by the WG, outlining the role of Welsh within the health and social care sector and identifying the Welsh language as an area of priority. These developments can be seen as attempts to mainstream the use of Welsh within public sector services, and the health sector, and represent the multifaceted approach taken by the WG in embedding Welsh language services within health and social care. Nonetheless, salient questions remain regarding the extent of their implementation within various strategies and policies relating to the Welsh language in health care.

The Welsh language in health and social care

At the very epicentre of health and social care services is caring for people as individuals and placing the service user at the heart of those services. Although language is an essential communication tool for conveying symptoms and emotions, it is also crucial in expressing one's identity, culture and true sense of belonging (Gregg & Saha, 2007), especially when individuals are frail or unwell. Indeed, a plethora of research highlights the importance of responding appropriately to language needs in health care to ensure the safety and quality of service provision (e.g., de Moissac & Bowen, 2019; Jacobs *et al.*, 2006).

In the bilingual context of Wales, the impact of language on health and social care has been an area of growing interest for academics and policymakers alike. The first seminal report on the position of Welsh language services across the sector was published by

2. *Welsh Language [Wales] Measure 2011.*

3. *Well-being of Future Generations (Wales) Act 2015.*

Misell in 2000. Based on his systematic review, Misell concluded that the Welsh language was invisible when planning and providing health and social care services in Wales. This leads to substantial shortcomings where service providers disregard the linguistic needs of their patients and clients and, in doing so, undermine the safety, quality and efficiency of their services. Misell (2000) concludes that these shortcomings place Welsh speakers at a disadvantage and notes that this is particularly damaging for those who are vulnerable, such as individuals with mental health problems, learning difficulties, elderly people and young children. Based on the recommendations of this study, the WG created a task force to promote the use of Welsh within the sector. Nonetheless, studies conducted during the past two decades suggest that shortcomings remain and that the lack of Welsh language provision continues to place Welsh speakers at risk.

With a focus on mental health service provision, Madoc-Jones (2004) noted that language sensitive services are integral to the requirements of Welsh speakers, although current provision did not meet the needs of this client group. In their study of language awareness among health care providers, Irvine *et al.* (2006) also noted that many professionals are aware of the benefits of offering Welsh language services to their patients. However, their findings suggest that the language needs of patients were generally not taken into consideration at an organizational level. This led to a number of shortcomings in the provision of Welsh language services across the sector.

Focusing specifically on third sector service providers, a study by Prys (2010) concluded that Welsh speakers received better service in their language of need. However, these service users were seldom offered a language choice and, due to the vulnerable nature of the individuals involved, were unlikely to ask for services, or to demand to be served, in Welsh. More recently, Iaith (2012) published a report on the experiences of Welsh speakers accessing health and social care services. Their findings offer further evidence of the lack of availability of bilingual services, which ultimately undermines the quality of provision for Welsh speakers of all ages. Furthermore, Beaufort (2014) concluded that Welsh language provision in health care is inconsistent, with both the nature of the service and its geographical location within Wales influencing its availability. The study reported that fewer than one in twenty respondents were offered a language choice by their health care provider, and there was a sense of acceptance among service users that they were not able to access Welsh language provision (Beaufort, 2014). During the same year, the WLC (2014) published a statutory inquiry into the use of the Welsh language within primary care. The inquiry focused on the lived experiences of patients and offers further evidence of “worrying experiences that Welsh speakers and their families have had to face in not being able to access healthcare appropriate to their needs” (Welsh Language Commissioner, 2014, p. 4). Moreover, the inquiry further acknowledges that offering Welsh language services is intrinsically linked with providing Welsh speakers with quality care.

Despite such stark evidence, several studies that followed the inquiry continued to report on the importance of language as an element of effective health care provision and the persistent shortcomings found in Welsh-medium provision, particularly in mental health services (Hughes, 2018), and dementia care (Alzheimer's Society Cymru & Welsh Language Commissioner, 2018). On the basis of their scoping review of the implications of culture and language for the caregiving of residents with dementia in care homes, Martin *et al.* (2018, p. 109) concluded that: "discrimination against the Welsh language leads to under-recognition of the needs of Welsh-speaking people accessing health and social care services". Once again, the study points to the positive impact of Welsh language provision, while outlining that contiguity between Welsh speakers and Welsh language services continue to be lacking.

