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DOCTOR OF PHILOSOPHY

Becoming Language and Culturally Appropriate in Health and Social Care – A Constructivist Grounded Theory Study to Promote Best Practice

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**Becoming Language and Culturally Appropriate
in Health and Social Care – A Constructivist
Grounded Theory Study to Promote Best
Practice**

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2020

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Abstract

Background: In countries where there is an official minority language, the majority language is most often dominant within health and social care provision. Legislation and policy direct that the official minority language population has a right to access health and social care in their language of choice, but existing research shows that this tends to occur only in pockets of good practice. Service users from official minority language populations report problems accessing safe and consistent health and social care in their language of choice. However, there is a gap in knowledge relating to how, when and why members of the health and social care workforce at all levels develop language and culturally appropriate practice (or not) when working with service users from the official minority language populations.

Study Design / Aims and Objectives: The study aimed to construct theory using Constructivist Grounded Theory based on the work of Charmaz (2014). The theory needed to clarify how members of the health and social care workforce develop the skills and knowledge they need to become language and culturally appropriate practitioners and provide an explanation as to why some do not. Data was gathered using one-to-one interviews, focus groups, electronic journals, and a skills audit. Students and qualified students from a bilingual Occupational Therapy Programme in Wales were used as a case example of pre-registration students. A range of health and social care practitioners, researchers, academics and policy makers from Wales and Canada were used as case examples of the multidisciplinary workforce in countries with an official minority language.

Results: The 7T Theory of the Development of Language and Culturally Appropriate Practice was constructed through five phases of data analysis and synthesis. The 7T Theory provides a comprehensive explanation of language and culturally appropriate practice and provides a framework for stimulating planning and provision of linguistically and culturally appropriate health and social care at all levels. The theory can be used to promote health and social care services that meet the needs of service users from official minority language populations on a national and international basis and across multidisciplinary team contexts.

Conclusion: Construction and dissemination of the 7T Theory of Language and Culturally Appropriate Practice fosters greater understanding of language and culturally appropriate practice. It provides a framework that can be used by individuals and organisations on every level from individual to policy level to promote change and development of best practice to foster safe, more effective health and social care for official minority language populations.

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Glossary:

7T Theory	Seven Trigger Theory
AO	Active Offer
CGT	Constructivist Grounded Theory
CPD	Continuous Professional Development
EBL	Enquiry Based Learning
GT	Grounded Theory
HCPC	Health and Care Professions Council
LCAP	Language and Culturally Appropriate Practitioner
LCAPs	Language and Culturally Appropriate Practitioners
LLAIS	Language Awareness Infrastructure Support Service
MDT	Multi-Disciplinary Team
NMC	Nursing and Midwifery Council
NWORTH	North Wales Organisation for Randomised Trials in Health
OT	Occupational Therapy
OTs	Occupational Therapists
PDR	Professional Development Review
SU	Service User
SUs	Service Users
GT	Grounded Theory
RCOT	Royal College of Occupational Therapy

Preamble

0.1 Researcher Biography

Personal Life

I (the researcher) am bilingual and come from a family whose first language is Welsh, I undertook education until the age of 16 through the medium of Welsh. My personal experiences of being a Service User (SU), parent and carer afforded personal insights that were utilised within this study. Being a recipient of midwifery services provided me with a deep level of insight into the impact of staff respecting and accommodating linguistic and cultural choices of SUs. Although the two midwives who delivered my children were non-Welsh speakers (but practicing in Wales), there were marked differences between whether they accommodated and respected my linguistic choices or not. Caring for elderly relatives with dementia also facilitated my first-hand experience of the difference it makes of receiving language and culturally appropriate services or not to the engagement with services and ensuring wellbeing of vulnerable SUs.

These experiences led me to reflect on how professionals, who had similar professional education and practice experiences and who are governed by the same legislation and policies could have developed such different attitudes and behaviours towards accommodating linguistic choices of SUs from official minority languages.

I have connections to Canada through my husband having lived in New Brunswick for several years and during family visits was struck by the similar contexts of Welsh/English and French/English as official minority languages. This gave me personal insights from my own frustration of not speaking French when I had assumed

that everyone could speak English in Canada. I used insights gained from personal experiences in Wales and Canada to guide the study design and focus.

Pre-registration Professional Education

I qualified as an Occupational Therapist in Wales in 1986 where the prevalent attitude amongst teaching staff on the Occupational Therapy (OT) course appeared to be that Welsh speaking students were inferior to non-Welsh speakers. For example, tutors referred to my bilingualism as a 'language problem' and openly referred to their belief that Welsh speakers were generally 'less able' students who were prone to being distracted from study by homesickness. There was no encouragement to view being bilingual as adding value to the profession.

Professional Life

After qualifying, my experience of attitudes towards bilingualism in the workplace varied, but there were recurrent themes from my experiences during professional education such as the belief that because bilinguals from official minority language populations generally can speak English, their language preferences are unimportant. Another theme was the attitudes of some colleagues (both bilingual and non-Welsh speakers) who did not understand the impact on SUs in health and social care of staff not respecting linguistic choices. Many did not understand or accommodate the legal rights that Welsh speaking SUs had to have their linguistic preferences met. To some colleagues, accommodating language choices of their staff peers and SUs was irrelevant or amongst the least important factor to consider within service planning and provision. These colleagues did not appear to understand that some bilingual SUs

would engage more effectively with services when they used their first language and I struggled to understand why that would be when it was very obvious to me?

I was a practice educator early in my career and experienced first-hand the impact of being exposed to a bilingual workplace on bilingual and non-Welsh speaking students. I became a passionate advocate of ensuring that bilingual students had their language choices accommodated so that they in turn could meet the needs of bilingual SUs.

I completed an MSc in 1995 which enabled me to gain an OT lecturing post in the same University in Wales where I qualified, again I experienced a range of attitudes toward bilingualism with some staff recognising its importance while others were dismissive and contemptuous of any effort to introduce bilingual education in health programmes. I became increasingly aware of the importance of teaching and administration staff attitudes on the development of language and cultural awareness of the students.

In 2003 I secured a post as the Director of Occupational Therapy at a different University in Wales and developed a new bilingual pre-registration PGDip OT programme which was the first OT programme in Wales available to students bilingually. Seeing first-hand the impact of accommodating the linguistic preferences of bilingual students further developed my interest in understanding what facilitates practitioners to become language and culturally aware or not. In particular, being a strong advocate of linguistic choice, I wanted students to be comfortable to choose their language of engagement with the programme in a very fluid way. For example, if they wanted to engage verbally in Welsh but write in English that needed to be

culturally acceptable within the OT programme. I had witnessed students in my previous post in education not wanting to be seen as difficult if they requested Welsh language provision and was passionate about doing things differently now that I was in a position of influence. The pre-registration PGDip OT programme was developed in 2003 and initially ran in collaboration with another University in Wales. The bilingual PGDip programme was delivered using the model of bilingual education that had originally been developed for the pre-registration nursing programme at my University. I noticed that the OT students and teaching staff from my programme demonstrated a marked difference in attitudes towards accommodating the language and cultural needs of official minority language SUs in Wales. This was despite being exposed to similar learning experiences to the other University. For example, comparing Enquiry-Based Learning (EBL) hand-outs produced by student groups with identical case studies of Welsh speaking SUs, the students from my University acknowledged and accommodated bilingual SUs linguistic and cultural needs while the other Universities' students rarely did.

Students of different linguistic abilities on the bilingual OT programme were taught together in English when participating in whole group teaching, however bilingual students were actively encouraged to engage with Welsh medium learning activities such as seminars or one to one tutorials. Most written materials were automatically provided to the whole group bilingually which facilitated students of all language abilities learning in a bilingual environment. Prior to commencing this research project, feedback from practice educators to the OT teaching team indicated that students from the bilingual OT programme were Language and Culturally Appropriate Practitioners (LCAPs) from the start of their careers and this influenced the overall design and focus

of the research project. Student programme evaluations revealed that bilingual delivery promoted language and culturally appropriate practice amongst Welsh speaking, Welsh learner and non-Welsh speaking students, partly through exposure to the bilingual learning environment. It appeared anecdotally that the bilingual OT programme produced LCAPs irrespective of student's linguistic abilities, but there was a paucity of evidence to explain how this happened.

In my post as Course Director, I had the opportunity to be part of a group setting up a Cymru/Canada Research Network which focussed on the use of official minority languages in health-related research. This was an opportunity to develop my personal understanding of Canadian linguistic contexts further within my work role. The Cymru/Canada Research Network provided opportunities to work with like-minded colleagues from Canada and Wales and resulted in a group of staff from the University where I worked (including myself) travelling to Canada for an inaugural meeting. Through the Cymru/Canada Research Network, I met with a range of health and social care staff, researchers and educators who shared my own experiences of the challenges of accommodating the cultural and linguistic needs of official minority language populations in health and social care.

Impact of my Biographical Experiences on Developing this Research

My personal and professional experiences, as well as reflection about colleagues who did or did not appear to understand the importance of language and culture when working with their peers and SUs from official minority language populations shaped my initial study focus. Observations of peers revealed that some clinicians who initially develop as practitioners who accommodate the language and culture of SUs do not

develop beyond a basic level, while others succeed in taking their development much further. This underpinned one of the central aims of the study of wanting to unpick why this happens, and what can be done to promote practitioners to accommodate the language and culture of official minority language SUs. This understanding could potentially facilitate best practice for accommodating language and culture in health and social care delivery for official minority language populations in the future. The topic for this study therefore developed from three main triggers that had impacted on me in my personal and professional life:

- 1) Being uncomfortable about the variation in how the language and cultural needs of official minority language population SUs and members of the workforce are accommodated in health and social care from a personal and professional viewpoint.
- 2) Noticing the lack of promotion of creating a bilingual workforce and the paucity of research around how clinicians develop awareness of the importance of language and culture in health and social care in countries with an official minority language. I believed that this impacted negatively on legislation and policy developments and implementation as well as research and service development and delivery.
- 3) Witnessing the positive impact of bilingual pre-registration education on developing a workforce who are more aware of the importance of the language and culture of official minority population - including the impact on bilingual and non-bilingual students.

These factors motivated me to seek to develop a theory that would explain the different impact of similar experiences on the workforce and to develop a tool that could be used to promote accommodation of language and culture of official minority language populations in health and social care in a very practical way.

Initial reflections on my own journey in becoming confident to use my bilingual skills throughout my professional career resulted in me identifying four areas that had impacted upon my own development, namely my experiences of:

1. Being a practitioner in **clinical practice** in health and social care
2. Being a student and facilitating the professional **education** of others in health and social care
3. Using, participating in and facilitating **research** in and for health and social care
4. Using, developing and implementing **legislation and policy** related to accommodation of official minority language and culture in health and social care.

Initial study design primarily entailed reflecting upon the impact of **education** and **practice** to gain a better understanding of how they had impacted upon my professional development. I also reflected on my knowledge of others' experiences of how they develop awareness of the importance of language and culture within health and social care provision. Further reflection resulted in the realisation that it was important to acknowledge and incorporate the impact of **research** and the impact of **legislation and policy** to fully understand how language and culturally appropriate practice develops or not.

Examples of experiences that I reflected upon within these four areas include:

- 1) **Practice** - working as a bilingual clinical practitioner in both health and social care in the fields of mental health, dementia and adults and children with physical disabilities.
- 2) **Education** – being a placement co-ordinator who facilitated OT students to undertake bilingual clinical placements. Developing the only fully bilingual pre-registration OT Programme in Wales and advocating bilingual multidisciplinary education in other post-registration programmes.
- 3) **Research** - promoting the accommodation of the minority language within research in OT and a wider multidisciplinary basis through working with a variety of organisations such as the Welsh Government, the OT Advisory Forum in Wales, the Royal College of OT and the Cymru/Canada Research Network.
- 4) **Legislation and Policy** - being involved in promoting legislation and policies which endorse accommodation of minority language on a Wales-wide basis. Contributing to policy developments within Advanced Clinical Practice with the Royal College of Occupational Therapy (RCOT) and developing and co-writing the Allied Health Professions Framework for Wales - Looking Forward Together (Welsh Government, 2019) where I advocated that language and culture for the Welsh speaking population was included as a core principle.

0.2 Thesis Overview

The thesis is divided into eight Chapters which is summarised in Table 0.1. The first two Chapters outline the background to the study within the context of key historical perspectives and current knowledge pertinent to the development of language and culturally appropriate practice in health and social care. Chapter Three provides an outline and justification of the theory used for the study design alongside an overview of each phase that contributed to final theory construction. Each of the three data analysis Chapters (Chapter Four, Five and Six) served to outline distinct elements of theory building using Constructivist Grounded Theory (CGT) (Charmaz, 2014). Chapter Seven outlines the final version of the 7T Theory of the Development of Language and Culturally Appropriate Practice and Chapter Eight brings the thesis to a conclusion with a discussion of the original contribution and how implementation of the theory relating to the development of language and culturally appropriate practice can be used. The thesis concludes with a reflective account alongside the identified strengths and limitations and finally the recommendations.

The theory was constructed in five phases each with different contributors, namely:

- **Phase One** - Current Students across two years of a bilingual PGDip OT programme in Wales
- **Phase Two** – Experienced OT Clinicians in Wales who were identified as being language and culturally appropriate but who had not trained on the bilingual programme
- **Phase Three** – Researchers, Academics and Policy Makers from Wales and Canada from a range of health and social care professions

- **Phase Four** – Qualified Student OTs who had studied on the bilingual PGDip programme in Wales
- **Phase Five** – Synthesis by the researcher

Table 0.1 summarises the structure and purpose of each Chapter and how each phase is incorporated within theory development. The bilingual pre-registration PGDip Occupational Therapy programme in Wales was used as a case example for exploring the education context, the location of the University is omitted for reasons of confidentiality. The Welsh language (in Wales) and French language (in Canada) were used as case examples of official minority languages in health and social care. Data collection for this study included focus groups, one to one interviews, electronic journals and audits.

From initial reflections on my own development as a practitioner who has the SU language and culture firmly embedded in my practice, this study focussed on the impact of the four areas of education, practice, research and finally legislation and policy. These four areas were subsequently established within the study as four domains which the researcher postulated to be key to developing knowledge and skills that incorporate language and culture within health and social care.

My personal and professional experiences have underpinned the focus and design of this research and will continue to motivate me to develop strategies to disseminate and utilise the theory in the future.

Table 0.1 – Outline of the Structure and Purpose of Each Chapter

Chapter Number	Chapter Title	Phase of Data Gathering / Synthesis	Theory Construction and Development
Chapter 1	Introduction and Contextual Background		
Chapter 2	Literature Review		
Chapter 3	Method		
Chapter 4	Initial Theory Construction	Phase 1 (OT Students) Phase 2 (OT Clinicians)	INITIAL THEORY - developed from Phase 1&2 data analysis
Chapter 5	Theory Development and Initial Theoretical Sampling	Phase 3 (Welsh and Canadian Academics and Researchers)	ADAPTED THEORY - developed from Phase 3 data analysis
Chapter 6	Theoretical Sampling and Synthesis	Phase 4 (Qualified Students) Phase 5 (Synthesis by Researcher)	EMERGENT THEORY - developed from Phase 4 data analysis Final changes to finalise the theory (presented in Chapter 7)
Chapter 7	Final Conceptual Theory		The Theory of the Development of Language and Culturally Appropriate Practitioners – an overview of the final theory
Chapter 8	Discussion		

CHAPTER ONE

INTRODUCTION

1.1 Introduction to Chapter One

Chapter One provides the background to and context of this study which involved data collection and analysis to construct theory utilising Constructivist Grounded Theory (CGT) guided by Charmaz (2011, 2014). This first chapter clarifies the study themes and subject area, outlines the rationale for the study and clarifies terminology. The gap in existing knowledge is explored alongside how the study is transferrable beyond the specific contexts of the two case example countries used (Wales and Canada). The four areas that were identified by the researcher as domains that impacted on workforce development and promotion of change to accommodate the linguistic and cultural needs of official minority language populations are outlined in this chapter. The chapter concludes with the Aims and Objectives so that that the literature review in Chapter Two is firmly established within the context of the aims of the research.

The study is concerned with:

- How the skills and knowledge of the health and social care workforce can be developed to promote accommodation of the linguistic and cultural needs of official minority language populations.
- How language and cultural provision for official minority language Service Users (SUs) can be facilitated to stimulate safe and effective service planning and delivery in health and social care.

Arguably, one of the means to address these two points is to develop theory that impacts on students, academics, practitioners, service managers, commissioners and legislation or policy makers to promote a workforce that can deliver language and culturally appropriate services to SUs from official minority language populations on a national and international basis.

The term Language and Culturally Appropriate Practitioner (LCAP) is utilised throughout as a descriptive term for members of the health and social care workforce at all levels who have developed sensitivity to and who accommodate the linguistic and cultural needs of official minority language SUs irrespective of their linguistic abilities.

1.1.1 The Study

The positive impact of SUs receiving language and culturally appropriate health and social care services is well known, for example, Batal, Makvandi, Imabeault, Gagnon-Arpin, Grenier, Chomienne, and Bouchard (2013) – *Nutrition and Diet*; Chartier Finlayson, Prior, McGowan, Chen, Walld and Rocquigny (2014) – *Mental Health*; Clare, Whitaker, Craik, Bialystok, Martyr, Martin-Forbes and Hindle (2014) – *Alzheimer's Disease*; Pottie, Chen, Welch and Hawthorne (2013) - *Diabetes*; Samson and Spector (2012) – *HIV/Aids*; Tranter, Irvine, Roberts, Spencer and Jones (2010) – *Midwifery and Health Visiting*; Woodcock (2011) – *Public Health*. But research into cultural and language provision for official minority language populations in health and social care primarily relate to clinical practice. Existing research does not generally specifically explore the circumstances surrounding how, why and when the health and

social care workforce develop the skills and knowledge they require to become LCAPs. Understanding what facilitates or inhibits the development of the workforce to accommodate the language and culture of official minority language SUs in health and social care is less defined in literature. Understanding service planning and delivery that promotes the accommodation of the needs of official minority language SUs in health and social care also remains unclear.

This study constructed theory using CGT (Charmaz, 2011, 2014) alongside the researcher's wealth of personal and professional experience which provided a deep level of insight to the topic which was utilised within theoretical sensitivity. Theoretical sensitivity is described by Charmaz (2014) as being able to see emerging patterns from a fresh perspective based on a range of vantage points and building on ideas that were already evident in the researcher's mind. CGT was therefore suited to discovery and exploration of how the workforce in health and social care from a variety of language backgrounds become LCAPs or not. The construction of theory had potential to bring about positive change through promoting strategies that advance language and culturally appropriate practice. Charmaz (2011) recognises the constraints of historical and contextual factors on research relating to social justice and identifies that CGT utilises the experiences of both participants and researchers whilst being "*sensitive to concepts such as power, privilege, equity and oppression*" (p.360). This was key to the development of this study given the researchers' biographical context.