It is against this backdrop that the WG and its partners have published and adopted several strategies to mainstream the use of Welsh within the health and social care sector in Wales. The WG's strategic framework, *More Than Just Words* (Welsh Government, 2012 and 2016), exemplifies its attempt to implement new strategies to further mainstream the use of Welsh within health and social care. Nonetheless, despite developments in language legislation and the implementation of policies to promote Welsh, the current research suggests that there is a lack of parity between the Welsh and English language within the sector and that this can disadvantage Welsh speakers' health and wellbeing.

From language choice to "active offer"

Considering Misell's (2000) seminal report and the growing body of evidence, offering a language choice (English or Welsh) to patients was soon identified as a mechanism for providing language sensitive services within health care provision. This can be seen as a manifestation of wider neoliberal policies within the health care sector, based on the notion that, as Le Grande states, "Equity depends on the extent of individual choice" (1991, p. 176). However, an individual's ability to make certain linguistic choices within specific contexts (*e.g.*, health services) has been criticized (Williams & Morris, 2000; Davies, 2009; Prys, 2010). As Davies (2009) notes "although bilingual individuals appear to be in a position of choice in relation to which language to use, the choice may not always be a free choice or even a conscious choice for the individual, especially when one of those languages is considered a minority language" (p. 3).

Moreover, for individuals who are particularly vulnerable, due to their age, cognitive ability or psychological state, it is argued that language is often a matter of clinical need rather than choice (Misell, 2000; Prys, 2010; Iaith, 2012; WLC, 2014). Mirroring developments in Canada (Drolet *et al.*, 2017) is the policy of offering patients and clients an *active offer* of Welsh language services which means "providing a service in Welsh without someone having to ask for it [...] creating a change of culture that takes the responsibility away from

the individual and places the responsibility of service providers and not making the assumption that all Welsh speakers speak English anyway” (Welsh Government, 2016, p. 11).

This is the core principle of the WG’s More Than Just words (2016) strategic framework for health and social care services in Wales. The strategy outlines that it is “committed to delivering high-quality health, social services and social care services that are centered on people’s needs and outcomes” (Welsh Government, 2016, p. 8).

Although the *active offer* principle is embedded in the WLS, it is evident that successful and consistent implementation requires a higher level of scrutiny than that outlined in the strategic framework policy.

Welsh Language Standards in health care

Following a four-year period of intense scrutiny, which prompted wide and contentious debate, the standards relating to the health care sector were finally approved by the WG in 2018, thereby authorizing the WLC to impose compliance notices to service providers. The process was initiated in 2014 by a standards investigation, led by the WLC, to ascertain the readiness of service providers to comply with imposed directives relating to Welsh language provision in service delivery, such as correspondence and telephone calls; policy making, such as formulating or revising policies; operational procedures, such as human resource management and training; and record keeping, such as complaints and compliance. As a result, draft regulations were published in 2016 and subject to a public consultation, prompting concerns about their potential application, limitations and reach (Welsh Government, 2018b). Whereas, in response, the WG was keen to emphasize the demands already placed on health care organizations to plan services within the wider policy context of Welsh language provision, the final regulations, published in 2018 (*Welsh Language Standards [No. 7] Regulations 2018*), offered a stark compromise with regard to service delivery so that clinical consultations were exempt. Moreover, although over 90% of health care provision in Wales is delivered through primary care services (Auditor General for Wales, 2018), the vast majority of providers are independent practitioners where the standards do not apply. Thus, contrary to the spirit of the WLWM, it is worth noting that these exemptions deny citizens the rights to face-to-face clinical services in Welsh, in their day-to-day encounters with the health service in Wales. The revised regulations were subsequently scrutinized by the Culture, Welsh Language and Communications Committee of the Welsh Assembly for Wales, whereby several stakeholder organizations were invited to present evidence (National Assembly for Wales, 2018). The ensuing regulations were adopted by the WG in 2018 and standards placed on health care providers, such as local health boards, in May 2019. Given the WG’s proposal to place a small number of Welsh language duties on independent primary care providers by means of their contractual agreements, these obligations were also

scrutinized by the same Committee, adopting a similar process (National Assembly for Wales, 2019) and were adopted in 2019 alongside the standards.

The regulations set the range of standards that could be imposed on health care providers; and the WLC decides which standards to enforce on each organization, depending on its Welsh language vitality and the Welsh language demography of the population it serves. Contrary to the previous Welsh language schemes, where organizations fail to comply with the new WLS, the WLC may take enforcement action, which includes the imposition of a fixed penalty (*Welsh Language [Wales] Measure 2011*⁴). This is a noteworthy change in direction from the WG, with a new emphasis placed on the enforcement of language legislation from macro-level stakeholders, in this case, the WG and the WLC. These key stakeholders can be seen as language policy and planning drivers tasked with ensuring that meso-level service providers implement language legislation and strategies within the health care sector in Wales. This paper will explore the interplay between macro-level drivers (*e.g.*, legislation and policy) and micro-level drivers (service user needs) and examine how meso-level service providers mediate both when tasked with providing services in Welsh. This will allow us to explore inconsistencies between government rhetoric and the reality of language legislation in Wales.

The macro-meso-micro framework

Definitions of language planning have often focused on macro-level planning by national governments (Liddicoat & Baldauf, 2008). More often than not, nation building and securing unity during volatile periods of history have seemed key priorities for postcolonial, macro-centric language planning institutions (Fishman, 1974; Rubin & Jernudd, 1971; Ricento, 2000, 2003). Moreover, definitions of language planning themselves have often highlighted, “the marginalisation of micro-level language planning” (Liddicoat & Baldauf, 2008, p. 3) in favour of macro, power-orientated understandings of language. However, there are increasing calls to consider the implementation of micro-level language planning initiatives within a variety of contexts (Sallabank, 2010; Wilson, Johnson, & Sallabank, 2014). Furthermore, Barakos (2016), among others, recognizes the role that power and agency play in the lives of social actors and how vital a consideration these elements are in constantly reshaping language policy implementation worldwide. As a result, it can be argued that language planning often incorporates a number of crucial players, such as government agencies, pressure groups and key individuals, from macro to meso to micro level language planning (Haarmann, 1990). The interaction between these key players highlights the complexity of attempting to implement language policies on a practical, day-to-day level. Indeed, this particular complexity is further compounded within the health sector,

4. See for example WLWM, ss. 83-84.

as will be discussed in more detail within this paper. Moreover, Baldauf (2006) utilizes the macro-micro continuum and notes the spectrum of language planning levels, from top-down, government-led language planning strategies to micro-level planning and action by individual social actors. Furthermore, Baldauf (2006) notes that meso-level language planning is somewhat difficult to define as it sits between macro- and micro-level language planning, but is often the most influential when discussing the interplay between crucial language planning players on a macro and meso level.

Pennycook (2010) emphasizes the meso level as an active site of practice that links the macro and micro levels of language planning. Within the context of Wales, Musk (2010) emphasizes the importance of educational institutions as a meso level site of mediation between macro and micro levels of society and where macro policies are to be implemented. Furthermore, Musk (2010, p. 45) notes that the meso level can “be seen as a nexus, where circulating discourses are recontextualized and potentially renegotiated by agents, such as teachers and pupils”. As a result, the meso level is a site of language negotiation, a key linchpin in the language planning process, where government policies and rhetoric are implemented and, at times, challenged.

For the purpose of this paper, we explore the possible tensions between government rhetoric and the reality of implementing health services through the medium of Welsh on a day-to-day basis. The macro-meso-micro framework (Baldauf, 2006) is one that lends itself well to the health sector and, particularly, Welsh language planning. This framework provides a meaningful context for discussions that highlight the multi-layered, complex nature of this sector. Macro-level planning could be interpreted as the government driving their agenda through Welsh language strategies and key language legislation, such as the WLS. Meso-level planning could represent organizations and professional bodies within the health system interpreting and implementing these Welsh language strategies. Within this framework, micro-level planning could be seen as individuals’ and service users’ experiences in accessing key services within health care and their demands for Welsh language services. The interchange between all three levels is important in understanding the way in which the language(s) of health care services are planned, delivered and negotiated. Subsequently, this interchange between levels of language planning also provides important insights into the barriers preventing service implementation.

Methods

With a view to exploring the rhetoric and tensions surrounding the implementation of the WLS, a thematic analysis (Braun & Clarke, 2006) was conducted of stakeholder responses to the consultation process. A total of 10 written responses were analyzed in full, of the 8 individual organizations that participated in the consultation. These written

responses are found within the extensive appendix of two recent WG reports (National Assembly for Wales, 2018; and National Assembly for Wales, 2019).

The first report compiles evidence from stakeholder groups representing i) health service providers (The NHS Confederation); ii) professional groups (British Medical Association (BMA) Cymru Wales, Royal College of General Practitioners Cymru Wales); and iii) health service users (Meddwl.org), and campaign groups (Cymdeithas yr Iaith Gymraeg (CYIG) / Welsh Language Society)⁵. The second report presents evidence on behalf of stakeholder groups representing i) professional groups in primary care (BMA Cymru Wales; British Dental Association), Community Pharmacy Wales, Optometry Wales; and ii) campaign groups (CYIG). All but two (CYIG and Meddwl.org) of the stakeholders represent meso-level organizations and professional bodies within the health care sector in Wales. These meso-level organizations are tasked with implementing the macro-level policies and legislation of the Wales Government via the WLS. Both CYIG and Meddwl.org are pressure groups that advocate for Welsh speaking service users and thus represent the micro level of the macro-meso-micro framework outlined by Baldauf (2006).