The findings of the research were intended to be transferrable to other disciplines and other official minority languages via development of a mid-range theory. Mid-range

theory is defined by Pawson (2017) as theory that explains observation of social behaviour. For example, Siaki, Loescher and Trego (2012) utilised mid-range theory to build a culturally sensitive theory of risk perception for Pacific Islanders. Their use and interpretation of mid-range theory is useful to consider for this study because it mirrors concerns about theory relating to language and culture in health and social care being based on broader, multicultural contexts but is not fully applicable in the official minority language context.

Wales and Canada were selected as case examples of countries where there are similarities within linguistic and cultural contexts of official minority language populations and because the researcher had personal and professional knowledge of both which was useful in data analysis and theory construction. Similar challenges in delivering health and social care to the official minority language populations are evident in Wales and Canada. Both countries have Official Minority Language Commissioners and similar constitutional legal frameworks relating to the official minority language, specifically the 1985 Official Languages Act in Canada - amended in 2017 (Government of Canada, 2017) and the Welsh Language Act (1993) and the Welsh Language (Wales) Measure 2011 (Welsh Government, 2016b). Both countries utilise the principles of Active Offer (AO) to promote the use of the official minority language in health and social care (Office of the Commissioner of Official Languages, 2019a; Welsh Government, 2016a). While similarities of provision for health and social care exist in other countries where there is an official minority language such as the Basque Country or Ireland, the researcher believed that Wales and Canada had more in common and faced similar challenges, but that the theory would still be transferrable to any country where there is an official minority language.

In Wales and Canada there are shared challenges such as the geographical location of official minority language populations. This impacts upon the linguistic prioritisation of health and social care with bilingual services potentially being developed based on population and geographical location rather than individual SU needs. This brings challenges for official minority language populations who all have a legal right to have their linguistic choices accommodated. There are differences such as the Canadian provincial regulations which determine provision whereas Wales has country wide devolved responsibility for health and social care. Differences such as these were helpful for the study as they promoted transferability to other countries where there are official minority languages but differences in provision.

Occupational Therapy was selected because the researcher has significant experience of OT across all domains. OT is defined as being a profession that:

“provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life”. Royal College of OT (2019)

OT in Wales was used as a case example of one profession in health and social care where accommodation of an official minority language was promoted through the delivery of a bilingual pre-registration course. Other professions and another country with an official minority language were incorporated to promote transferability of theory.

This study focuses only on official minority language populations and excludes other multi-cultural or bilingual populations. A study by Gates (2010) illustrates the

complexity of specifically considering official minority language populations. While Gates (2010) raises relevant points such as the importance of not relying on policies alone to safeguard provision of education for official minority languages, his paper also includes multicultural and immigrant populations which causes lack of clarity and dilutes the official minority context. His paper acknowledges the complexity of the issues but appears to lack empathy with the official minority language population context and depth of understanding of the differences within concepts of citizenship and equality.

1.1.2 Rationale

The researcher initially set out to explore the impact of attending a bilingual OT programme on students developing as LCAPs once they had qualified and were practicing as health and social care practitioners. As the study developed it became apparent that becoming a LCAP was not a linear process that is impacted upon by education and practice experiences alone. It is a more complex and multifaceted process that goes beyond pre-registration education and practice and includes the influence of legislation and policy as well as research. Williams (2013) illustrates this through focussing on the impact of policy and legislation for official minority counties such as Ireland and the Basque Country which mirrors the challenges of Wales and Canada. He states that there are “*duties of national government to engage with citizens in the language of their choice by specifying the obligations of local authorities and public bodies to deliver bilingual or language-specific services*” (p.102). He outlines a range of issues which impact negatively on achieving the aspiration of policy and legislation such as the political context, attitudes and legal protection for official

minority language provision, what he describes as “*abundant evidence of idiosyncratic and reluctant behaviour*” (p.103).

The study evolved and ultimately sought to understand and construct a definitive theory that could be used to foster better understanding of how practitioners become LCAPs or not. It also sought to promote changes in service planning and delivery through developing theory that promotes the workforce to meet the linguistic and cultural needs of official minority language SUs in health and social care. The evolution of the study concurs with the iterative nature of CGT (Charmaz, 2014).

Language is recognised within contemporary research and policy in Wales and Canada as being a powerful tool to provide safe and appropriate services for SUs from official minority language populations (Welsh Government, 2016a; Welsh Government, 2012a; Health Standards Organisation, 2018; Office of the French Language Services Commissioner, 2018). Active Offer (AO) was developed in Canada and it utilised in Wales (Office of the Commissioner of Official Languages, 2019a and Welsh Government, 2016a). AO promotes that SU language preferences are met in health and social care rather than only being included within professional standards or legislation, but not achieved in everyday practice. AO should ensure that the language preference of SUs are promoted as central to the ethical values of health and social care professionals (Drolet, Bouchard, Savard & Van Kemenade, 2017a; CNFS, 2012). Davies (2007) and Drolet, Savard, Benoit, Arcand, Savard, Legace, & Dubouloz (2014) outline the impact of language on interactions between health and social care practitioners and SUs and explore SUs disempowerment when they do not receive language and culturally appropriate services.

Roberts and Burton (2013) advocate a whole-systems approach to attaining the linguistic and cultural rights of SUs from official minority language populations at all levels of planning and delivery within health and social care, which is in line with the principles advocated in this study. Roberts and Burton (2013) provide a comprehensive overview of the challenges faced in education, practice, research and policy implementation for Welsh language strategies in health and social care and thus reinforce the researcher's experience of the areas that impact upon service development and delivery for language and culture. Williams (2013) outlines the rights of citizens to have linguistic choice across all domains as is recognised by legislation in counties where there is an official minority language. Williams (2013) provides insights into factors beyond linguistic rights alone, such as the importance of delivery of language specific services based on professional standards and evidence-based practice, which is key within understanding the development of language and culturally appropriate practice.

This study considers how both language and culture of official minority language populations can be accommodated in health and social care. Martin, Woods and Williams (2018) found that language and cultural congruity were key for SUs with dementia in their scoping review. Martin et al. (2018) stress the importance of understanding some of the SU behaviours that are linked to cultural norms. These apply to official minority language populations and enable the workforce to understand nuances such as why SUs may be reluctant to express linguistic preferences. Social identity experienced by official minority populations result in a culture of passive or conformist attitudes and behaviours towards the dominant language group - English

speakers (Bouchard Chomienne, Benoit, Boudreau, Lemonde & Dufour, 2012; Drolet, Savard, Savard, Legace, Arcand, Kubina & Benoit, 2017b; Hickling, 2012)

1.1.3 Language Profile: Wales

Williams (2019) outlines the history of the official status of the Welsh Language which can make accommodation of the Welsh language in Wales a sensitive and complex issue. Different attitudes about accommodating the language can be barriers to implementing the requirements of the Welsh Language Measure (Wales) 2011, which states that Welsh should be treated “*no less favourably than the English Language*” and that “*persons in Wales should be able to live their lives through the medium of the Welsh language*” (Citizens Advice Bureau, 2015, p.2).

The Welsh Language Strategy 2012-17 (Welsh Government 2012b) shows two maps of Wales (Figure 1.1 & Figure 1.2) where it is evident that consideration of the ability to speak Welsh as a percentage of the whole population is not the only factor to consider when planning provision of services to the official minority language population in Wales. Planning for health and social care must be undertaken with consideration of the overall numbers of Welsh speakers in any specific geographical area. For example, in Figure 1.1, Cardiff has a 10-29% of the overall population who speak Welsh, however when the number able to speak Welsh per geographical community is factored in, provision of Welsh medium services is likely to be much more in demand in Cardiff than initial impressions from Figure 1.1 would suggest due to the total number of Welsh speakers in the city.

In line with the Welsh Language Measure (Wales) 2011, Welsh is a language that is used in health and social care by SUs and members of the workforce across all levels of service planning and delivery from service commissioners at Government level to individual practitioners who work with SUs. There are complexities around understanding and accommodating the needs of bilingual SUs and members of the workforce that can be difficult to grasp. The Welsh Language Commissioner reports that just over half of Welsh speakers use the Welsh language when dealing with public organisations, particularly if they use Welsh on a daily basis (Welsh Government, 2015). Insight into numbers of Welsh/English bilinguals and their preferences to use the language was useful to consider for this study because it can be used to gain a fuller understanding of the linguistic context of the bilingual population in the workplace, particularly those who would not describe themselves as fluent but who could still speak some Welsh in health and social care delivery.

Proportion of people (aged 3 and over) able to speak Welsh, by LSOA, 2011

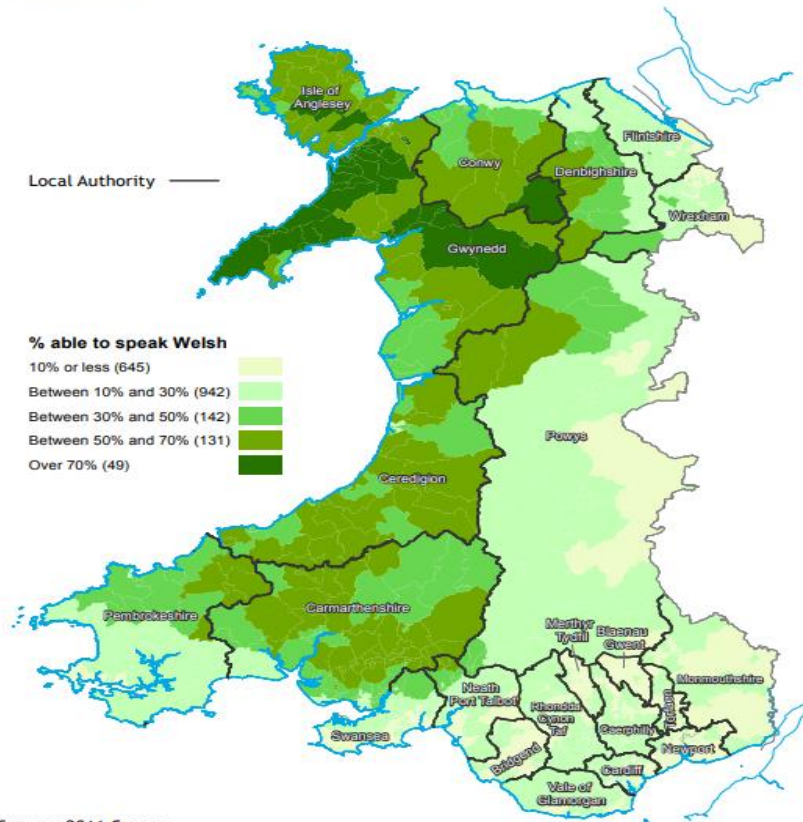


Figure 1.1 (Taken from Welsh Government, 2017a).

Number able to speak Welsh by community, 2011

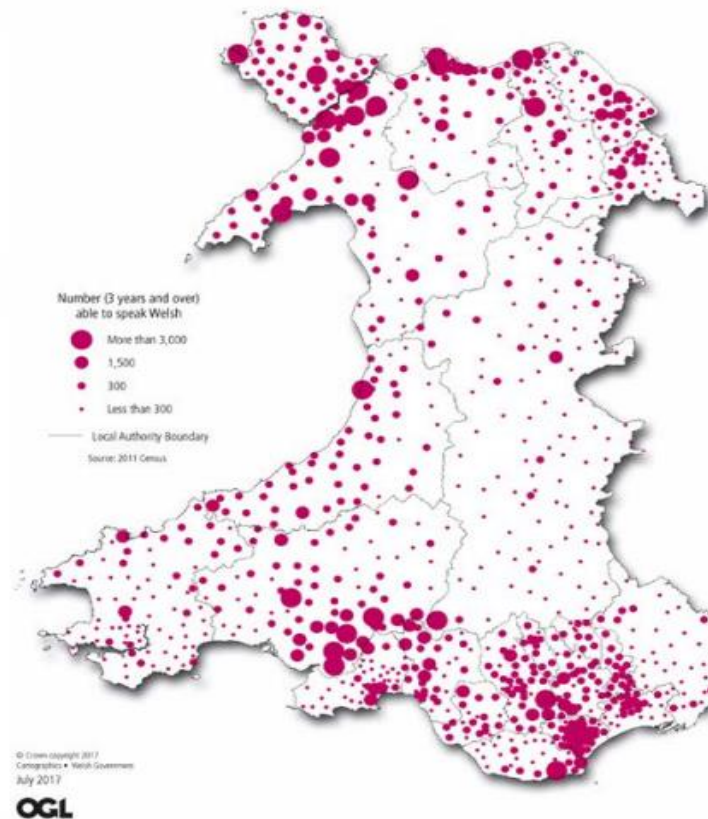


Figure 1.2 (Taken from Welsh Government, 2017a).

1.1.4 Language Profile Canada

In a similar way to Wales, Canada also has pockets of population that speak both official minority languages with the perception being that the majority are located in Quebec therefore that is where provision of services in French are required (Figure 1.3). However, Figure 1.4 shows the geographical location of French speakers which illustrates the importance of accommodation of linguistic choices in other Provinces.

Figure 1.4 is not available for the 2016 census however data from the 2006 census (Statistics Canada, 2007) shows a slight increase in the number of Francophones in Canada overall since 1961. In a similar way to the language demographic for Wales shown in Figure 1.1. and 1.2, there are regional variations with bilinguals (French/English) doubling in numbers in Quebec and increasing by 3% in the remainder of Canada overall for the 2016 census. This potentially increased the demand for French language health and social care (Statistics Canada 2019). However, in some provinces such as Ontario, there is a drop in the number of Francophone population (Office of the French Language Services Commissioner, 2018). This mirrors the ever-changing linguistic demographic of other official minority language populations such as Wales which makes planning and provision of language and culturally appropriate services challenging.

The history of the French language in Canada demonstrates an ongoing struggle for Francophone identity and language rights, given the dominance of the English language (Drolet et al. 2017a). French and English were adopted in Canada as official languages after the Official Languages Act (1969) when the government recognised the importance of adapting to citizens' linguistic choices (Drolet et al. 2017a; Office of

the Commissioner of Official Languages for New Brunswick, 2013, Statistics Canada, 2007).

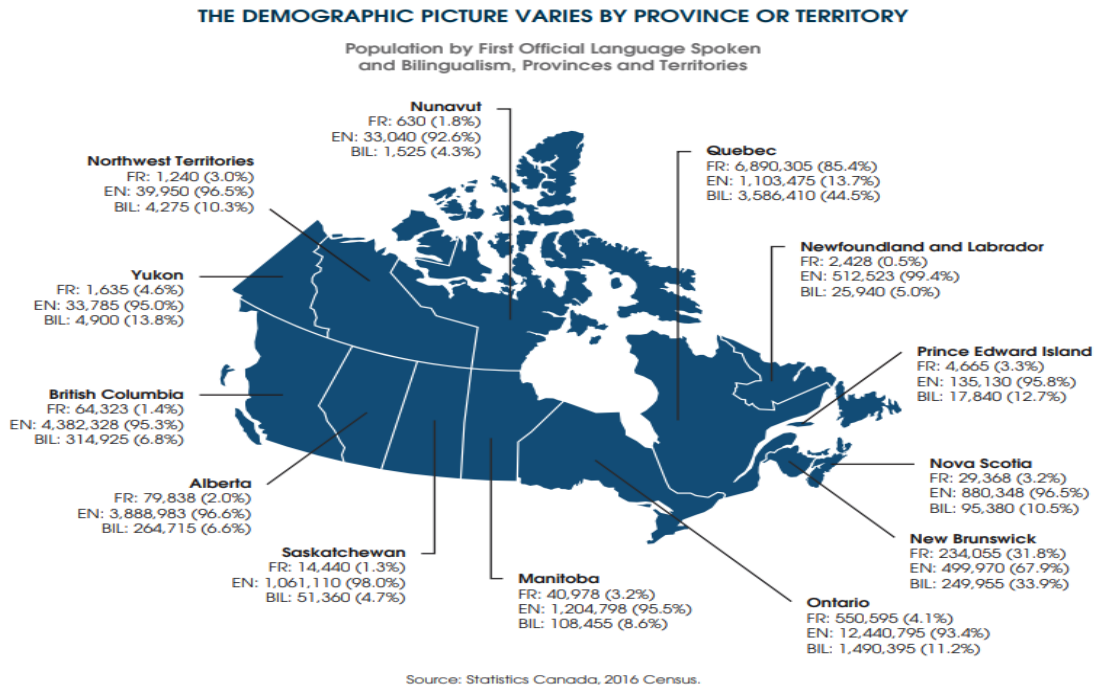
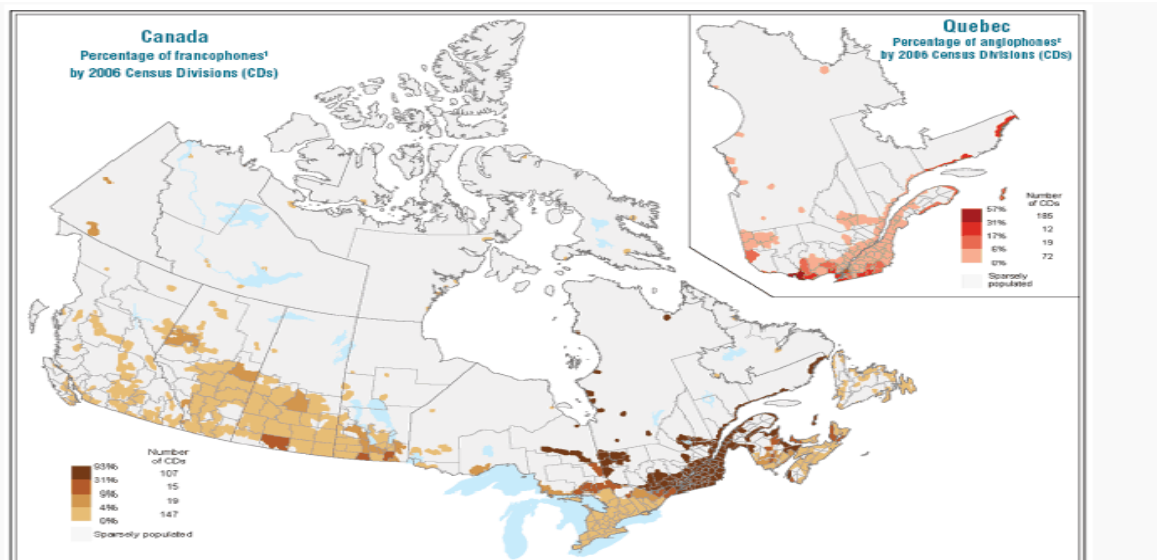


Figure 1.3 Proportion of French Speakers in Canada in 2016



1. Francophones: Population with French as mother tongue.
 2. Anglophones: population with English as mother tongue.
Source: 2006 Census of Canada. Produced by the Geography Division, Statistics Canada, 2007.