For the purpose of this paper, we compiled a complete data set utilizing the full written evidence published as part of the consultation. We then analyzed the qualitative data using thematic analysis (Braun & Clarke, 2006), as a way of identifying emerging themes from the stakeholder consultation and interpreting conflicting views and ideas. According to Maguire & Delahunt (2017), this methodological approach is popular within the social sciences because of its systematic framework, flexible approach and freedom of constraint to any epistemology or theoretical perspective. Adopting the 6-step framework proposed by Braun & Clarke, we started by familiarizing ourselves with the data by reading and rereading the transcripts. Open coding of each transcript by hand enabled codes to be developed and modified, with new codes being assigned as the work progressed. Several of these codes revealed a close fit and were thus grouped together to represent the main themes emerging from the data. Further discussions led to a review and refinement of these themes, resulting in a final thematic map (Figure 1) that represents stakeholder perspectives in their entirety.

Results

Six themes emerged from the thematic analysis of stakeholder perceptions of the Welsh Language Standards and Regulations in health care, as follows:

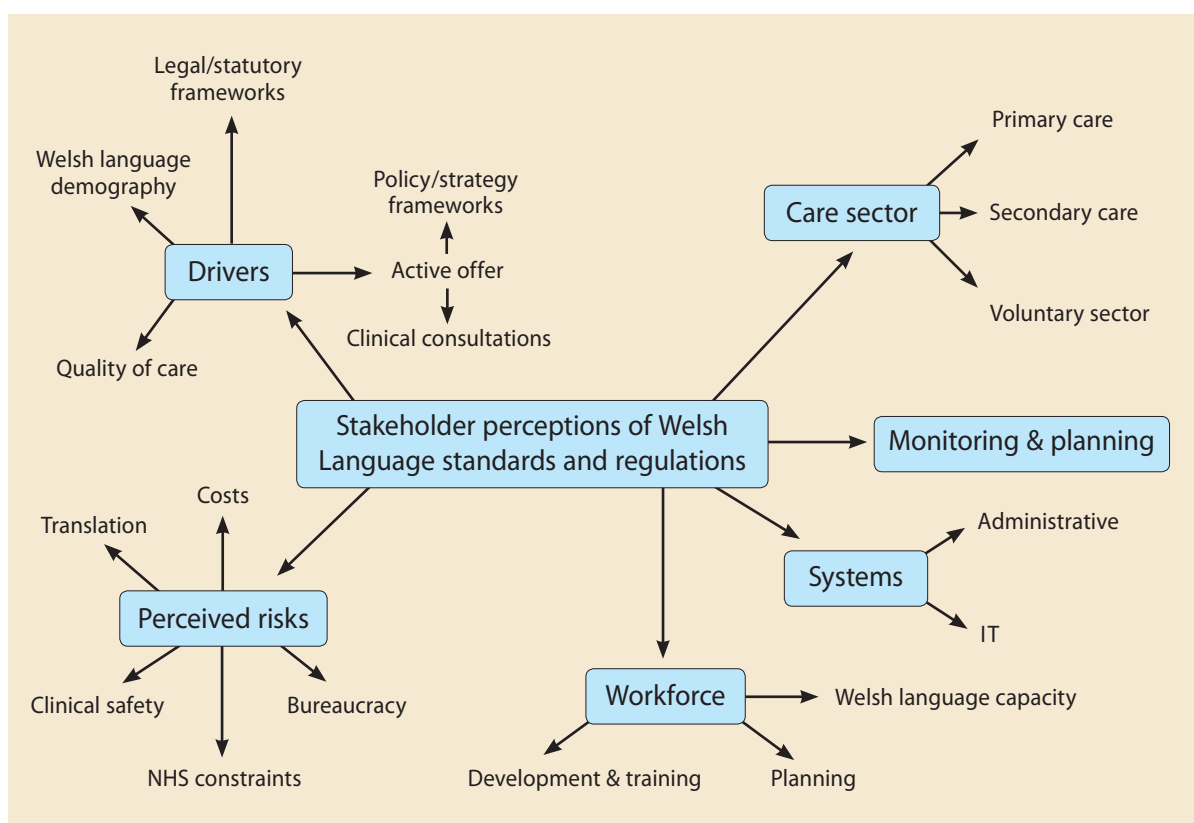
- Theme 1: Drivers of WLS and Regulations in health care
- Theme 2: Perceived risks of WLS and Regulations in health care

5. A group of people who campaign for the Welsh language and communities in Wales and recognize that the campaign for Wales' unique language is part of a wider global struggle for minority rights and freedoms.

- Theme 3: Workforce implications of WLS and Regulations in health care
- Theme 4: Systems to support WLS and Regulations in health care
- Theme 5: Monitoring and planning for WLS and Regulations in health care
- Theme 6: Care sector implications for WLS and Regulations in health care

These themes are depicted in the thematic map (Figure 1) and will be reported in turn.

Figure 1
Thematic map of stakeholder perceptions of Welsh Language Standards and Regulations (National Assembly for Wales, 2018, 2019)



Theme 1: Drivers of Welsh Language Standards and Regulations in health care

Stakeholders readily acknowledged the legal and statutory frameworks driving the standards and the implications of language appropriate services for quality care: “Our members welcome the growing recognition of the importance of meeting language needs and the impact this can have on the delivery of safe, high quality care, and a positive patient experience” (National Health Service Confederation, 2018, p. 2 in National Assembly for Wales, 2018).

Nevertheless, it was argued that:

in the interests of receiving timely or appropriate care [...] it is not always possible or practical for a Welsh-speaking patient to have a consultation with a doctor, or other health care professional, who is able to undertake a consultation with them through the medium of Welsh. (British Medical Association Cymru Wales, 2018, p. 2 in National Assembly for Wales, 2018)

This concern raised doubt about the scope of the standards, with the WG accused of “giving way to the self-interests of organisations rather than prioritising the needs of service users” (Cymdeithas yr Iaith Gymraeg, 2018, p. 1 in National Assembly for Wales, 2018).

Theme 2: Perceived risks of WLS and Regulations in health care

Respondents reported that constraints within the NHS are likely to mitigate against the standards, with deficits in the Welsh language capacity of the workforce leading to potential delays, additional (translation) costs and risks to clinical safety, stating “the requirements are onerous and expensive as currently stated in the standards. This will add extra bureaucracy to an already weighed down system.” (British Dental Association, 2019, p. 31 in National Assembly for Wales, 2019). Such concerns have prompted optometrists to:

advise practitioners not to conduct sight tests or clinical examinations in any other language other than the language in which they studied. We have concerns about the medico-legal implications of delivering clinical examinations and advice in any language other than English. (Optometry Wales, 2019, p. 37 in National Assembly for Wales, 2019)

However, others suggested that failing to meet language needs also poses a threat to clinical safety. In the context of mental health services, for example:

The decision to remove Welsh language support in clinical consultations enables health bodies in Wales to neglect the needs of those where there is no “scan” or “obvious treatment” for their conditions, and where clear communication is absolutely crucial in ensuring accurate diagnosis, effective treatment and recovery. (Meddwl.org 2018, p. 4 in National Assembly for Wales, 2018)

Theme 3: Workforce implications of WLS and Regulations in health care

Concerns about the Welsh language capacity of the workforce prompted debate about the scope of training and development to enhance language skills viewed by the NHS Confederation (2018, p. 12 in National Assembly for Wales, 2018) as “simply not feasible given the tight financial restrictions”. Nevertheless, stakeholders identified workforce planning and commissioning as a way forward, with an emphasis on i) the targeted recruitment of Welsh speakers:

The Committee should consider the bigger picture and the need for training a Welsh-speaking workforce. We therefore recommend that quotas should be imposed on medical schools and other training colleges in terms of training doctors, nurses and other health workers who can speak Welsh. (Cymdeithas yr Iaith Gymraeg, 2018, p. 7 in National Assembly for Wales, 2018)

and ii) bilingual provision in professional registration programs: “The solutions to these challenges often go beyond the remit of Health Boards and Trusts, with the importance of having a truly bilingual education system at the core of the issue” (National Health Service Confederation, 2018, p. 11 in National Assembly for Wales, 2018).