Figure 1.4 Proportion of French speakers in Canada by Province and Geographical Location

1.1.5 Terminology

The terminology used to describe the official minority language and the concept of bilingualism is important to clarify due to variation in preferences and acceptability of terms between countries and individuals in health and social care.

Hudon (2013) defines the official minority language context in Canada as French and English having equal status in respect of rights and privileges of use. This is the same principle in Wales with two official languages namely Welsh and English (Welsh Government, 2012b and 2017a). The Welsh Language Commissioner believes that the drivers of legislation and policy that increase the number of Welsh speakers and enable citizens to use Welsh in their everyday lives in areas such as health and social care are key to the future of the language (Welsh Language Commissioner, 2018). The Welsh Government (2012b) state that fluency is linked to language use and therefore creating opportunities to use Welsh in everyday activity such as work and accessing health and social care is key to future development.

Bilingualism is described by Baker and Wright (2017) as complex because of the different terminology and dimensions that impact on definitions namely:

- Ability – to speak and write
- Use – using language in different contexts such as work or home
- Balance – whether one language is dominant over another
- Age – the age at which the second language is learned
- Development – the different stages of development of both languages

- Culture – the extent to which individuals acquire cultural understanding as well as linguistic ability
- Contexts – the use of language within daily life
- Choice – the status and choice to use first and second languages

(Adapted from Baker and Wright, 2017, p.4).

Baker and Wright (2017) propose that bilingualism is defined differently based on the linguistic context of the person defining it. For example, monolinguals would have a view about bilingualism based on their world view that monolingualism is the norm. They also believe that consideration of distinctions and dimensions of ability and use of language is key, for example someone may be fluent in two or more language but only use one while others may be less fluent, but frequently use both.

Care should be taken using terminology when referring to official minority language populations. For example, in the researcher's experience there is variation within the acceptability of terminology used to describe 'bilinguals' and the concept of a 'minority language population'. In Wales it is less acceptable to describe the Welsh-speaking population as a minority which is partly due to the status of Welsh not being a language officially accepted in legislation for official use until the Welsh Language Act of 1993 (Williams, 2019; Welsh Language Commissioner 2014b; Adlam & Lynn, 1998). Although Adlam and Lynn (1998) is an opinion paper about language in the Probation Service and is over twenty years old, it is still relevant to consider as it provides an insight into the historical context of Welsh language oppression which impacts on attitudes towards use of terminology based on social disadvantage. In the researcher's experience, the Welsh native population of Wales finds the term 'minority

population' or 'minority language' inappropriate to use due to them being the indigenous population. In Canada, Francophones are not the indigenous population and the term 'minority' is commonly used.

Another example of variation in attitudes towards terminology is the description of oneself as a 'bilingual'; which is not common practice in Canada due to many Francophones believing that bilingualism dilutes the status of their first language. In Wales, the term bilingual is much more accepted in everyday vernacular. Francophones perceive the term 'bilingual' to mean that they are expected to adapt by speaking English because they can speak both languages rather than having the right to choose (Hudon, 2013; Office of the Commissioner of Official Languages, 2013; Federation of Francophone and Acadian Communities of Canada, 2015). There is also resentment amongst some non-French speakers that "*so-called official bilingualism has crystalized into a perception that bilingualism is imposed on all Canadians*" (Hudon, 2013, p.1).

In Canada there is criticism of limitations in data collection about official minority languages (such as within the National Population Health Survey) because bilingualism in terms of French/English is not always distinguished from the multicultural immigrant language context (Bowen, 2015). This phenomena is specifically explored by Makvandi, Bouchard, Bergeron, and Sedigh (2013) who postulate that only large surveys provide the required accuracy of reliable data for official minority language studies and even then, it can be challenging due to variables such as language of conversation, mother tongue, language of the interview and preferred language of household in research. This can result in data from official

minority languages being omitted as they do not reach the threshold for statistical significance.

For the purpose of this study, the term 'bilingual' is used specifically to refer to official minority languages as opposed to bilingualism within a multicultural context where there is no official, legal status of other languages. The primary difference is that official minority languages are protected by legislation and there are statutory duties of care around the provision of accommodating language and cultural perspectives in health and social care provision (CNFS, 2012; Government of Canada, 2019; Welsh Government, 2012a; Welsh Language Commissioner, 2014a). This is further complicated in Canada where provinces or territories adopt their own policies in relation to health linguistic provision (Tremblay & Prata, 2012).

The exploration of bilingualism in the context of this study includes both written and verbal components because both are relevant to health and social care for the development of knowledge and skills within the workforce and differences in SU preferences.

1.2 Gap in Existing Knowledge

Research exists about the experiences of SUs of language accommodation in health and social care education and practice. For example, Chartier et al. (2014) explored the impact of Francophone and non-Francophone populations on experiences of the incidence of poor mental health in Canada. The study by Chartier et al. (2014) illustrates the challenges of categorising the language preferences of the research

population into the two official languages of the province, the study is limited by the need to estimate language preference within families in the participant group and so understanding the impact of linguistic preferences cannot be completely accurate. SU experiences of language accommodation in health and social care have also been clearly articulated in reports such as Bowen (2015), Van Kemenade and Forest (2015), Government of Canada (2009) and The Alzheimer's Society Cymru and the Welsh Language Commissioner (2018).

The research presented in this thesis is inclusive of health and social care workforce at all levels irrespective of language abilities or role within the context of practice, education, research and legislation and policy. The gap in knowledge that this study addresses considers the perspective of practice that is language and culturally appropriate for official minority language populations in health and social care on an international and interdisciplinary level. Davies (2007) emphasises the importance of recognising the skills and abilities of non-Welsh speakers and Welsh speakers for developing a workforce who have sufficient skills to deliver language and culturally appropriate practice (which she refers to as language sensitive practice). Although her research is centred only on the social care workforce, the concept of recognising the ability of the workforce to practice bilingually is transferrable to the context of contemporary health and social care and professions beyond Social Work and are therefore still relevant to utilise. It is inevitable that official minority language SUs will encounter staff who cannot speak the SUs preferred language despite the aspiration of policies such as Active Offer in Canada and Wales (CNFS, 2019a; Welsh Government, 2016a).

It was timely to undertake this research because of the shift in expectations and practice that was evident to the researcher, and changes in policy and legislation that were driving change towards accommodating linguistic choices for official minority language populations in both Wales and Canada (CNFS, 2012; Hudon, 2013; Office of the Commissioner of Official Language, 2013; Welsh Government, 2012a; Welsh Language Commissioner, 2014a). It is postulated in this study that acknowledging and accommodating the language and culture of official minority language populations drives success or failure in working effectively with SUs.

SU safety has become more prominent within the field of language and culturally appropriate practice in health and social care as opposed to focussing solely on the agenda of SU rights (Bouchard, Savard, Savard, Vézina, & Drolet. 2017a; Williams, 2019; Beaufort Research, 2014). The Canadian Incident Analysis Framework developed by The Canadian Patient Safety Institute (2012a) utilises the concept of System Levels outlined in Figure 2.1. Consideration of systems levels was useful for this study due to the complexity of provision for bilingual SUs and of the needs of the workforce at all levels which is encompassed by the Micro/Meso/Macro/Mega levels indicated in Figure 2.1.

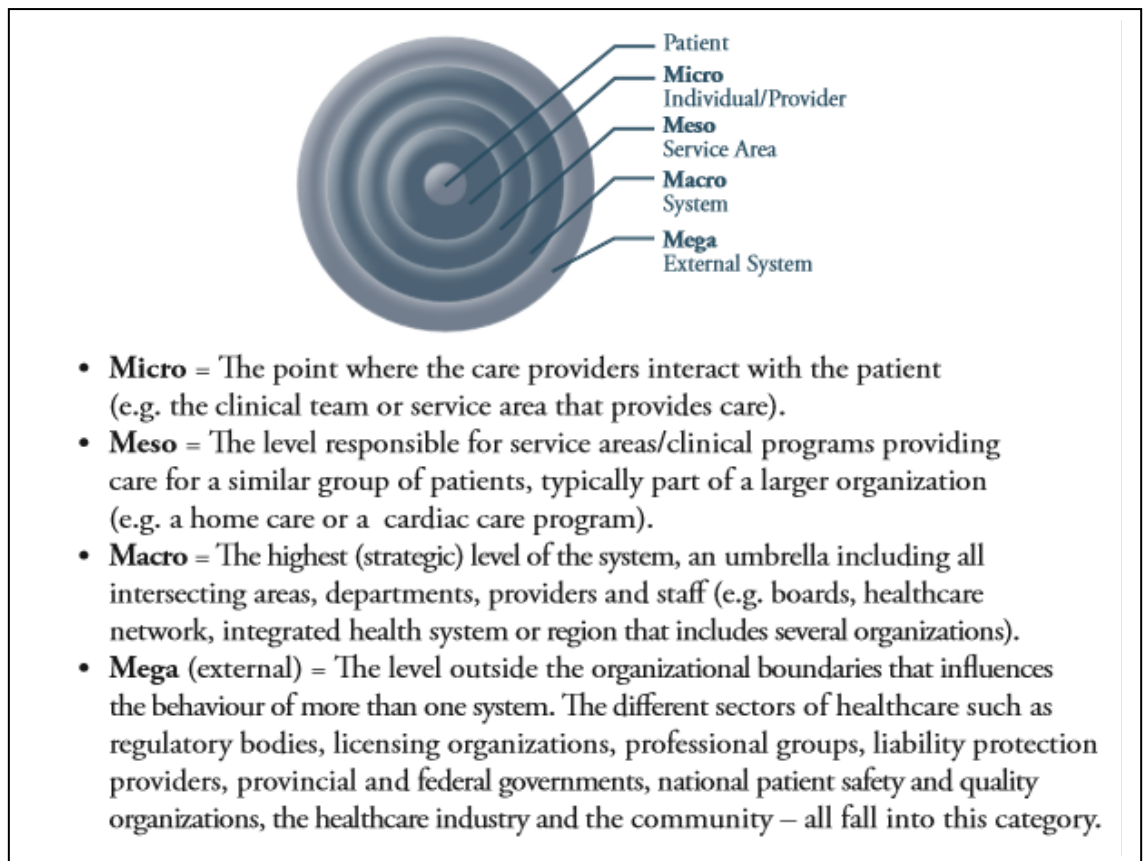


Figure 2.1 System Levels (Source: The Canadian Patient Safety Institute, 2012b)

Although this study uses the official minority language populations of Wales and Canada as case examples, the study seeks to be transferrable to other official minority language populations and so is relevant to a national and international platform. It is also transferrable to other disciplines beyond OT but utilising the OT programme in Wales as a case exemplar initially enabled the researcher to focus in detail on participant experiences whilst considering the transferability of the theory to other disciplines and a wider national and international context. This was achieved by the inclusion of data gathering and analysis in Canada with participants from a range of professional backgrounds in health and social care.

Reflecting on the gaps in existing knowledge relating to how language and culturally appropriate practice develops within health and social care led the researcher to identify four distinct areas that contribute to the development of LCAPs. These are Education, Practice, Research and Legislation and Policy. These four areas are referred to as four domains that contribute to the promotion and development of LCAPs and are instrumental in facilitating language and culturally appropriate practice within health and social care planning and delivery.

This study considers the perspective of three language category participants:

- official minority language speakers
- official minority language learners
- non-official minority language speakers

1.3 Domains

The four domains that the researcher identified as having an impact upon accommodation of language and culture of SUs in health and social care development and provision are outlined individually below to establish their relevance to official minority language populations in health and social care.

In order to explore the linguistic perspectives and experiences of the total workforce across the domains who were developing language and culturally appropriate practitioners, the theory developed would need to accommodate differences and similarities of experience across all domains.

1.3.1 Education Domain

Pre-registration students from all professional backgrounds become part of the health and social care workforce once qualified; but there appears to be little research into the benefits or drawbacks of bilingual versus monolingual pre-registration education for developing the professional skills and knowledge of practitioners. The Welsh Language Commissioner (2014b) is clear that in order to provide health and social care services to meet the needs of the official minority language population in Wales, it is vital to support further and higher education provision to produce a workforce that can accommodate the needs of the bilingual population. In Canada, bilingual education in healthcare programmes is avoided in some provinces as it is perceived as diluting the strength of developing practitioners who can practice in French, and therefore the majority of health and social care programmes for Francophones are taught in French. LeBlanc (2008, as cited in Bouchard Vézina, Cormier & Laforge, 2017b) reported that Francophone graduates from health and social care programmes were ill-prepared for working in the official minority population context of Canada and advocated that increasing the critical mass of Francophone graduates who had undergone pre-registration education in French could promote and subsequently deliver health and social care services in French.

Bouchard et al. (2017b) and Forgues, Boniface and Michaud (2017) outline the importance of the 1997 campaign in Ontario to retain the linguistic integrity of Hôpital Monfort as a Francophone University Hospital which resulted in the preservation of Francophone health programmes and the promotion of new initiatives in Francophone health and social care education. The Consortium National de Formation en Santé, CNFS (2019b) promotes education and training of health and social care professionals

to increase French Language provision. However, the majority language of English impacts on French programme delivery, with students on practice placement being exposed to many aspects of their work through the medium of English despite being on French professional programmes. A similar model is utilised for the delivery of programmes such as the Social Work programme at the University in Wales where the research was conducted; students select to enrol for either English OR Welsh medium programmes. The alternative, favoured for the nursing and OT programmes in the same University promotes a different model of education where students study on bilingual programmes. For bilingual delivery, students have a choice of engaging in aspects of their programmes in English and/or Welsh. The rationale for this model of pre-registration education is that students need to learn to practice in a bilingual service environment when qualified, and therefore need to develop as LCAPs that encompass the language and cultural needs of all SUs they will encounter.

The bilingual model of delivery used for the OT programme utilised the model of bilingual delivery developed for the nursing and midwifery programmes in Wales (Irvine, Roberts, Tranter, Williams & Jones, 2008; Roberts, Irvine, Jones, Spencer, Baker & Williams 2006; Roberts, Irvine, Tranter & Spencer, 2010). Bilingual pre-registration education gives students a choice of engagement where their preferred language of engagement is accommodated; the model mirrors the principles of AO (Welsh Government, 2012a) by actively providing students with linguistic choices. Introduction of the principles of AO (Office of the Commissioner of Official Languages, 2019a) is a key concept to the development of practitioners who are LCAP. Dubouloz, Benoit, Savard, Guitare and Bigney (2017) emphasise that training teaching staff to embed the principles of AO in professional courses ensures that students who

subsequently practice in health and social care are competent to accommodate the linguistic and cultural needs of official minority language SUs.

Pre-registration and post-registration education of health and social care practitioners need to be mindful to incorporate learning about language and culture to promote ongoing professional development in countries with an official minority language. The NHS Leadership Academy (2011) advocates ongoing development from student, practitioner and experienced practitioner to ensure that Continuing Professional Development (CPD) is at the heart of service development and delivery which is relevant to this study as leadership is a key element to service improvements in language and culturally appropriate practice.

1.3.2 Practice Domain

Providing language and culturally appropriate services to SUs from official minority language populations require a range of strategies that contribute to establishing a workforce who have appropriate skills and knowledge to deliver language and culturally appropriate practice. This should not be the responsibility of official minority language speakers alone because bilingual SUs engage with practitioners from all categories of language proficiency in the Practice Domain.

Lack of understanding of the importance of provision of language and culturally appropriate practice amongst non LCAPs and SUs leads to language having a lower profile in practice compared to other aspects such as SU safety because SUs may not demand what they have not experienced in the past (Davies, 2007). The CNFS (2012)

refers to this being an ethical issue and state that health professionals need to consider practice in terms of action and values with access to language and culturally appropriate services being considered within a care relationship and embedded in professional values.

Accurate communication between clinicians, SUs and carers is fostered by the provision of language and culturally appropriate practice in health and social care (CNFS, 2012; Drolet, et al., 2017a; Alzheimer's Society Cymru & The Welsh Language Commissioner, 2018; Welsh Government 2018). However, lack of understanding of the importance of language for communicating effectively to ensure accurate assessments and intervention can impede practice and potentially lead to inappropriate or dangerous interventions. For example, Bowen (2001) outlines the negative impact of language barriers within healthcare such as avoidable delays, misdiagnosis and incorrect treatment that impact on health outcomes of SUs. Although Bowen (2001) explores the bilingual context in Canada beyond the Francophone minority population the study raises relevant points for this study.

Furthermore, service managers may not recognise the impact that poor provision of language and culturally appropriate practice has, which leads to them not recognising language and culture as relevant to address for workforce configuration, staff professional development or service improvements. LeBlanc (2008, as cited in Bouchard et al., 2017a) outlines the linguistic and cultural risks to Francophones of working in an Anglophone working environment and believes that active measures are needed to ensure that the linguistic needs of staff from official minority language populations are met. In Canada, the CNFS strives to achieve this through their

collaborations that impact across all the domains identified in this study (CNFS, 2019b).

The belief that language and culture are secondary considerations for practitioners is outdated. For Example, recent policy directions in Wales such as the More than Just Words (Welsh Government, 2016a) and Cymraeg 2050 - A million Welsh Speakers (Welsh Government, 2017a) show that language and culturally appropriate practice is about more than speaking the language of SUs alone. Official minority language SUs are acknowledged in these policies as having different needs to the monolingual majority, and these must be accommodated by a workforce who has the capacity and capability to meet service needs.

Achieving the aim of a workforce who have the skills to meet the cultural and linguistic needs of the official minority language population in Canada has been identified as being particularly challenging given changes in Francophone population demographics. For example, the retirement rate amongst Francophones and a reduction in the Francophone younger population has compounded the lack of French-speaking health professionals in Ontario (Office of the French Language Services Commissioner of Ontario, 2018). Professional development and individual linguistic preferences for the workforce in practice impacts upon promoting language and culturally appropriate practice. Understanding bilingualism and its implication for individual official minority language SUs and the workforce in the Practice Domain is complex due to individual experiences and preferences of the official minority population.

1.3.3 Research Domain

The Research Domain plays a key part in promoting language and culturally appropriate practice on a national and international basis across interprofessional contexts. According to the Welsh Language Commissioner (2014b), having sound, evidence-based understanding of this complex topic promotes best practice across health and social care, for example through research that includes patient stories. Understanding the impact of provision of language and culturally appropriate services and promoting the workforce to become LCAPs in health and social care is complex and multifaced. Research plays a key role in developing understanding of key concepts such as population demographics or the impact of receiving language and culturally appropriate practice on SUs (Welsh Language Commissioner (2014b).

In Wales it is not sufficient to consider that language and culturally appropriate services should be available only in areas where there are larger numbers of Welsh speakers (Davies, 2007; Misell 2000; Welsh Government, 2012b). Research such as Misell (2000) provides evidence for counting population numbers rather than percentages in geographical areas:

“Although only 6.6% of the residents of Cardiff are Welsh speaking, this small percentage of the population of the Capital actually adds up to around 18,000 people, ten times as many Welsh speakers as are to be found in Caernarfon.”
(p.13)

This is one of the seminal pieces of research that provided insight into SU experiences at a time of great change brought about by the Welsh Language Act of (1993). Although dated, both Misell (2000) and Davies (2007) are relevant to use in the context of contemporary practice because they both explore the impact of the common

assumption that language and culturally appropriate practice need only be considered within the Welsh speaking geographical areas of Wales (Figure 1.1 and 1.2) which is similar in other countries with an official minority language.

Research is key to other issues in relation to developing language and culturally appropriate practice such as standardised assessments needing to be based on robust research for official minority language populations as seen in research such as Hughes, Lamers and Jones (2015) and Roberts et al. (2006b). The Language Awareness Infrastructure Support Service (LLAIS), part of the North Wales Trials Unit (NORTH) and funded by Health and Care Research Wales promotes the importance of embedding language awareness in research to ensure that the context of bilinguals is captured in health and social care and promotes AO within research practice (Language Awareness Infrastructure Support Service, 2019).

1.3.4 Legislation and Policy Domain

Legislation and policy are driven by multifaceted political and societal factors including SUs linguistic rights and demands. This is explored by Hudon (2013) who captures the shift in Canada towards institutional bilingualism due to the expectation that “*it is not incumbent on citizens to adjust linguistically to the workings of government*” (p.1). The demand for language and culturally appropriate services are determined by complex sets of factors. For example, in Wales SUs may not request services in Welsh because of previous poor experiences of language provision in health and social care caused by a paucity of Welsh speaking staff. Davies (2007) describes SUs having low expectations of their language preferences being accommodated in health and social

care and further explores the concept of vulnerable SUs being less likely to request that their linguistic rights be met. Missell (2000) outlined the low expectations by SUs who live in traditionally non-Welsh speaking geographical areas and believes that the demand for better language and culturally appropriate practice is often hidden because low expectation leads to low demand. This is potentially because SUs never experienced alternatives to monolingual English language health services. Although the research by Missell (2000) is dated, it is the researcher's experience that his assertions in relation to SU experiences of health and social care still reflects SUs contemporary experiences of receiving health and social care.

In Wales, the Welsh Language Act (1993) and the devolved powers to legislate and establish policies borne from the establishment of the National Assembly for Wales in 1999 facilitated a climate of greater positivity for the Welsh language in health and social care (Williams, 2019). This was further encouraged by the Welsh Language Commissioner in her enquiry into language provision in primary healthcare (Welsh Language Commissioner, 2014a). However, despite clear policy directions in Wales and Canada, there remain issues of poor linguistic provision across health and social care (Alzheimer's Society Cymru & The Welsh Language Commissioner, 2018; Office of the Commissioner of Official Languages, 2019b; Welsh Government, 2016a;).

The Welsh Assembly Government (2003) took an aspirational approach to creating a bilingual Wales:

"People can choose to live their lives through the medium of either or both Welsh or English and where the presence of the two languages is a source of pride and strength to us all" Welsh Assembly Government (p.1, 2003)

In Wales, the commitment to the More than Just Words Campaign (Welsh Government, 2012a; Welsh Government, 2016a) and the Cymraeg – 2050 A Million Welsh Speakers Work Strategy (Welsh Government, 2017b) demonstrates that facilitating the use of Welsh by SUs and the health and social care workforce is an ongoing aspiration.

In addition to national legislation and policy, the standards of practice by regulatory and professional bodies outline the baseline requirement for health and social care practitioners to accommodate the SUs language and culture. For example in the UK for Occupational Therapy, these include the Standards of Conduct, Performance and Ethics (Health & Care Professions Council (HCPC), 2016), the Standards of Education and Training (HCPC, 2017), the Standards of Proficiency for Occupational Therapists (HCPC, 2013) and the Code of Ethics for Professional Conduct (RCOT, 2015). Unfortunately, there is no differentiation between the multilingual and official minority language contexts in these standards which means that language and culturally appropriate practice for official minority language populations who have a legal right to provision in their language of choice is not highlighted as a priority. This lower profile by professional regulatory bodies potentially reduces awareness and motivation for practitioners to deliver language and culturally appropriate services to official minority language populations because it is not an explicit professional requirement.

Despite the UK being signed up to the European Charter on Regional and Minority Languages (Council of Europe, 1992), achieving the aspiration to meet the linguistic needs of official minority language populations in health and social care laid out in legislation and policy remains patchy. Implementation of the aspirations is problematic

due to a policy and implementation gaps (Roberts & Burton, 2013). In Canada, in addition to the Official Languages Act (1985) there are two elements of the Canadian Constitution that underpin SUs rights to receive services in their language of choice namely Federalism and Health and Federal Funding. These underpin the principles of positive measures that must be taken to ensure the recognition and provision of French and English services in healthcare provision in Canada (Foucher, 2017). In the UK, legislation and policies in Wales such as the Welsh Language (Wales) Measure 2011 (Welsh Government 2016b), Iaith Pawb (2003), Action Plan (Welsh Assembly Government, 2003) and A Living Language: a language for living (Welsh Government,2012b) provide a robust framework for official minority language populations to have their language and cultural needs accommodated in in health and social care.

Despite robust policy and legislation frameworks in Wales and Canada, the researcher's experiences, supported by Williams (2013) provides an insight that SUs continue to experience a lack of consistency within service provision. Williams (2013) uses the Basque Country and Ireland as two countries to highlight the lack of competence within the EU to regulate official minority linguistic rights and explores the need to establish stronger regulation to ensure that linguistic legislation and policy is adhered to.

There is a growing body of evidence such as that presented by the Welsh Language Commissioner (2018) that as the understanding of the linguistic and cultural needs of official minority language populations increases, policy and legislation can be impacted upon to positively promote provision. Roberts and Burton (2013) identify a

paucity of evidence in relation to promotion of best practice in accommodation of language and cultural needs of official minority languages in Canada and Wales despite the overarching political legitimacy. In Wales, A Healthier Wales Plan (Welsh Government, 2018) outlines the importance of the core values in health and social care of “*putting quality and safety above all else*” (p.4) and eliminating harm through “*integrating improvement*” (p.4) which is to be achieved through designing services around individuals and groups.

This study therefore seeks to clarify how promotion of the knowledge and skills of the workforce to develop language and culturally appropriate practice could contribute to developing and achieving the stated aspirations of legislation and policy to meet the needs of official minority language populations in health and social care.

1.4 Aims and Objectives

The aims and objectives set the direction and focus of the study and went through several iterative cycles as the study developed and formally adopted the domains that impact on whether practitioners become language and culturally appropriate in their practice or not. They outline the broader scope afforded by inclusion of elements such as the interdisciplinary and international perspectives. Initially, the focus of the research was primarily on the Practice and Education Domains, however as the research progressed and the theory developed, the role of the Research and Policy and Legislation Domains became more pivotal to theory construction.

The study aims to:

- Construct theory that promotes the health and social care workforce to develop and utilise language and culturally appropriate practice to meet the needs of bilingual service users from official minority language populations.
- Contribute to the body of knowledge that underpins language and culturally appropriate practice through developing theory that impacts positively upon health and social care provision.
- Promote the understanding and development of language and culturally appropriate practice within education, practice, research and the legislation and policy domains through dissemination of the theory within health and social care professional groups on a national and international basis.

The objectives of the study are to:

- Utilise the experiences of language and culturally appropriate practitioners and pre-registration Occupational Therapy students who studied on a bilingual programme to explore the impact of education and practice experiences on the development of language and culturally appropriate practice.
- Identify the core social process of learning language and culturally appropriate practice and how they impact on client centred practice using pre-registration OT students who studied on a bilingual programme within the context of the Welsh language as a case example.

- Explore whether learning in a bilingual environment influences the development of language and culturally appropriate practice for three language proficiency student groups and to understand the impact on their emerging client centred practice.
- Construct and disseminate theory that utilises the understanding of the accelerators and inhibitors to developing language and culturally appropriate practice to promote a workforce that meet the linguistic and cultural needs of service users from official minority language populations.
- Utilise data from the Cymru/Canada Research Network to ensure that the theory constructed is cognisant of the multidisciplinary and international contexts for developing language and culturally appropriate practice.
- Encourage participants to utilise their reflections on taking part in the research to further develop their client centred practice through CPD.

1.5 Chapter One Summary

While the benefits of provision of services that are language and culturally appropriate for official minority language SUs are well documented, there is a gap in understanding why, when and how clinicians develop, or have the potential to develop, the skills and knowledge they need to become LCAPs and to develop language and culturally appropriate services across health and social care. This study develops theory that explains this gap and through utilising CGT provides new theory that can be

implemented across health and social care services on an interdisciplinary and international level. Chapter Two explores a range of pertinent literature that underpins theory development and further develops concepts that have been raised in this introductory Chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction to Chapter Two

Chapter Two details contemporary literature and research pertinent to developing LCAPs and the promotion of language and culturally appropriate practice in health and social care for official minority language populations. The role of a literature review within CGT is explored followed by how the studies were identified. Literature relating to the status of official minority languages in health and social care as well as differences in language abilities is explored. The perspective of SUs and the workforce from official minority language is highlighted concludes this chapter.

Although primarily the Welsh (Welsh/English) and Canadian (French/English) literature and perspectives are explored, the literature review is applicable to any country where an official minority language exists which is protected by legislation and policy. Literature relating to the experiences of official minority language populations is considered from the perspective of SUs and the workforce. Roberts et al. (2005) highlight the issue of differences between studies that explore official minority languages versus multicultural contexts, and state that much of the literature about language within healthcare relates to multicultural contexts and may not be directly relevant to research about official minority languages because of the lack of legal status.

Charmaz (2014) advocates caution about formulating literature reviews at the start of CGT research due to potential for data analysis and theory construction being unduly

influenced. A position of pure induction, where theory arises from data alone is not possible in CGT as Charmaz (2014) believes that the researchers' experiences in the field or knowledge from prior immersion in literature means that researchers will not approach subjects with complete lack of familiarity. Charmaz (2014) further criticises GT for the potential that "*grounded theorists may unwittingly produce decontextualized analyses where they disattend to context or are unclear about it*" (p.243). Kenny and Fourie (2015) stress the need for CGT to be "*informed by the context in which the researcher is operating*" (p.1285) and clarify Charmaz's stance that literature should be utilised throughout the study but that the researcher should not be totally immersed in literature until the end of the study.

El Hussein, Kennedy and Oliver (2017) explore the conundrum of undertaking a literature review and the conflicting requirement of theory emerging from data analysis versus the expectation of undertaking a full literature review in research. A dynamic approach to literature review is encouraged within CGT which utilises the principles of critical enquiry to ensure that the gaps in literature are known and which validates the researcher's existing knowledge and familiarity with key concepts rather than undertaking extensive literature reviews at the start of research (El Hussein et al., 2017; Giles, King & de Lacey, 2013; Ramalho, Adams, Huggard & Hoare, 2015). For this study, the literature was determined by the purpose of the research rather than re-working existing ideas, it ensured sufficient depth of knowledge to inform thinking and theory development rather than validating what was already known about language and culturally appropriate practice. Dey (2007) stresses the importance of theory being grounded in the discourse of current literature as well as researchers taking a reflexive approach to the literature review. The researcher was mindful of the purpose of a

literature for CGT being to engage with existing knowledge as an orientating process as opposed to other research designs where a detailed literature review is needed to provide a framework to the research at the outset (Berger 2015; Urquhart, 2007). Charmaz (2014) also emphasises the importance of avoiding “*importing preconceived ideas and imposing them on your work*” (p.306), however she does acknowledge that pure induction is not possible or valuable either as CGT incorporates prior knowledge of the researcher as a positive element of theory construction from the start.

Silverman (2013) and Charmaz (2014) agree that initial literature reviews should be revised after data analysis to ensure that they are tailored to the specific purpose of the study. This literature review chapter was re-visited after theory construction to ensure that it provided an outline of pertinent issues that inform the final discussion in Chapter Eight.

2.2 Identifying Studies

Charmaz (2014) advocates that a deductive approach to literature is not required where existing theory guides the research being undertaken. The researcher therefore decided to primarily take an accumulative and iterative approach to ensure that a wide range of relevant studies were explored throughout. The literature review utilised the concepts of a Dynamic Reflexive Integrative Approach proposed by El Hussein et al. (2017) given the challenges of identifying resources linked specifically to the official minority language context. There was no specific exclusion base on date of publication because many seminal pieces of research and other publications were still relevant to the context and history of the development of language and culturally appropriate

practice. All categories of literature were included such as research papers, opinion pieces, grey literature and unpublished work. The literature excluded any sources that were not available in either Welsh or English due to languages understood by the researcher.

Reference lists from research papers and other sources such as books, policy documents and websites were reviewed to find further literature on an ongoing basis throughout the timespan of the research. The principles for identifying relevant literature adapted from Khan, Kunz and Kleijnen (2011) was used to identify relevant studies (Appendix 1). There were several sources of relevant citations that were used for this activity:

- A review of literature specifically relating to official minority language in health and social Care was carried out by members of the Cymru/Canada Research Network prior to the first meeting (Appendix 3).
- Resources gathered by the Welsh Language Lead at the School where the researcher worked provided a very large range of gathered resources such as research papers and policy documents.
- The Canadian book about Active Offer was published in 2017 which had a wealth of specific literature relating to official minority language in health and social care in the chapter reference lists.
- The research also used the personalised suggestions for articles from Mendeley for receiving alerts to relevant papers within the researchers noted areas of interest.

A less rigid approach to undertaking a literature review has been particularly useful for this study given the complexity of undertaking more traditional literature searches using specific search terms. The researcher undertook some traditional literature searching using the Bangor University Library Databases and specific search terms using an adapted SPICE Framework (Setting, Population, Intervention, [Comparison], Evaluation) (Appendix 2). However, these searches were unhelpful as most included studies were not relevant to use for this study because they focussed on bilingualism or the multicultural context rather than the official minority language despite stringent search terms being applied under the guidance of the Health Sciences subject librarian.

2.3 Accommodating Official Minority Languages in Health and Social Care

Although Welsh/English in Wales and French/English in Canada is explicitly explored within this study, the literature utilised draws on a wide range of international perspectives which remains relevant due to similarities in experiences of official minority language groups across the globe.

2.3.1 Status of Language and Culture in Health and Social Care

There are challenges in relation to the status and accommodation of official minority languages within health and social care from micro to mega levels. Davies (2007) states that the impact of the Act of Union of 1536 and 1542 resulted in Welsh becoming a secondary language in Wales with no official status. Welsh gained official status in Wales with the implementation of the Welsh Language Act (1993) therefore as a

nation, there can be a subconscious subservience to use English for 'official' business. For example, delivering and receiving health and social care which have traditionally been available through the medium of English with many, particularly older, SUs preferring to speak in English to Doctors because that was the language utilised within medicine in the past.

Davies (2007) cites the Welsh Language Board survey of 1996 as evidence that Welsh speakers had a lower level of confidence to use Welsh with public sector organisations and felt an enduring sense of inferiority when using the Welsh language. This had a historical impact on the demand for Welsh Medium services, however the current climate of legislation and policy such as Active Offer (2012a) impacts positively on changing these historical attitudes and beliefs of both bilingual SUs, carers and the health and social care workforce across the four domains identified for this study. The legislative protection now offered to official minority languages on a mega level such as the Canadian Constitution and the Canadian Charter of Rights and Freedoms in Canada (Foucher, 2017) and the Welsh Language Measure (Welsh Government, 2016b) appear to have had a positive impact. The promotion of the principles of the Active Offer (AO) in Wales and Canada on a micro, meso and macro level has also brought about a positive change in the attitude of the workforce in health and social care (CNFS, 2012; Office of the Commissioner of Official Languages, 2019b; Welsh Government, 2012a; Welsh Government, 2016a). SUs from official minority language populations also appear to be much more aware of their linguistic rights and expect to be given opportunities to engage with health and social care in their language of choice (Bouchard et al., 2017a; CNFS, 2012; Welsh Language Commissioner, 2014b; Welsh Language Commissioner, 2018).

The complexities of changing societal expectations and differing individual opinions contribute to what is accepted custom and practice for accommodating official minority language and cultures within health and social care (Alzheimer's Society Cymru & The Welsh Language Commissioner, 2018; Citizens Advice Bureau, 2015). One of the consequences of these changing societal norms in relation to the status of official minority language populations is understanding the barriers and facilitators, and the difficulty inherent in examining how the language and cultural needs of SUs are accommodated. There appears to be little existing literature that provides any definitive explanation of what impacts specifically on the status and accommodation of official minority languages in health and social care. Although reports such as Missell (2000) provide insights into the experiences of official minority language SUs that still holds true today, they do not outline how practitioners have, or could have the potential to develop as LCAPs in order to provide language and culturally appropriate health and social care for official minority language SUs.

Although their research focussed on linguistic diversity in multicultural contexts, Kulkarni and Sommer (2015) outline a range of factors that impact on the workforce in terms of language-based exclusion and behaviour in the workplace that are relevant for official minority language populations. Prosocial behaviours (which they describe as behaviours at work that go beyond the specified job role) are impacted negatively when the workforce experiences language-based exclusion. For example, in the researcher's experience, cultural norms relating to whether or not speaking the official minority language is acceptable in front of non-bilinguals when they are not part of a conversation. There are also regional and family norms and expectations to consider where it may be more acceptable for people not to switch to the majority language

because it is custom and practice not to unless that person is directly part of the conversation. The negative impacts outlined by Kulkarni and Sommer (2015) could also be applied to the workforce from official minority language populations as it encompasses both real and perceived exclusion or rejection by others. The experiences of the health and social care workforce from all language abilities is the key to understanding the development of language and culturally appropriate practice whereas the study by Kulkarni and Sommer (2015) provides a valuable insight into some of the social processes that occur within the workplace in relation to language and cultural stereotyping.

2.3.2 Adapting to Different Language Abilities within Health and Social Care

Although primarily an issue for official minority language learners, in the researcher's experience, it can also be the case that many first language official minority language students and practitioners perceive their written and/or spoken language skills as not being of a good enough standard. Variations in experiences during childhood and subsequent life experiences can impact on confidence for the bilingual workforce to engage with SUs using an official minority language (CNFS, 2012; Cyngor Gofal Cymru, 2014; Welsh Government 2017a). The Welsh Government (2017a) has made a specific commitment to ensure that they:

“...enhance and improve Welsh language skills in the workplace, with a particular emphasis on the health and social care workforce” (p.21).

It could be postulated that utilising the official minority language in health and social care is impacted upon by the clinical challenges and understanding of the importance

of accurate communication within an episode of care. However, the CNFS (2012) emphasise that one of the barriers to using French at work is that the Francophone workforce “*are sometimes uncomfortable expressing themselves in French, concerned that their French is not good enough*” (p.16). This would be the case across all four levels identified in Figure 2.1.