Theme 4: Systems to support WLS and Regulations in health care

Stakeholders suggested that organizational systems are a barrier to the implementation of the standards. Respondents raised concerns about the readiness of patient administration and electronic systems to deal with two languages, as outlined by the NHS Confederation (2018) in NAW (2018): “there are several data systems within Health Boards and Trusts which are not compatible with each other” (National Assembly for Wales 2018, p. 5). Moreover, “not all patient administration systems currently have the facility to record language choice” (National Assembly for Wales 2018, p. 4) and some departments/clinics also record their data exclusively via paper systems, which would make language choice onerous and difficult to transfer” (National Assembly for Wales 2018, p. 5).

Nevertheless, CYIG (2018, p. 43) noted that “with the move towards integrating primary and community care provision, it is expected that there will be bilingual electronic systems in place that will enable the recording of the ‘active offer’ and patients’ language requirements.”

Theme 5: Monitoring and planning for WLS and Regulations in health care

This theme reflects a debate about the urgency of planning and monitoring universal Welsh language provision across care pathways as a way of ensuring the continuity of the *active offer*, particularly among vulnerable groups. The NHS Confederation (2018) in NAW (2018) suggests that this move is fraught with difficulties since:

some of these Standards are immeasurable, which means that it is extremely difficult for Health Boards and Trusts to monitor the extent to which the Standards are being implemented across such a large, diverse and multidisciplinary organisation across a range of services. Monitoring the Standards could also prove to be difficult to achieve as to ensure consistency across the organisations due to the complexity of the organisational infrastructure. (p. 10)

CYIG (2018) in NAW (2018) challenges these perceptions, suggesting that the WLC should have an official role in the monitoring process, particularly in relation to primary health care services.

Theme 6: Care sector implications for Welsh Language Standards and Regulations in health care

Stakeholders reported divided opinions about the Welsh language duties placed on independent primary care providers. Concerns about workforce capacity led some respondents to question the reality of these contractual obligations:

Whilst we remain supportive of the aspirations of the legislation, it is appropriate to state that the ongoing and much publicised pressures on general practice in Wales (and beyond) means that some practices will struggle to fulfil some, if not all, of the duties. (British Medical Association, 2019, p. 23 in National Assembly for Wales, 2019)

Meanwhile, others argued about the injustice of exemptions that have such a negative impact on a wide range of service users, particularly those who are vulnerable:

There will be a number of mental health patients who go on to receive specialist services and whose first point of contact with health service is through a primary care provider, such as their GP. Understandably, it is of concern that the individual will have no Welsh language entitlement when accessing primary care services. (Meddwl.org, 2018, p. 4 in National Assembly for Wales, 2018)

Discussion

Qualitative analysis of stakeholder perceptions of the WLS and Regulations in health care offers valuable insight into the key issues at the heart of the debate on Welsh language provision in the bilingual context of Wales, encompassing service user, provider and organizational perspectives. We propose that further examination of the emerging themes within the theoretical context of the macro, meso, micro framework (Baldauf, 2006) offer scope to enhance our understanding of these perspectives and reveal the underlying tensions between the macro rhetoric and micro reality and, hence, the challenges for language planning across the health sector. The discussion will proceed to reflect on the emergent themes, in turn, through the lens of the macro-micro continuum (Baldauf, 2006).

The role of macro-level drivers (in the form of language legislation and policy) and their influence on the delivery of Welsh language services within the health care sector is a dominant issue within the data, as captured in Theme 1. Stakeholders who took part in the consultation recognize the legislative framework outlined within the WLWM (2011) and the WLS (2018) and the positive influence of language concordance on patient care (*e.g.*, Welsh Language Commissioner, 2014). Indeed, this can be interpreted as an outcome of the multipronged approach adopted by the WG, which embeds Welsh language provision within various policy and legislative contexts (as mentioned earlier by Williams 2011), including bespoke language legislation (*e.g.*, WLWM, 2011) and the more generalized legislative context, such as the Well-being Act (*Well-being of Future Generations (Wales) Act 2015*) and the Healthier Wales Plan (Welsh Government, 2018a). This also suggests that key messages from the WG's strategy, *More Than Just Words* (Welsh Government 2012, 2016), have also influenced the narrative and agenda within the sector. These examples highlight a sense of harmony between macro- and meso-level influences and suggest that a level of consensus has emerged within the sector relating to the importance of Welsh

within the patient experience. Nonetheless, closer examination of stakeholder responses suggest that this consensus can be interpreted as limited at best and, at worst, strained.