The Welsh Language Standards of Proficiency (The Care Council for Wales, 2014) developed a Language Skills Framework that measures written and verbal proficiency that can be used by employers to assess the competence of their workforce in oral and written Welsh for understanding, speaking, reading and writing. This could be useful for students and staff in health and social care to measure their individual levels of skills and proficiency and instil confidence or highlight areas for improvement in their development of LCAPs. However, there is an assumption made at level one that there is a basic understanding of the Welsh language in all areas. It is the researcher’s experience that some colleagues or students who are not LCAPs can lack basic level one skills and knowledge so the framework does not highlight where they could improve because they cannot engage with it. Inclusion of a level zero would enable those who assess themselves as not having even a basic level of knowledge and understanding to utilise the framework to develop as LCAPs. Their language skills flowchart also provides a useful tool for employers to assess the Welsh fluency needed for any posts that may require a bilingual practitioner (Care Council for Wales, 2014). Both these elements would be transferrable to other official minority languages and across the system levels in Figure 2.1, which makes this a useful framework to consider for this study.

Many official minority language speakers have different proficiency in the spoken and written language. In the researcher's experience, students and clinicians perceive that there are many differences between written and spoken Welsh that they need to have a much higher standard of Welsh for written work compared to spoken Welsh. However, different standards are acceptable with recent thinking moving away from the traditional stance that only the highest standards of formal writing is acceptable (Care Council for Wales, 2014; Office of the Commissioner of Official Languages, 2013; Welsh Language Commissioner, 2018). Baker and Wright (2017) outline the changes that occur in bilingual's language use based on both languages changing and evolving over time and place which can be useful for theory construction across the four domains within this study. Drolet, et al. (2017b) explored the impact of official minority language workforce in health and social care being marginalised by a sense of linguistic insecurity which leads to self-consciousness about the use of French at work and the belief that a higher level of French is required for career progression.

At the University in Wales where the research was conducted, there is a range of support available to students across all Schools to improve their spoken and/or written Welsh that promotes confidence in the use of Welsh for practice for health and social care students. However, for pre-registration students, there are barriers to engagement with these strategies such as the time available to engage with courses or their availability to attend when they are on placement.

2.4 Perspectives of Service Users from Official Minority Language Populations

In the Welsh Language Awards Conference (2013), one of the speakers summed up the SU experience:

'Er fod siaradwyr Cymraeg yn ddwyieithog, ar adegau pan mae nhw mewn gwendid neu mewn poen, dim ond gallu mewn Cymraeg sydd ganddyn nhw'

'Although Welsh speakers are bilingual, at times when they are weak or in pain, they only have Welsh language ability'

(S. Davies, personal communication, 2013).

Bilingual SUs are increasingly aware of their rights to be provided with language choices and that they are disadvantaged when linguistic rights are not accommodated (Davies 2007; Martin et al. 2018; Office of the Commissioner of Official Languages, 2019b; Welsh Language Commissioner, 2014a). Being bilingual brings about a number of challenges for SUs within assessment and intervention that is not always understood by practitioners who are not LCAPs. Altarriba and Morier (2004, as cited in Bharita and Ritchie, 2004) outline how bilingual people can behave differently dependant on the language they are using. For example, SUs may feel more confident to express how they feel to health professionals in their first language. There are complex factors that determine how and why bilingual SUs express themselves differently in their first or second language, for example, there may a tendency to change the language of choice from first to second language. One cannot assume that bilinguals will all have the same preferences. It is also apparent that some people feel more confident in one language than another and this can vary from situation to situation and this variation makes service provision for bilinguals' complex.

Accommodating language choices for bilingual SUs from official minority languages makes the creation of a workforce who have the skills and abilities to accommodate these language choices challenging. It is further complicated by the legal requirement to accommodate both official languages (Williams, 2013; Williams, 2019). Promoting a greater understanding of how to facilitate the health and social care workforce to be ready to accommodate the language choices for SUs would promote better linguistic provision for official minority language populations.

When SUs linguistic and cultural needs are accommodated there is greater likelihood of accurate assessments and interventions occurring, with fewer mistakes arising from miscommunication (Drolet et al. 2017a; Bouchard et al, 2017a). The development of the therapeutic relationship is a key factor to successful SU engagement with health and social care provision. Where robust therapeutic relationships are evident, there can be better engagement with the processes of assessment, treatment planning, intervention and evaluation. Chartier et al. (2014) emphasise the importance of good therapeutic relationships amongst the Francophone populations of Manitoba within mental health services and explores the impact of the discrepancy between self-reporting of mental health problems and diagnosis of mental disorders. This is attributed to Francophones having limited access to French language health and social care in the province resulting in less engagement with services. Roberts, et al. (2005) outline the primary theme to emerge from their study was that SUs experience language barriers when engaging with health and social care services. However, there is variation identified in the studies included in their research based on country of origin, with many of the studies being small scale which may have impacted negatively on the transferability of the results.

Roberts, et al. (2005) explore the impact of language barriers having a detrimental impact on the quality of the care offered because of problems with effective communication between practitioners and SUs. In the researcher's experience, a successful therapeutic relationship can improve the experiences of clinicians' interactions with SUs which in itself brings benefits such as greater work satisfaction. A therapeutic relationship is a two-way process and so both parties' perspectives need to be considered. This research focuses primarily on the perspective of the workforce, however the driver for the researcher is for an enhanced SU experience of receiving language and culturally appropriate services. The researcher believed that a greater understanding of the impact of accommodating the language and culture of official minority languages from the SU and workforce perspective is important to drive forward changes within health and social care.

Forgues, et al. (2017) explored the factors that impact upon the workforce providing services in French and their research identifies the impact of aspects such as provision of language training for the workforce. However, there can be a disconnect where SUs may expect a better standard than the clinician is able to provide. It may be adequate for some SUs that clinicians use basic greetings and then switches to English, while others would demand all aspects of care to be given in the language they have specified as their choice. This variation adds to the complexity of understanding what is acceptable to SUs and how the workforce needs to be configured to meet SUs needs. Theory constructed in this study therefore needed to be adaptable to a wide range of situations such as different SU preferences.

SUs who are in pain or frightened are more likely to engage with practitioners when they can do so in their preferred language even though normally, they may be able or willing to accept services in their second language (Alzheimer's Society Cymru & The Welsh Language Commissioner, 2018).

2.5 Workforce Development

CPD is a requirement of professional bodies such as the NMC or HCPC in the UK which brings the requirement for practitioners to ensure that they maintain the best standards of care through ongoing professional development Nursing & Midwifery Council (NMC, 2018) and the Health & Care Professions Council (HCPC, 2016). CPD is a key aspect for the development of language and culturally appropriate practice with reflective practice being a cornerstone for practitioners developing awareness of their strengths and limitations in relation to meeting the needs of working with SUs. This study seeks to understand why some practitioners develop as LCAPs while others do not and therefore the concepts of CPD and reflective practice amongst the health and social care workforce across the four domains were key elements for theory construction.

Understanding how practitioners potentially develop professional skills and knowledge as well as why some do not appear to do so across the four domains is important for understanding facilitators and barriers to promoting language and culturally appropriate practice. Practitioners have multiple opportunities to develop skills and knowledge in pre and post registration settings and it is important to understand how practitioners decide what to prioritise given the competing demands for their attention.

For example, it can be difficult to discern how some practitioners decide to take specific steps such as learning the official minority language to a standard of proficiency to use at work while others do not do so. Research plays a part in the promotion of the workforce to become LCAPs with the emergence of evidence-based practice being a catalyst for promoting change and development in the Education and Practice Domains (Drolet et al., 2014). The paucity of information about accommodating official minority language SUs compared to multicultural SUs may play a part. Evidence about the benefits to SUs of receiving services in their language of choice is well documented however, many practitioners do not register or engage with this evidence to sufficient levels to act. Further research was therefore required to unpick this aspect of professional development in order to understand why this may be and to develop a theory that could be used to address this issue in a practical way.

2.6 Chapter Two Summary

Studies explored for this literature review focus on the perspective of SUs and the experiences of the workforce in health and social care of providing language and culturally appropriate practice. This research therefore explores the perspective of practitioners developing as LCAPs and how language and culturally appropriate practice can be facilitated across the four domains. The importance of the therapeutic relationship and CPD have been explored in relation to the development of language and culturally appropriate practice.

There is a paucity of research from the perspective of workforce preparation to provide services that consider that language and culture of official minority languages within

health and social care which is the focus of this research. Chapter Three outlines the research design that was used to construct the theory that seeks to address the gap in knowledge of how to promote practitioners to become LCAPs and how language and culturally appropriate practice can be promoted in health and social care.

CHAPTER THREE

METHOD

3.1 Introduction to Chapter Three

This chapter begins with an outline of the theory that underpinned the study design followed by a detailed overview of how the study was conducted which specifies how the theory of CGT (Charmaz, 2014) was utilised to construct theory. The research design and a detailed outline of the participant recruitment and methods of data collection for each phase is provided alongside an explanation of the data analysis processes. The chapter concludes with an exploration of ethical and governance issues.

3.2 Paradigm and Philosophical Overview

The overarching paradigm needed to produce rich data to provide insight into the experiences of participants so that the theory could be constructed from the data. A range of philosophical stances shaped the researcher's position are outlined briefly in this chapter.

The quantitative or positivist paradigm is a more traditional and scientific way of carrying out research with some researchers holding the view that qualitative research is problematic because of its lack of traditional principles that underpin research such as validation and rigour (Braun & Clarke, 2013). This is challenged by Silverman (2014) through his proposition that public scepticism regarding statistics lead to the reliability of quantitative research being threatened. Within the field of social science

and humanities, qualitative research design is deemed to be at least of equal value to that of quantitative research (Braun & Clarke, 2013; Silverman, 2014). Ragin (1994) cited in Alasuutari, Bickman and Brannen (2008) outlines a less confrontational stance where research design is seen on a continuum, with a variety of paradigms or underpinning frameworks having their equal place. Silverman (2014) proposes that the role of theory within research design (taking a deductive or inductive position) as an alternative to the polarised concepts of quantitative and qualitative design; and within this position the epistemological and ontological stance is perhaps therefore of greater importance (Amsteus, 2014; Bryman & Bell, 2015).

Epistemology is concerned with the nature and theory of knowledge about the social world – what can be known as opposed to interpreting what is known from within established contexts or theories (Bryman, 2008; Bryman & Bell, 2015). A relativist epistemological position is one where the interpretation of the participant of experience or ‘truth’ of the situation or context is paramount. This fits with constructivist theory where the researcher is part of the construction of the reality of the participant, working alongside the participant in mutually constructing theory (Charmaz, 2000 in Denzin & Lincoln, 2000).

Hemmersley (2008) warns that social scientists need to be aware of dominant influences in society that potentially marginalise groups within social science research. This is relevant to this study because of the focus on accommodating language and culturally appropriate practice for official minority language groups. The outcome therefore is that the epistemological stance taken within this study enabled the

development of theory which focussed on the context of official minority language populations alone as it excluded a more general bilingual or multicultural context.

Bryman (2008) outlines the two extremes of the ontological position of social research with one stance being the existence of an eternal, pre-existing social realm (Realism) vs the belief in a social realm that is being constantly created and adapted by people in society (Relativism). The principles of Realism underpin positivist research whereas Relativism underpins interpretivist research. However, there also exists a continuum where the truth may lie somewhere in the middle, what Braun and Clarke (2013) refer to as a critical realist position where there is a real world that underpins the relative world that is being explored from the participant's perspective.

A key set of principles underpinning this research is constructivism. Amsteus (2014) proposes that GT was influenced by positivism through the emphasis on generation rather than the idea of verification of the theory generated; acknowledging striving for objectivity within the empirical world. Braun and Clarke (2013) state that put simply positivism "*assumes the straightforward relationship between the world and our perception of it*", separating the researcher from their participants requiring an objective approach to data collection. A more recent iteration is post-positivism where there is still a quest for the 'truth' of a situation for participants. There is also acknowledgement of the researcher being influenced by their own values, experiences and beliefs which need to be removed to lessen their influence (Kenny & Fourie, 2015). In contrast, the social and cultural contexts of the world are key within constructivism, where understanding about the world is linked to the specific social and cultural contexts of the world in which participants live. Contextualism is somewhere in the

middle of positivism and constructivism where there is an assumption of multiple realities that emerges from the multiple contexts of the world, however it still retains the belief that there is a notion of the truth to be explored (Amsteus, 2014; Silverman, 2014).

Although GT is traditionally a qualitative approach, a criticism of classic GT is that it can be carried out in a rather positivist way, however CGT developed in a more interpretivist direction given the collaborative nature of interpretation between the researcher and participants (Charmaz 2000; Kenny & Fourie, 2015). Exploring and understanding the meanings people give to their experiences in a specific context leads researchers to *“understand or explore meaning and the ways people make meaning, rather than to prove a theory or determine a relationship between factors”* (Braun & Clarke, 2013, p.35).

3.3 Theory of Research Design

The theory that underpinned the design of this study is now explored.

3.3.1 Grounded Theory

GT studies analyse empirical data to develop theory grounded in qualitative data, this is in contrast to other qualitative research where an a priori approach is taken to processing data based on a pre-determined theoretical deduction. Williams and Keady (2012) outline the concepts of GT developed by Glaser and Strauss (1967) which explains and predicts people’s behaviour within the field of social science which is particularly relevant to this study where the researcher identified that further research

was needed to understand and explain the behaviour of practitioners when they either do or do not develop as LCAPs. They further state that GT is practice orientated and applicable within diverse settings which is relevant to this study as it further research was needed to understand the behaviour of practitioners in diverse practice settings on a national and international basis.

Within GT, theory develops from the data and avoids the issue highlighted by Glaser and Strauss (1967) cited in Amsteus (2014) of using data opportunistically to test a pre-determined theory where data are made to fit the theory rather than the theory coming from the data. Walker and Myrick, (2006) believed that GT “*endeavoured to integrate the strengths inherent in quantitative methods with qualitative approaches.*” (p.548).

Charmaz and Keller (2016) critique traditional GT data analysis as being too close to content analysis due to the focus on the number of times an issue arises rather than an analysis of the importance of that issue to participants as would be the case with CGT.

3.3.2 Constructivist Grounded Theory

Charmaz (2008) states that CGT has its roots in the principles of GT that were developed by Glaser and Strauss (1967) in their seminal work, *The Discovery of Grounded Theory*. Although the development of CGT was based on the original work of Glaser and Strauss (1967), Charmaz (2000, 2014) states that divergence from theory can potentially lead to dilution of the original structure of a methodology.

Charmaz (2000, 2014) is also clear that CGT takes GT in a different direction in a purposeful way, with the emphasis on collaborative interpretation between the participants and the researcher being one of the main tenets of CGT due to her assertion that some iterations of GT can be undertaken in a rather positivist way whilst retaining many of the positive aspects of GT, in particular within research strategies.

Within CGT the place of the researcher is central whereas Glaser (2002) states that within GT the researcher is another variable factor that must be taken into consideration. One of the challenges of understanding CGT is the ongoing development of classic GT since the 1960's with different stance of theorists such as Glaser and Strauss in the mid 1990's and the work of Strauss and Corbin in the 1990's.

Amsteus (2014) proposes that GT seeks to develop theory from the exploration of empirical data rather than developing theory via or from a specific pre-determined theoretical stance (a priori). Charmaz (2016) explores the notion of CGT being used as a set of principles and practices rather than a set package or formulae of how to carry out research. This potentially creates a paradox because the principles of CGT (such as coding, constant comparison, theoretical sampling and diagramming), could be considered as a priori in their potential influence on the research (Amsteus, 2014). A key aspect to avoid this is the attitude and behaviour of the researcher.

In essence CGT allows the researcher to collect and analyse data which in turn informs the gathering of further data that are interpreted and formulated to develop theory (Dey (1999) cited in Amsteus, 2014; Kearney, 2007). Arguably, the benefit of using CGT is that the participants' subjective experiences are key to developing emerging

theoretical ideas and this in turn is modified by the researcher from subsequent analysis of further data (Charmaz, 2000; Charmaz, 2014). Amsteus (2014) argues that transparency and customising the research design is more important than sticking exclusively to a pre-determined stepwise procedure; although referring to GT rather than CGT here, his argument is still valid in relation to conducting CGT research. Charmaz (2016) stresses the importance of considering the historical, social and situation context of constructing theory which complements this study due to the complex history and social meanings of language and culture for official minority language populations.

CGT (Charmaz, 2014) was considered to be the most appropriate to use because the theory surrounding the development of LCAPs was constructed directly from participants experiences within the four domains, which was applicable across a wide range of professions and geographical areas. Mills, Bonner and Francis (2006) describe this as reconstruction of stories to develop theory; they state that creative writing is a key element to CGT as participants used their own words to describe how they constructed their experiences.

CGT values the standpoint of the person who lives the experience (Charmaz, 2000) This was a key factor for this research because it was from the experiences of participants who were students, clinicians, lecturers and researchers who may also be involved in influencing policy and legislation that theory emerged and shaped into the final theory. The knowledge and experience of the researcher was also valued and integrated within the development of the theory as the person who told the story of participants. Lois (2010, as cited in Charmaz, 2014) uses her own assumptions and

opinions as part of her CGT research, making them explicit so that she can understand any contrasting beliefs. This is the case for this study where the researcher did not feel that it would be appropriate (or possible) to bracket her own opinion and experiences but rather to explore the alternative beliefs to further understand the issues explored. What Lois (2010, as cited in Charmaz, 2014) describes as “*coming back to quotes that won’t leave you alone*” (p.194).

Charmaz (2014) states that CGT makes patterns ‘visible and understandable’ which was important when considering those who lack understanding of the issue or who may not be LCAPs. This provides an explanation of how and why practitioners do or do not develop their language and culturally appropriate practice, it is also postulated that the theory could be used as a catalyst to bring about change in practice. Charmaz (2016) further explores the notion of CGT “*making invisible processes transparent*” (p.299) which was invaluable in this study due to so many aspects of language and culture being hidden due to established social norms of avoiding confrontation within minority language populations (Davies, 2007).

The background of the researcher as a lecturer who was very experienced in using a student-centred EBL approach to teaching impacted on the choice of CGT for this study. EBL and CGT required the facilitator/researcher to take an open-minded approach, to let go of the ‘expert’ role and be open to being challenged and learn from others (Charmaz 2014). Charmaz (2014) describes the importance of taking a heuristic stance in GT research, which is interpreted within CGT as a trial and error approach with researchers approaching the research design with a flexible stance from the start. Hutchings (2007) proposes that EBL could be considered a ‘research-

like' method of learning where questioning is encouraged alongside repeated cycles of enquiry that inform and illuminates the learner, this further reinforces the match between the research design and the researcher's stance for both teaching and research. Hutchings (2007) postulates that EBL requires students to discover knowledge and skills for themselves and requires the lecturer to take a heuristic approach to facilitation of learning which is mirrored in this research study design. Although Hutchings (2007) refers to teaching English Literature, the principles outlined in relation to the nature of EBL is relevant to teaching and learning in health and social care. This led to the choice of interpretive and inductive approaches as the researcher was naturally drawn to a research design where the exploration of the experience of participants was paramount rather than being led by needing to follow or prove any specific theoretical stance as would be the case with a more deductive design. Taking an empirical approach to the design of this study mirrored the teaching and learning strategy utilised within the bilingual OT EBL spiral curriculum which was helpful for the researcher to learn to construct theory gradually as the study evolved.

3.3.3 Differences between Grounded Theory and Constructivist Grounded Theory

Because CGT has its roots firmly within the theory of GT it could be said that the tools of conducting CGT are similar to those used for GT (Figure 3.1), however, CGT has been further developed by Charmaz (2014) in the early 2000's to incorporate a greater emphasis on the aspects explored below.

Charmaz's work in developing CGT involved participants and researchers being more involved in theory generation/creation through collective interpretation and co-

construction - attributing meaning to experiences (Charmaz, 2000; Lauridsen and Higginbottom, 2014; Williams & Keady, 2012). Within CGT the interpretation of participants AND the researcher are key elements to the development of theory. Charmaz (2016) stresses the importance of attending to the participants as well as the researcher's "*language, meanings and actions*" (p.299). This was invaluable within this study due to the interests and expertise of participants and researcher. Williams and Keady (2012) postulate that the stance of CGT is "*an interactive, subjectivist one where mutual interpretation and agreement are keys to unlocking and presenting human experiences*" (p.219). The interactive nature of gathering data with an emphasis on re-visiting participant experiences over time to gather participant opinions on the researcher's interpretation of data and theory construction provides a different emphasis within CGT that would not have happened with classic GT (Charmaz, 2014).

Glaser (2002) critiques Charmaz's CGT as needing forced, long and in-depth interviews and questions whether a researcher can develop mutual interpretations during interviews. Glaser (2002) states that GT initial interviews are much more passive in nature with the construction occurring at a later date during theoretical sampling. While Glaser's stance is understandable, an alternative view exists, where dialogue within focus groups or interviews about a topic of mutual interest; in this case about potentially becoming LCAPs, with the acknowledgement of differing standpoints fostering open discussion. Glaser (2002) raises concerns about CGT potentially avoiding dealing with researcher bias which raises a valid concern in relation to this study. Being aware of and taking reasonable steps to minimise potential researcher bias was a concern and a potential limitation of this study. However, the researcher disagrees with Glaser's stance that a researcher should take pains to ensure that their

views do not impact on interpretation of the data and his belief that any biases will be negated in data constant comparison processes. Charmaz (2000) believes that the story or theory that emerges should reflect the researcher as well as participants perspectives due to her belief that it is not possible to bracket views and beliefs to create the level of objectivity that is advocated for GT. Researchers bring a wealth of knowledge and experience when conducting research such as this where their personal and professional experiences and beliefs bring a positive aspect to the research. However, they must endeavour to remain open minded and open to discovery of approaches that can impact positively on theory construction. For example, in this study the researcher acknowledged that as a bilingual, she was unable to identify with the perspective of monolinguals so needed to remain open to different experiences from monolingual participants. The researcher agrees with the stance taken by Charmaz (2000) that the process of constant comparison and theoretical sampling is key within the social process of developing theory from the participant and researcher's perspectives.

Glaser (2002) outlines his concern that CGT's emphasis on mutual interpretation during the process of data gathering is a limitation as he sees it as *an "unwarranted intrusion of the researcher"*. However, for this study it can be seen as a strength due to the complexities of the nature of developing language and culturally appropriate practice. The researcher needed to delve beyond the polite 'norms' of language and culture to unpick with the participants why and how they thought practitioners do or do not develop as LCAPs. A more passive approach with the researcher listening to participant experiences would not have enabled debate and mutual interpretation that participants ascribed to their experiences and opinions during data gathering. This

was a key element of this research design that is facilitated by using CGT (Charmaz, 2014) rather than a more traditional GT approach.

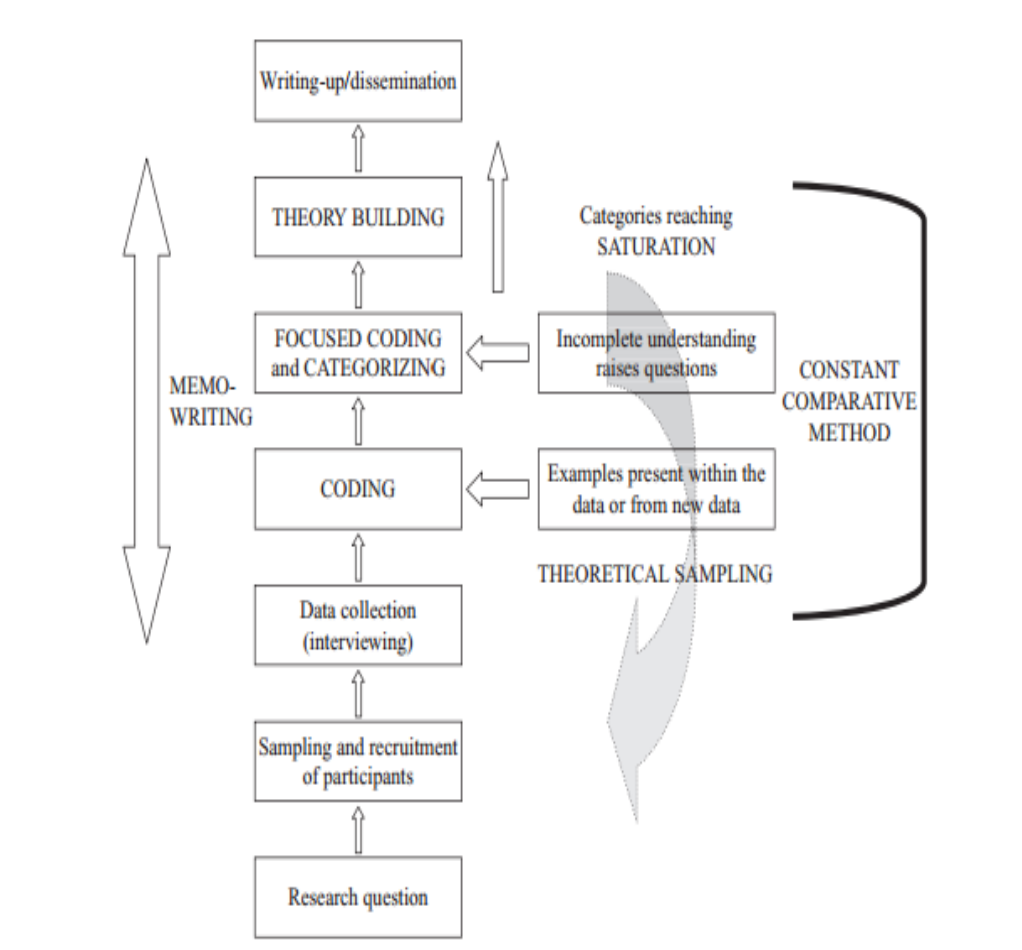


Figure 3.1 - Visual Representation of a Grounded Theory (Tweed & Charmaz, 2012)

3.4 Study Design

The subject matter of the research, the professional background and the subject specialism of the researcher influenced the study design. The research was concerned firstly with how the skills and knowledge of the health and social care workforce can be developed to accommodate the linguistic and cultural needs of official minority

language populations. Secondly how language and cultural provision for official minority language Service Users (SUs) can be facilitated to stimulate safe and effective service planning and delivery in health and social care.

Constructivism and relativism were two concepts that were pertinent for this research because of the variation in practitioner's experiences and interpretation of those experiences and level of knowledge of LCAP. Lincoln and Guba (2016) outline their belief that constructivist inquiry is *"a means to open up the hidden in social life and thereby begin to extend the possibility for an extended social justice"* (p.10). This reinforced the choice of utilising CGT based on the work of Charmaz (2014, 2000) because the frustrations, negative experiences and resentment amongst official minority language groups can be hidden or repressed. This can be due to social norms such as not wanting to provoke conflict as can often happen when an inappropriate way of dealing with conflict such as oppression occurs within society. The researcher used her knowledge of the subject area of language and culture from a professional and personal perspective - a realism level of knowledge of the context of language and culturally appropriate practice in order to explore the participant's relativism in order to construct theory which provides an explanation of the variation and complexity of developing LCAPs and language and culturally appropriate practice.

Another driving force in deciding upon this design for the research was the phenomena of participants having similar experiences that result in different outcomes in terms of their behaviour and the way they think about accommodating official minority languages in health and social care. Understanding the interpretation and impact of experiences for participants was key to the construction of theory about how

practitioners develop (or not) into LCAPs. Developing a deep understanding and constructing theory around WHEN and HOW and WHY participants develop into LCAPs rather than only exploring WHAT their experiences were as may happen with other methodologies. It was also important for the researcher to check the relevance and applicability of the constructed theory across different professions and geographical locations to consider its relevance to different contexts. Theoretical sampling within CGT facilitates exploring whether participants believed that the theory was fit for purpose and if not, making final changes in light of their responses to the constructed theory.

3.4.1 Data Gathering

Focus Groups and one to one interviews were the primary method of gathering data from participants. An electronic journal and an audit tool was used to gather additional data from Phase One participants. Interviews are considered by Charmaz (2014) as a primarily one-sided conversation that considers participants' experience and involvement with the research subject matter. One-to-one semi-structured interviews were used in Phase Two, Three and Four, and utilised within the study alongside a variety of other data such as online journals, focus groups, and audit documentation. An interview guide was used as a starting point for all interviews and focus groups, (see Appendix 11 and 12 for example interview guides). These enabled the narrative to emerge from participants, although the researcher established initial directions from interview guides, they were not utilised rigidly during focus groups and one to one interviews with some unexpected elements of the theory being developed from new directions that emerged. Although the researcher has conducted interviews and

facilitated groups as an OT clinician and an academic, conducting research for the purpose of data gathering required developing a different skillset. Charmaz (2014) states that conducting intensive interviews is a skill that can be learnt and developed further by researchers and is a skill that comes from experience.

The focus groups with Phase One participants promoted discussion about their experiences of language and culturally appropriate practice. Glaser (2002) criticises CGT for imposing an interview schedule that forces participants to consider topics from the interviewers perspective, whereas Charmaz (2014) believes that researchers are “attending to areas of possible theoretical interest” within interviews, but goes further to stress the significance of theoretical thinking and theoretical plausibility during interviewing and constructing theory. Atkinson (2005) cautions against using data from interviews at face value; interviews were therefore used to enable the researcher to make sense of people’s experiences in order to feed into theory construction as demonstrated in Figure 3.2. Atkinson (2005) similarly cautions against considering personal narratives from interviews to have any privileged or special quality, this stance fits well within this studies’ overall design with a more fluid approach to collection and analysing data being taken over a longer time period with interviews being used flexibly for different purposes within and between the phases whilst retaining a robust but flexible/reflexive approach to data analysis.

An audit tool of language ability and use (Appendix 13) was used during Phase One data gathering which was developed by a colleague to be used with nurses but was adapted for use for this study with her permission. The audit record was returned to

participants once they had been copied by the researcher for them to use as part of their CPD portfolio if they so wished.

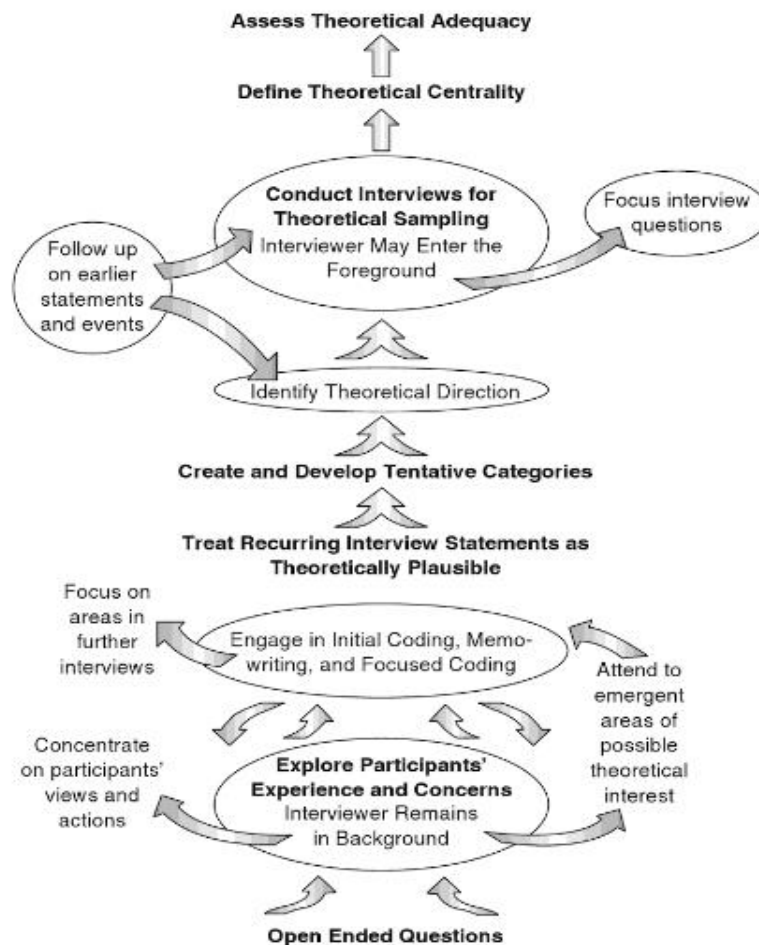


Figure 3.2 Interviewing in GT. Source: Charmaz (2014)

Charmaz (2006) emphasises the value of elicited text and therefore the electronic journal and audit tool was utilised to ensure Phase One participants who participated in the focus groups were given opportunities to focus on individual experiences about learning in a bilingual environment and the subsequent impact of this on their development as language and culturally appropriate practitioners. An electronic journal provided the opportunity to provide written reflective data that they may not have felt comfortable to say to the researcher during focus groups given her dual role.

3.4.2 Data Analysis

Atkinson (2005) outlines the importance of grounding data in a sustained analysis which was achieved in this study through a variety of data analysis strategies being utilised throughout the study (Figure 3.3 and Figure 3.4). Alongside this, the researcher's development of theoretical memos aided the development of theory by highlighting critical incidents and particular areas of interest which Charmaz (2014) regards as a critical way of capturing the researcher's ideas, even if they initially seem contradictory to the data or codes emerging from data. This study included theoretical sampling, participant journeys and a final process of synthesis by the researcher for data analysis to show how the theory could be used to understand and promote the development of LCAPs.

Strauss and Corbin (1997) advocated the use of Axial Coding as the process of bringing together codes to link to each other, however Charmaz (2014) critiques axial coding for the potential for the researcher to apply it in a procedural way, preferring the use of a more evolving approach to data analysis. Within this study, this complemented the way of working favoured by the researcher who did not want to become embroiled in an overly-procedural data analysis framework that had potential to take time and energy at the expense of allowing theory to emerge from a range of data analysis and constant comparison processes that were used within different phases (Figure 3.3). This approach was initially challenging to the researcher as a novice to CGT, however, encouragement during supervision proved invaluable in letting go of a more procedural approach to the data analysis and from this a greater emphasis on patterns and overall directions was seen rather than over-immersion

within the minutiae of analysing each piece of data. To avoid repetition, further details regarding data analysis and theory building are given in section 3.8 and 3.9.

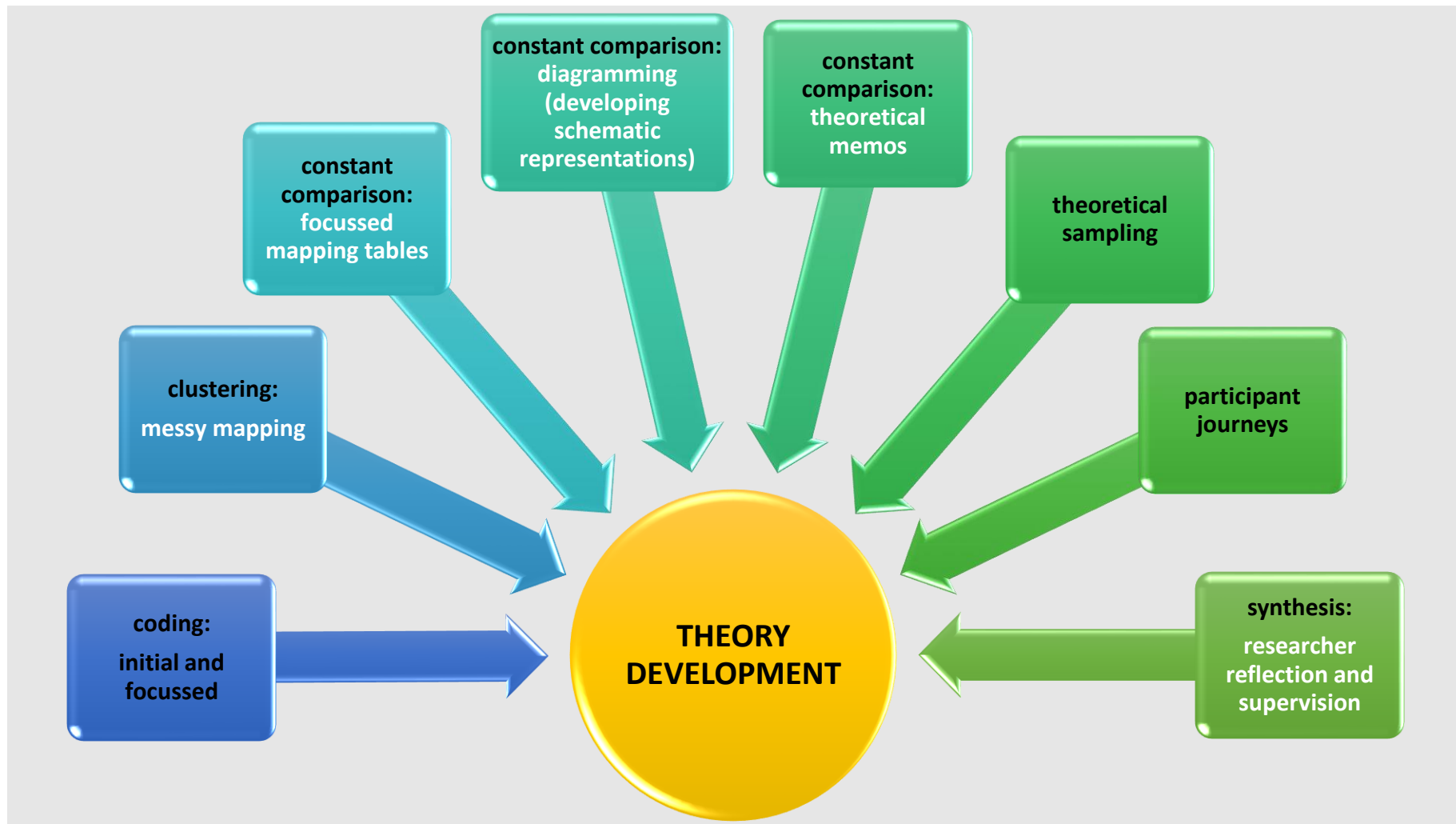


Figure 3.3 How Data Analysis Contributed to Theory Development

3.5 Summary of Phases

The study was designed on an iterative basis, with each phase influencing the next so that theory developed naturally because it was grounded in the data of the phases either concurrently or consecutively. A Summary of Phases is provided in Appendix 22.