Several of the meso-level service providers who took part in the consultation point to tensions and barriers relating to the delivery of Welsh language services in health care, as depicted in Theme 2. Moreover, they outline the perceived threats to service delivery if stringent WLS were indeed placed upon the sector. Among these were concerns regarding possible delays in service provision, patient safety, additional expense, added bureaucracy, and the lack of electronic systems to enable the recording of patients' language requirements. Thus, the response from service providers can often be seen to counteract the rhetoric and the ambition of macro-level language planners, as they attempt to strengthen the position of Welsh within the sector. Crucially, some of the concerns raised by service providers, such as Optometry Wales, were based on perceived "medico-legal implications" (Welsh Government, 2019: 37), which were deemed to impact the legal standing of health care professionals. Nevertheless, this narrative is at odds with much of the rhetoric found within the sector that emphasizes that the patient should be the central concern of care provision (The Health Foundation, 2016).

Further tensions emerge while considering the role of meso-level and micro-level stakeholders. Within this study, these tensions emerge between the three distinct groups, that is, the Welsh Government (legislation and strategy); service providers tasked with implementing the standards (*e.g.*, BMA and NHS Confederation); and pressure groups representing Welsh speaking service users, who call for more comprehensive Welsh language provision across the sector. In this case, the micro-level is represented by CYIG and Meddwl.org, both of whom advocate for the rights of Welsh speakers to use Welsh in accessing health care. It could be argued that, whereas meso service providers mainly advocate for their professions (such as outlining various risks associated with complying with language legislation), the micro-level discourse emphasizes the obligation to meet the needs of Welsh-speaking patients. As a result, meso- and micro-level stakeholders were often at odds regarding the importance of Welsh language provision in health care. Nevertheless, it can be argued that the rhetoric found within the macro WG strategies can, at times, mirror more closely the micro level discourse of language pressure groups, rather than that of meso-level stakeholders. This can be seen most clearly in the content of the WG's *More Than Just Words* (2016) strategy, where the WG emphasizes the need for Welsh language services to fully support Welsh speakers accessing health care. As a result, pressure from various stakeholders within the language planning process can be seen as drivers in the formation and delivery of Welsh language services within the health care sector in Wales.

There is evidence across the emergent themes to suggest that the meso level should be viewed as a critical linchpin within the field of language planning, particularly in the

health care sector. Indeed, when considering the content of the WLS, it could be argued that meso-level pressures play a decisive role in limiting the reach of Welsh language legislation. The previous exemptions of clinical consultations and primary care can be seen to result from meso-level pressures, dramatically reducing the scope of the legislation and its impact on the experiences of Welsh speakers in their day-to-day encounters, as they traverse the health care sector, as described in Theme 6. This leads CYIG and Meddwl.org to call for a review of the WLS as they do not create rights for Welsh speakers to receive their health care services in Welsh. This is a clear example of the tension between macro-, meso- and micro-level actors.

Nevertheless, findings from this study suggest that meso-level service providers held misconceptions regarding the scope and impact of macro-level drivers on their provision. One example is that clinical consultations are exempt from the WLS and, as a result, consultations between patients and practitioners may be delivered in English. Nonetheless, the data captured in Theme 2 reveal that meso-level service providers perceived a risk to patient safety if Welsh language consultations were enforced. Moreover, some were also unaware of the exemption from the WLS of independent primary care service providers, such as general practitioners, optometrists and dental practitioners. These misconceptions raise questions regarding the understanding of the WLS by meso-level organizations and the impact on their sector, which may, in turn, have a negative influence on the perceptions of service providers and their readiness to support the strategic drive. This suggests that the WG needs to better support service providers in understanding their obligations under current and future Welsh language legislation. Furthermore, a lack of understanding of language legislation, and the broader role of language within the sector, may also have an impact on leadership within meso-level service organizations, an area which is emphasized by the WG as key to the successful implementation of Welsh language services (Welsh Government, 2016).

Several stakeholders raised concerns regarding the readiness of organizations to comply with the new legislation, as captured within three major themes: the capacity of the workforce to deliver Welsh language services (Theme 3); the capacity of internal systems (*e.g.*, electronic databases and paper systems) (Theme 4); and the ability to monitor compliance with the WLS (Theme 5). Taken together, these concerns represent the main challenges and barriers faced by meso-level service providers in relation to Welsh language services. Nonetheless, the WG appears to be aware of these challenges, and outlines methods for overcoming these barriers, primarily by improving the planning for the delivery of Welsh across the public sector, as outlined in the WG's *Cymraeg 2050* strategy document (Welsh Government, 2017). While various studies (*e.g.*, Misell 2000; Irvine *et al.*, 2006; Prys 2010; Welsh Language Commissioner, 2014) point to the lack of language planning, the WG has produced strategy documents to implement change across the sector, including