The study initially focussed on the impact of bilingual education on the development of language and culturally appropriate practice; using a bilingual OT programme in Wales as a case example in the Education and Practice Domains. A broader multidisciplinary and international perspective was included through incorporating Phase Three (data gathering from participants recruited by the Cymru/Canada Research Network). This enabled a broader focus on how and why practitioners may or may not develop as LCAPs and how language and culturally appropriate practice develops across all four identified domains. While the Education and Practice Domains remained central within the study, further theory development within Phase Three, Four and Five enabled broader perspectives to be considered. For example, how the workforce in health and social care accommodate language and culture of SUs, and how language and culturally appropriate services are facilitated within health and social care. This was achieved through more overtly including the Research and the Legislation and Policy Domains within theory construction.

Phase Three was included part way through the study as a result of the researcher becoming a member of a newly formed group of academics and researchers who established the Cymru/Canada Research Network which focussed on health and social care research for official minority languages in Wales and Canada. This

additional phase provided an opportunity to ensure that the *'Adapted Theory'* had greater relevance and application to national and international contexts and for a wider range of health and social care professions. The data gathered from participants in the Cymru/Canada Research Network influenced and shaped the *'Adapted Theory'* and schematic representation prior to theoretical sampling that occurred during Phase Four. Phase Five was included within study design to capture the synthesis of data that had emerged from all previous phases which helped the researcher to make sense of theoretical sampling activity in a more formal way.

Data from the first two phases were utilised to develop the *'Initial Theory'* and schematic representation which explored the understanding and evaluation of the impact of bilingual education and how this facilitated language and culturally appropriate practice. However, data coding revealed the need to include more overtly how practitioners develop as LCAPs in the Practice Domain because of University and practice placement learning. Phase Three facilitated more explicit inclusion of the Research and the Legislation and Policy Domains within theory construction. This facilitated deeper understanding of the development of language and culturally appropriate practice on a national and international basis through the inclusion of the perspectives of researchers and academics who took a broad view of language and culturally appropriate practice.

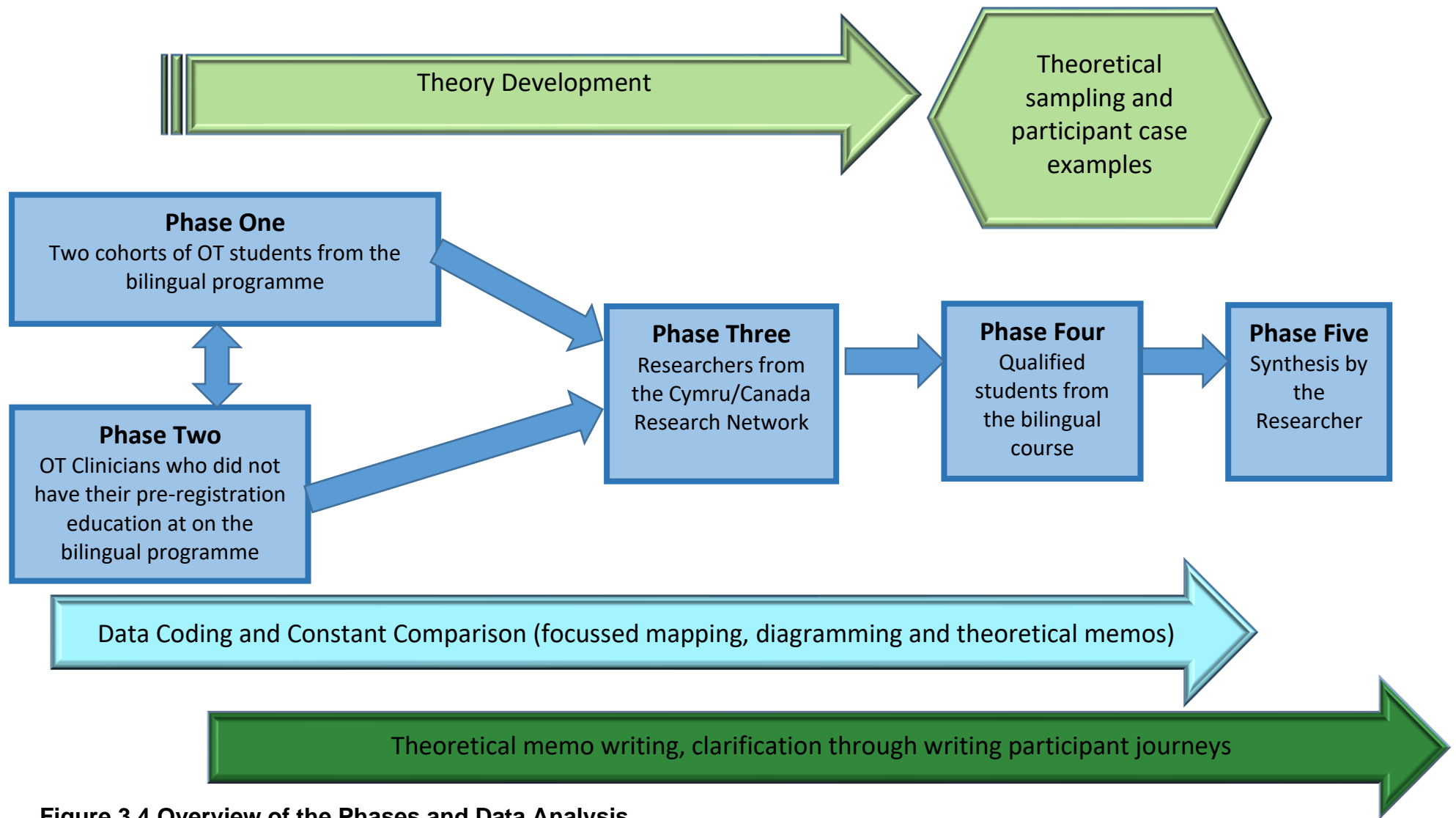


Figure 3.4 Overview of the Phases and Data Analysis

The '*Initial Theory*' developed from Phase One and Two data analysis was developed further following Phase Three data coding. This changed the emphasis for development of the '*Adapted Theory*' towards being more focussed on the wider MDT and the international significance of the study by the inclusion of participants who commented on application of the constructed theory across all four domains. Inclusion of the milieu of monolingual and bilingual contexts within health and social care in Canada and Wales provided different perspectives regarding development and implementation of legislation and policy and broadened the researchers understanding of bilingual education and service delivery for an international platform. Canadian participants were from a more diverse multidisciplinary background which facilitated consideration of a broader MDT perspective. Interviews with the qualified students in Phase Four provided the opportunity to conduct theoretical sampling to refine and develop the '*Emergent Theory*'. A final phase of synthesis by the researcher resulted in the development of the final iteration, namely the *7T Theory of the Development of Language and Culturally Appropriate Practice*.

At the start of the study, one student cohort in their second year was utilised as a pilot group for the researcher gain students' perspectives on the development of the research protocol. In order to ensure that the methods of data collection were fit for purpose, students were asked to volunteer to review and provide constructive feedback on the clarity of participant information, the interview guide, language skills audit tool and the structure of the electronic journal. Gathering constructive feedback from students as external advisors provided an enhanced insight to the tools being used, described as part of GT methodology as 'theoretical sensitivity' (Glaser & Strauss, 1967). This was considered to be beneficial given the potential for coercion

as the researcher was also the OT programme Course Director. The feedback from the pilot group was used to inform the procedures that were used to approach the participants for Phase One and contributed to the reduction of potential coercion, namely:

- The gatekeeper explained the gatekeeper role when she went in to see students to distribute the initial letters as some students may not have been familiar with the role and function of a research gatekeeper.
- The gatekeeper clarified the time commitments in the initial briefing so that students would not be put off volunteering due to concerns about burden of time.

Phase One and Two ran concurrently and were completed prior to starting Phase Three, however Phase One involved collection of data over a longer time frame than Phase Two with the Phase Two interviews impacting on the development of the interview schedule for later focus groups in Phase One. Phase Three was completed prior to starting Phase Four. Finally, Phase Five was started after all data was gathered and analysed from all previous phases (see Figure 3.4).

3.6 Participant Recruitment

The participants were students and clinicians who qualified from the bilingual OT course as well as researchers, academics and clinicians from health and social care

in Wales and Canada. This section details how participants were recruited for each phase separately.

3.6.1 Phase One Recruitment

All students from two cohorts of the Postgraduate Diploma in Occupational Therapy (known for the purpose of this study as current students) were invited to take part in the research. Although initially it was intended to recruit two cohorts from a newly validated programme at the start of their studies, due to the termination of the OT bilingual programme, one cohort from the existing programme was recruited part way through year one.

In order to recruit a balance of language abilities, it was originally anticipated that between three and six participants in each of the three language ability groups were needed, this number was determined by the numbers of students available from each language group within the relatively small cohorts (normally between eleven and seventeen students each year). However, there were not sufficient numbers of Welsh learners recruited from either student cohort to form a viable focus group and therefore students who described themselves as Welsh learners were given the option of participating in the focus groups in either Welsh or English. It was not appropriate to send out a second call for participants due to the potential for coercion given that the researcher was also the Course Director for the programme.

As a result of the pilot group feedback regarding the process of student recruitment, current students were recruited using a Gatekeeper who followed the specific briefing

sheet (Appendix 6). None of the language groups were oversubscribed. The Participant Information Sheet (Appendix 7) details how over or under subscription would have been addressed.

Table 3.1 - Phase One Participant Recruitment

Student Cohort	Cohort 1 Total Cohort Potential Students	Cohort 1 Actual Students Recruited	Cohort 2 Total Cohort Potential Students	Cohort 2 Actual Students Recruited
Welsh Speakers*	3	3	3	2
Welsh Learners*	2	0	3	2 (1 opted to join the English focus groups and 1 the Welsh focus groups)
Non-Welsh Speakers*	9	4	11	2
TOTAL	14	7	17	6

**Student language ability for the cohort as indicated here is based on researcher's knowledge of students' language abilities/preferences (however participants indicated which language group they wished to join on the Expression of Interest Form)*

Recruitment was carried out as a two-stage process for students to have ample opportunity to decide not to proceed if they felt uncomfortable due to the role of the researcher also being the programme Course Director. The Gatekeeper distributed the Study Covering Letter, Initial Study Information and the Expression of Interest Form (Appendix 8) in person to the whole student cohort when the researcher was not present so that students knew who the Gatekeeper was so that they could approach her if they had any queries. Meeting the Gatekeeper was scheduled at the end of a teaching session which had been delivered by another OT lecturer who left the room before the Gatekeeper invited students to stay if they wished to hear about involvement as potential participants for PhD research being undertaken in the School.

Students who were interested in becoming participants returned an Expression of Interest Form to the Gatekeeper in a stamped addressed envelope; the Gatekeeper provided potential participants with a full Participant Information Sheet (Appendix 7) and Consent Form (Appendix 9). Once the student returned the Consent Form to the Gatekeeper in the stamped addressed envelope provided, they were contacted by the researcher so that data gathering could begin.

Summary of the Context of Students Who Were Participants in Phase One

Table 3.2 provides a summary of the linguistic ability and cohort for the participant groups in Phase One, limited information is given to protect participant identities.

Table 3.2 – OT Student Participants in Phase One

Welsh Speakers	<ul style="list-style-type: none">• OTS01 – Fluent Welsh Speaker, Cohort 1• OTS02 – Fluent Welsh Speaker, Cohort 1• OTS03 – Fluent Welsh Learner, Cohort 1• OTS04 – Fluent Welsh Speaker, Cohort 2• OTS06 – Fluent Welsh Speaker, Cohort 2• OTS14 – Fluent Welsh Speaker, Cohort 2
Non-Welsh Speakers	<ul style="list-style-type: none">• OTS07 – Non-Welsh Speaker, Cohort 1• OTS08 – Non-fluent Welsh Learner, Cohort 1• OTS09 – Non-fluent Welsh Learner, Cohort 1• OTS10 – Non-Welsh Speaker, Cohort 2• OTS11 – Non-Welsh Speaker, Cohort 2• OTS12 – Non-Welsh Speaker, Cohort 2• OTS13 – Non-Welsh Speaker, Cohort 2

3.6.2 Phase Two Recruitment

Four experienced clinicians (known for the purpose of this study as OT clinicians) were recruited for Phase Two using purposeful sampling (Morse, 2007). None of these participants had studied on a bilingual OT programme, but they were known to actively apply the principles of language and culturally appropriate practice within their practice. OT lecturing staff on the bilingual programme were asked to nominate clinicians from amongst the Practice Placement Educators for the OT programme that they identified to be language and culturally appropriate in their client centred OT practice. The clinicians potentially worked in a range of clinical settings including NHS,

Social Care and Third Sector in Wales (for example private hospitals, charities), however participants recruited all worked in either health or social care. The number of participants and type of clinical setting where they worked at the time of conducting the interview is indicated in Table 3.3. Potential participants were recruited by the Gatekeeper by sending a Potential Participant Information Sheet using the same two-step process as for Phase One since it was possible that potential coercion would be an issue due to the participants being in contact with the University via practice placements (not all participants were known to the researcher). Six OT Clinicians were sent the participant information sheet and four agreed to become participants.

Table 3.3 – Location of Clinical Work of Phase Two Potential Participants

Potential Participants	Clinical setting at the time of recruitment activity	Agreed to become participants
1	Social Services	Yes - OTP01
2	NHS Hospital	Yes – OTP 02
3	NHS Hospital - Did not return Expression of Interest Form	No
4	NHS Hospital - Did not return Expression of Interest Form	No
5	Social Services	Yes – OTP03
6	NHS Hospital	Yes – OTP04

Table 3.4 provides a summary of the background and professional context for each of the participants in Phase Two. No male practitioners volunteered to participate in Phase Two of the study.

Table 3.4 – Brief Biography of OTP Practitioners in Phase Two

OTP1	<ul style="list-style-type: none"> • Female • European • Non-UK resident at time of qualifying as an OT (mid 1980's) but resident since taking up first post • Some understanding of bilingualism from country of origin but non-bilingual family background • No placements in bilingual settings during OT education • Aware of multicultural context during OT education • Worked primarily in social care settings
OTP2	<ul style="list-style-type: none"> • Female • Non-European upbringing • Non-UK resident at time of qualifying as an OT (mid 1990's) but resident in the UK since late 1900's • Non-bilingual family background • No placements in bilingual settings during OT education • Aware of multicultural context during OT education • Worked primarily in healthcare settings, primarily hospital settings
OTP3	<ul style="list-style-type: none"> • Female • European – resident in Wales throughout childhood • Qualified in the UK (mid 1980's) • Non-Bilingual childhood, but one parent Welsh speaker • Practice placement in bilingual settings in Wales • Aware of multicultural context during OT Education • Worked primarily in social care settings
OTP4	<ul style="list-style-type: none"> • Female • European – some exposure to Welsh via grandparents • Worked in Wales since qualifying as an OT (early 1990's) • Previous degree in BU prior to OT training, wanted to learn Welsh prior to becoming an OT because of family connections and previously living in Wales • Experienced two practice placements in Wales • Trained in a multi-cultural city in England • Worked primarily in healthcare settings, community and hospital

3.6.3 Phase Three Recruitment

Eight participants were recruited from core academic and research staff who were involved with the Cymru/Canada Research Network. The network is comprised of a wide network of academics, researchers and participants from organisations such as Universities, health and social care workforce development staff, Language Commissioner Personnel and a range of other organisations in Canada and Wales.

The potential sample of participants initially consisted of four from Wales and approximately six from Canada who were present during the inaugural Cymru/Canada Research Network meeting (Table 3.5 and 3.6). However, it was possible to include a larger number of researchers as more links in Canada had been established through the inaugural meeting. This allowed potential participants from wider geographical locations in Canada to be recruited which reflected the geographical challenges of provision of language and culturally appropriate practice across Canada beyond predominantly bilingual areas. The Cymru/Canada participants recruited provided the context of lecturers and researchers from different professional backgrounds and multi-professional context. Some had experience of working as policy makers and influencers on shaping legislation and policy on a national level in Wales and Canada which was useful to consider for the Research and Legislation and Policy Domains.

All members of the Cymru/Canada Research Network were potential participants therefore Phase Three participant facing documents emphasised that the role of the researcher in the Cymru/Canada Research Network was separate from her role as a PhD student. Participants from Wales were colleagues of the researcher; to minimise potential coercion, contact with potential participants was established via email from

the Gatekeeper. Potential participants were provided with a Participant Information Sheet giving details about the study and requesting that potential participants complete and return Consent Forms if interested in becoming research participants. One member of the Cymru/Canada Research Network in Wales was excluded from the potential sample as she was part of the PhD supervision team.

Table 3.5 – Wales / Canada Participant Recruitment Numbers

Participants recruited	Potential Participants	Total number recruited and interviewed
Wales	4	1
Canada	16	7 (one further participant did not respond to email contact to arrange the interview after returning her consent form)

Table 3.6 – Summary of Phase Three Participants

Wales	<ul style="list-style-type: none">• CC01 – Fluent Welsh Speaker
Canada	<ul style="list-style-type: none">• CC02 – Francophone (bilingual Canadian, from immigrant family background)• CC03 – Francophone (bilingual upbringing from immigrant family background)• CC04 – Francophone (did not respond to email arranging interview following recruitment)• CC05 – Francophone (bilingual Canadian)• CC06 – Francophone (bilingual Canadian)• CC07 – Francophone (bilingual Canadian)• CC08 – Francophone (bilingual Canadian)• CC09 – Francophone (bilingual Canadian, from immigrant family background)

**Limited details are given here to preserve anonymity of participants who may otherwise be identifiable*

3.6.4 Phase Four Recruitment

Participants for this phase were former students who had qualified from the bilingual pre-registration PGDip in Occupational Therapy programme and were referred to in the study as the Qualified Students (QS). Potential QS who had practiced in Wales as an OT after qualifying and who had not been participants in Phase 2 were invited to participate in the research via a letter from the Gatekeeper (Appendix 10). In order to minimise possible coercion, only qualified students who had previously given

permission to be contacted for the purpose of research were invited to participate. Potential participants were only contacted once to reduce potential coercion and therefore although twelve participants expressed an interest in becoming participants, only seven maintained contact with the researcher for organising the interview date. Table 3.7 provides an outline of the qualified students who were recruited from each student cohort and Table 3.8 outlines the language proficiency indicated by the QS who were recruited as participants.