the strategic framework, *More than just words* (Welsh Government, 2012, 2016), with provider organizations reporting progress on a number of fronts, such as Welsh language and awareness training and enhanced data on the Welsh language capacity of the workforce (Welsh Government, 2019). Within this strategy, the concept of offering an *active offer* of Welsh language services has gained traction, the WG (2016: 36) notes that there is a need to implement broader systems and workforce planning, such as engaging with education commissioners to review and revise training programs to meet the language needs of the population. As a result, workforce planning, particularly the need for the strategic development of bilingual skills, is outlined as paramount for the delivery of Welsh language services. Hence, the expectation that the forthcoming Workforce Strategy for Health and Social Care in Wales (Health Education Improvement Wales, 2019) will give due consideration to the Welsh language in the education commissioning process, by setting targets for the recruitment of sufficient Welsh speakers to meet the needs of service users in Wales and developing the Welsh language skills of the current workforce.

The aforementioned is further evidence of the potential to mainstream Welsh as an important facet within health care. It also highlights the multipronged approach adopted by the WG of embedding Welsh within various strategy and policy documents. Nonetheless, while workforce planning is presented as a mechanism for further enabling the use of Welsh within health care, findings from this study suggest that meso-level service providers continue to face barriers to the delivery of Welsh language services. The study also demonstrates that shortcomings within macro-level educational policies, where only a minority of children in Wales are educated in Welsh or bilingually (StatsWales, 2017), impede the ability of service providers to offer Welsh language services. This suggests that further work is needed to develop holistic macro-driven systems that enable service users to access Welsh language services, including ensuring that the general educational system in Wales produces health care professionals who can administer their duties in both English and Welsh. These measures, in the view of the NHS Confederation, would involve “sustained, targeted and multidisciplinary WG approaches that extend far beyond the remit of Health Boards and Trusts and have at their core a truly bilingual education system in Wales. This represents an altogether new policy debate beyond the mandate of our members” (National Health Service Confederation, 2018, p. 11 in National Assembly for Wales, 2018).

Conclusion

The macro, meso and micro framework (Baldauf, 2006) offers an opportunity to assess the role of various stakeholders in implementing language sensitive services within the health care sector in Wales. In an attempt to increase the availability of Welsh language services, the WG has adopted a multipronged approach to promote Welsh within the sector. The

utilization of language legislation and a bespoke language strategy, as well as the embedding of Welsh within the broader legislative and strategic context, represents a paradigm shift that has brought language policy within mainstream health policy in Wales.

This paper is based on the analysis of the full dataset of qualitative responses to the consultation process on the Welsh Language Standards and Regulations that have now been placed on the health care sector in Wales. While the dataset is limited to responses from 8 organizations, they represent key stakeholders in the process of enacting the WLM within the health care sector, and thus provide valuable insight into the tensions that arise in implementing language legislation at the meso level. Findings from this study suggest that macro-, meso- and micro- level stakeholders in Wales acknowledge the significance of the Welsh language within health care. Whereas, the macro (*e.g.*, WG) and micro (organizations representing Welsh service users) levels call for greater use of Welsh within the sector, the meso-level service providers – who are tasked with providing services in Welsh – point to a number of barriers and difficulties in achieving this goal. Current evidence suggests that meso-level service providers have a key role in enabling Welsh speakers to use Welsh within the sector.

However, barriers remain within the sector and continue to delay Welsh language provision in many instances. Although workforce planning and systems development are outlined as key methods for improving the reach of Welsh language services, salient questions are raised regarding the lack of holistic planning in education and its impact upon the WG's goal of providing Welsh services within the sector. Furthermore, the omission of primary care from current language legislation suggests a clear disparity between rhetoric and reality. It can be argued that this omission alone calls into question the holistic nature of language policy and planning within the health care sector in Wales.

This paper has highlighted the lack of Welsh language planning within the context of health care. It demonstrates that, despite the enforcement of language legislation and WLS, there is still a long way to go to fully provide Welsh language services in Wales on a daily basis. Meso-level language planning epitomizes the tension felt between the macro rhetoric of government legislation, policies and strategies and the micro-level aspirations of service users accessing Welsh language services. More often than not, how services are interpreted and further implemented is often left to organizations at the meso level. This emphasizes the key role played by the meso level as a linchpin within the language planning processes, as it implements top-down language legislation, policy and rhetoric. In this paper we call for a holistic approach to language policy and planning within health care and recognize the need to incorporate other key language planning components, such as education, workforce and leadership, to best deliver service improvements for the health care sector in Wales.

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