Table 3.7 Potential Phase Four Participants

Student Cohort	Total Number who completed the programme	Total number previously consented to participate in research	Number recruited for this study as participants
2004	12	1	0
2005	12	2	1 (Welsh speaker) 1 (Welsh learner)
2006	11	3	1 (Welsh speaker)
2007	11	3	1 (Welsh speaker) 1 (Welsh learner)
2008	11	5	0
2009	16	5	1 (Welsh speaker)
2010	14	All	1 (Welsh speaker) 1 (Welsh learner)
2011	13	All	3 (Welsh speakers) 1 (non-Welsh speaker)
TOTAL	100	33	12

Table 3.8 - Language Status Indicated by Phase 4 Participants

Welsh Speakers	Welsh Learners	Non–Welsh speakers
8	3	1

Two cohorts of students had originally been excluded from the study but because of adjustments to the timeline of the original study, it was appropriate for these qualified students to contribute to the research as they had been qualified for a sufficient length of time when the interviews were conducted. The inclusion of these two cohorts were included in an amendment to Ethical Approval prior to recruitment. Table 3.9 shows the participants recruited for Phase Four.

- 2011 student cohort - originally excluded as they would not have been qualified for long enough to be able to participate given the original timeline. However, they had been qualified for four years at the time of recruiting Phase 4 participants.
- 2010 student cohort – this cohort were originally omitted because 3 students participated in the ‘pilot study’ where they were asked to read the original protocol to provide feedback. They were included because the emphasis of the research had changed significantly and their input to the pilot study was minimal and took place over 5 years previously when Phase 4 recruitment occurred.

Table 3.9 – Phase Four Participants

QS03	<ul style="list-style-type: none"> • Welsh speaker - interviewed
QS04	<ul style="list-style-type: none"> • Welsh speaker - interviewed
QS07	<ul style="list-style-type: none"> • Welsh speaker - interviewed
QS09	<ul style="list-style-type: none"> • Welsh Learner - interviewed
QS10	<ul style="list-style-type: none"> • Fluent Welsh Learner - interviewed
QS11	<ul style="list-style-type: none"> • Fluent Welsh Learner - interviewed
QS12	<ul style="list-style-type: none"> • Welsh Learner - interviewed
QS01	<ul style="list-style-type: none"> • Did not return Consent Form following expression of interest – not interviewed
QS02	<ul style="list-style-type: none"> • Did not respond to email to set a date for the Interview after returning the Consent Form – not interviewed
QS05	<ul style="list-style-type: none"> • Did not respond to email to set a date for the Interview after returning the Consent Form – not interviewed
QS06	<ul style="list-style-type: none"> • Did not respond to email to set a date for the Interview after returning the Consent Form – not interviewed
QS08	<ul style="list-style-type: none"> • Did not respond to email to set a date for the Interview after returning the Consent Form – not interviewed

**Limited details are given here to preserve anonymity of participants who may otherwise be identifiable*

3.6.5 Consent

Informed consent was gained from all participants who volunteered to take part in the research (National Patient Safety Agency, 2009). All participants were required to complete and return a Consent Form (Appendix 9). The Participant Information Sheets (Appendix 7) made it clear that participants could withdraw from the study at any time. For Phase One participants, it was particularly emphasised that participation or non-participation was completely separate from engagement with their programme of study due to potential coercion issues. For participants in Phase Two, Three, and Four it was emphasised that becoming participants would not influence the relationship with the researcher in any way in the future.

Consent for digital recording and transcription of data was gained on the Consent Form. It was emphasised by the Gatekeeper that data was used by the researcher as a PhD student and not for any other purpose.

All participants were allocated a participant identification number that was known only to the researcher, the Gatekeeper and the supervision team in order to ensure confidentiality.

All written communication with potential participants in Phase One, Two and Four was provided bilingually (Welsh/English) and once recruited, participants had the option of written and verbal communication in either Welsh or English dependant on their preference. With agreement of the Cymru/Canada Research Network facilitators, all written communication with participants for Phase Three was in English only as it had been agreed that this was the language used within the network. It was not possible

to translate everything into English, Welsh and French within the time available, this was specified in the Participant Information Sheet. Because the researcher is a bilingual Welsh/English speaker, it was possible to offer the focus group and 1:1 interviews in either Welsh or English and it was not necessary to translate data for coding from Welsh to English.

3.6.6 Potential Coercion

This study design needed to be particularly mindful of the potential for coercion due to the dual role of the researcher and so it was essential that the principles of recruitment were as non-coercive as possible. Several strategies were employed to this end for example, using a two-stage recruitment strategy so that potential participants had ample opportunity consider whether they wished to be involved or not. The two-stage recruitment strategy involved providing participants with an initial covering letter or email which was sent via the study Gatekeeper which contained a General Information Sheet and an Expression of Interest Form (Appendix 8) to enquire whether they would be interested in volunteering to participate in this research (National Patient Safety Agency 2009). Subsequently, participants were given a more detailed Participant Information Sheet (Appendix 7) and were required to complete a Consent Form (Appendix 9) before having any contact with the researcher.

3.7 Data Collection

Numerous methods of data gathering were used which are outlined in detail for each phase below.

All focus groups and interviews took place either in the University Building, in the subjects' workplace/home or via telephone or Skype. The researcher followed the University's Lone Worker Procedures to ensure personal safety at all times. For example, for the Phase Four interviews, a nominated supervisor was aware of the location and time of all face to face interviews and the researcher contacted the supervisor to inform her when interviews were completed and confirmed that no personal safety issues had occurred.

Semi-structured interviews were used to collect data from the clinicians in Phase Two, Three and Four; interview guides were developed for all semi structured interviews (Appendix 11) and focus groups (Appendix 12). The interview guides developed as the interviews and focus groups progressed in order to integrate and develop topics and themes that emerged from previous interviews and focus groups as well as the review of other data gathered such as the student journals and audits. Comparative analysis of codes from data analysis in Phase One and Two were used to further develop the interview guides for Phase Three and Four. Primarily, the interview and focus group questions were refined by adding in some further prompts to explore specific aspects further. For example, during the focus groups, the students identified that seeing the impact of the bilingual programme on peers was a significant catalyst to the development of LCAPs and so this was included in the second focus group as an area for deeper exploration. Other aspects were omitted as it became apparent that they were not relevant; such as in Phase Three, the implementation of the AO is different within Canadian Provinces therefore it was not possible for participants to consider a pan-Canadian perspective.

Qualified Students in Phase Four were asked to complete a brief reflective tool in preparation for the interview which was a further source of data regarding their experiences of bilingual education and to read over a leaflet outlining the '*Adapted Theory*' and its schematic representation. However, not all participants returned a copy of the reflective tool to the researcher despite being reminded to do so.

The original proposal envisaged separating participants into three language groups, Welsh Speakers, Welsh Learners and Non-Welsh Speakers for data collection. However, because data coding and diagramming from Phase One and Two showed a lack of distinctly different experiences between language groups, this element was removed from the study design. What influences the workforce in health and social care to become LCAPs would appear to be based on a range of factors that go beyond language ability alone and so, the study was amended away from exploring language and culturally appropriate practice specifically from the perspective of the three defined language categories. This change was reflected in participant facing documents for Phase Three and Four participants.

3.7.1 Phase One Data Collection

For current students in Phase One, data was gathered using three methods for two language proficiency groups (Welsh Learners elected to join the Welsh or non-Welsh speaking focus groups):

1. Three focus groups took place with participants from the new MSc/PGDip programme (Cohort 1) and two for participants from the existing PGDip

programme (Cohort 2) where focus group two and three were combined due to time constraints for this cohort. It was not possible to conduct three focus groups with Cohort 2 students because they were recruited part way through year one as a result of the bilingual OT programme coming to an end making it impossible to recruit from a new cohort as originally envisaged.

2. Following the initial focus group and at the end of the OT programme, participants were asked to complete a Language Skills Audit Tool (Appendix 13)

3. Following the initial focus group, participants were asked to complete an individual electronic journal online to gather individual data. Students who wished to write their journals as a paper version could have elected to do so, but all completed the online journal.

The audit tool and electronic journal records were reviewed by the researcher following the first focus group interview and prior to all subsequent focus group interviews in order that they contributed to the development of the interview guide and initial theory construction. Both the audit tool and electronic journal were analysed and coded by the researcher on an ongoing basis through inclusion in the data coding and diagramming activity. The audit tool was developed by a lecturer within the University for learning disability nurses and has been adapted with her permission for use within this research study. The audit record was returned to students once they were copied by the researcher, they could then use them as part of their CPD portfolio if they so wished.

Cohort 1 – These students commenced the programme in September 2012. Recruitment of participants started in March 2013. Data gathering was scheduled for March/April 2013 prior to starting their second practice placement in year one.

Cohort 2 – These students commenced the programme in January 2012. Recruitment of participants began in March 2013. Data gathering was scheduled to start in March/April 2013 following completion of all year one placements.

Focus group interviews:

The focus groups all lasted approximately one hour, and all were digitally recorded and transcribed by the researcher. This schedule was applied to both language groups for both cohorts and entailed a total of n=9 group interviews:

- Focus Group One

The initial focus group assisted students to understand the context of the research and gather baseline data on their experiences at University and practice placement. Preparation for using the audit tools and electronic journals also took place at the end of the first focus group.

- Focus Group Two

Students were asked to review their audit and electronic journals and were encouraged to discuss their reflections as part of the focus group. Students were reminded to continue writing their audit and electronic journals in preparation for the final focus group.

- Focus Group Three

This was scheduled at the end of the programme for both cohort groups. This was the final interview which allowed participants to consider any information from their experiences on the whole programme and to consider their reflections on the final audit or electronic journal review.

Because all data gathering for Cohort 2 were carried out in year two, during supervision it was apparent that it was potentially repetitive to carry out three focus groups in one year and so interview two and three were combined for Cohort 2 participants and took place at the end of the programme.

3.7.2 Phase Two Data Collection

Phase Two interviews highlighted contextual and practical considerations which enhanced the development of the second focus group interview for Phase One. Phase Two interviews took place on an ongoing basis via the telephone when suitable clinicians were recruited. All interviews lasted approximately one hour and all were audio recorded.

3.7.3 Phase Three Data Collection

The one-to-one interviews were scheduled to take place in May 2015 following the inaugural meeting of the Cymru/Canada Research Network in Canada. Interviews took place in person or using Skype and telephone interviews at a mutually convenient

time; the interviews lasted between one hour and one and a half hours. All interviews were audio recorded.

3.7.4 Phase Four Data Collection

The interviews for Phase Four were scheduled to take place on an ongoing basis when suitable qualified students were recruited from October 2016 and were completed by December 2016. Phase Four interviews were carried out using Skype in addition to one-to-one interviews or telephone interviews. Interviews were coded directly from the audio recordings rather than from written transcripts therefore rough transcription was undertaken for coding purposes with more accurate transcription in some sections being undertaken for inclusion of quotes in the thesis.

3.7.5 Researcher's Reflective Tools

In addition to the data collection outlined above, throughout data gathering and analysis, the researcher developed theoretical memos (Appendix 16) and kept a reflexive journal of field notes to ensure that when data from the participants was processed, that codes were shaped and developed on an ongoing basis. Charmaz (2006) argues that the researcher should be immersed in the data from the beginning of the study, thus the researcher coded and mapped all data herself and included this within the reflexive diary account. Some reflections by the researcher developed into theoretical memos as data were processed (Charmaz, 2006).

Data collection allowed the researcher's experience as the person who developed and shaped the OT programme to add value to the story being told, however, safeguards such as the researcher's theoretical memo writing and field notes reduced potential bias.

3.8 Data Analysis

The data from the student group and individual interviews were fully transcribed and subjected to grounded theory coding and analytical procedures which were developed by Charmaz (2006). Initial and focussed coding led to further lines of enquiry and the research design developed as time progressed which assisted in avoiding bias of the researcher. The data and issues that emerged from the data stemmed from the participants rather than the researcher and ensured that any gaps in the data identified from data analysis were addressed on an ongoing basis and included in subsequent analysis.

3.8.1 Coding

Coding is described as Amsteus (2014) as a foundation for the development of theory through the provision of a gradual ordering of data from initial coding and focussed coding which then leads to theory construction through the process of clustering, diagramming and theoretical sampling. Initial coding is described by Charmaz (2014) as categorising data, which is the start of data analysis and the foundation of theory construction. Focussed coding is defined by Charmaz (2014) as the process of defining the most useful initial codes to highlight the most important,

and facilitates developing confidence in the direction of initial directions of data analysis

Coding in this study entailed a two-stage process of coding which is outlined below:

- Initial coding

Initial coding was carried out during transcribing for focus groups and interviews. In Phase One and Two, the researcher carried out initial coding with little structured thinking, making descriptive statements about data on each transcript as an ongoing process (Appendix 14). During initial coding, the researcher noted issues that needed to be explored further which was noted on interview schedules for subsequent interviews.

- Focussed coding

Focussed coding was carried out following transcription or other data gathering with the researcher paying more thoughtful attention to this coding activity when transcripts and initial codes were reviewed. Focussed coding was noted on transcripts (using a different colour font to distinguish from initial coding) or on other data such as participant electronic journals for Phase One data. Focussed coding provided a more refined and distilled description of what participants said in relation to their experiences of language and culturally appropriate practice and their development as LCAPs (Appendix 14).

As the researcher became more immersed in data analysis and more skilled at focussed coding, the initial coding naturally became more focussed in nature.

Implementing a very strict framework potentially stifles the creativity being immersed in the data and although initially it was helpful to have a very structured approach to coding, on the recommendation of the supervision team, the researcher was able to process the data in much more of a fluid way as time progressed. This enabled the theory to emerge without being confined within a rigid two stage coding during Phase Three and Four.

3.8.2 Clustering

Clustering filters data by removing repetition and helps to identify issues that are not of great importance; Charmaz (2014) describes this as a researcher being able to “define essentials” (p.185).

Clustering was used following the data coding activity in Phase One, Two and Three as a method of exploring and processing data prior to developing diagramming. Charmaz (2014) states that clustering allows similar issues to be clustered together; for example for this study one clustering sheet was utilised to process all data from the Phase One participants who were Welsh speakers and fluent learners who had opted to join the Welsh Speaking Focus Groups from both year groups (Appendix 15). Initial clustering via messy mapping activity provided an opportunity to see emerging patterns from initial and focussed data coding, reduce repetition through distilling codes and allowed the information from all five focus groups for Welsh speakers and fluent learners to be processed together and mapped to specific topics that emerged from the clustering activity.

The initial and focussed codes from all group and individual interviews in Phases One, Two and Three were transposed to the messy mapping sheets (Appendix 15). Amalgamating and grouping the codes that emerged from raw data within both language groups for Phase One ensured that repetition was minimised. Codes noted on transcripts were considered and if relevant amalgamated on the messy mind map together within specific topics that had emerged from the researcher's reflections. The clustering activity was a turning point in clarifying the experiences of the participants in becoming LCAPs, it clarified a range of issues that were further refined and clarified during further data analysis. For example, although several non-Welsh Speaking students mentioned that printing costs were a consideration against provision of bilingual materials, the over-riding opinion was the positive impact of having bilingual materials rather than Welsh OR English.

Clustering through messy mapping facilitated discussion during supervision as the supervision team had a clear idea of the direction of the research without needing to review all raw data. Messy maps provided an initial summary of data analysis and how the researcher had coded and grouped concepts together. This proved to be invaluable within the process of theory development.

3.8.3 Constant Comparison

The concept of constant comparison of data sets outlined by Charmaz (2016) is valued within CGT, as it enables the researcher to compare the data from all sources within a research study. Charmaz (2016) emphasises the importance of constructing theory and then checking theory against further data for example through theoretical

sampling. In CGT, data should be subject to constant comparative analysis so that theory emerges from data analysis through the process of constant comparative analysis. Constant comparison can run alongside ongoing coding activity over time so that it shapes the construction and development of theory (Amsteus, 2014; Charmaz, 2014). The process of constant comparison (Figure 3.4) enabled the researcher to develop concepts which formed the basis for the development of theory (Williams & Keady 2012).

There were three methods of constant comparison used for this study which are outlined below:

- **Focussed Mapping Tables**

Codes were amalgamated into main categories and sub-categories during production of the focussed mapping tables (Appendix 5). Information from the clustering activity was carefully considered and moved from the messy mapping sheets (Appendix 15) on to the focussed mapping tables. All data from other methods such as the electronic journals and skills audits were included in the diagramming activity. Codes were omitted if not relevant for example issues that repeated what had already been included. Each code was covered with a post-it note once considered by the researcher to ensure that all were included as appropriate (Appendix 15). The main categories from each of the focussed mapping tables was used as the structure for outlining findings in Chapters Four, Five and Six.

Data coding, messy mapping and the focussed mapping table activity was organised and monitored using Table 3.11

Table 3.10 How Coding and Mapping was Undertaken and Monitored for Phase One Welsh Speakers

Welsh focus groups	Focus Group number	Initial Coding	Focussed Coding	Individual Memo Books and Audit Coding	Messy Map (interviews, audits and journals)	Focussed mapping Table
Cohort 1 Welsh Speakers	Focus Group 1	√	√	√	√	√
Cohort 1 Welsh Speakers	Focus Group 2	√	√	√		
Cohort 1 Welsh Speakers	Focus Group 3	√	√	√		
Cohort 2 Welsh Speakers	Focus Group 1	√	√	√		
Cohort 2 Welsh Speakers	Focus Group 2 & 3 combined	√	√	√		

- **Diagramming (schematic representations of theory)**

Diagramming is considered by Charmaz (2014) to be the visual representation of ideas and their relationship to each other. Diagramming can be used to see connections between ideas and concepts and is part of the process of constructing theory. Williams and Keady (2012) outline the importance of center stage diagrams as part of the process of constructing theory within CGT. Using diagrams can be used with participants in subsequent data gathering episodes to contribute towards further refining of emerging theory into a definitive storyline.

The schematic representation of theory for this study was developed through diagramming activity at the end of each phase of the study and showed how theory construction developed over time until the end of synthesis during Phase Five. Diagrams in the form of the schematic representation of theory was constructed from the coding, clustering and focussed mapping tables. The researcher found this activity particularly useful to develop concepts that were integrated within theory construction which helped to clarify how the different elements of theory such as Triggers related to each other. The evolving schematic representations provided a basis for discussion in supervision and was particularly useful during theoretical sampling with Phase Four participants. It facilitated discussion through providing a visual format of theory construction and clarified how the theory illustrates the development of LCAPs. Diagramming ensured a synthesised approach to distilling the data for developing concepts within the grounded theory.

The supervision team were asked to oversee the construction of the schematic representation and theory construction in order to endure that the researcher was not

constructing theory based on preconceived ideas. Early versions of the schematic representation and theory were presented at two academic conferences and were well received (Appendix 16).

The researcher's theoretical sensitivity provided an useful insight to the need for a theory to explain how practitioners develop or do not develop as language and culturally appropriate practitioners, however the process outlined above alongside input from the supervision team provided a sound theoretical framework to minimise the researcher being overly influenced by pre-existing theoretical sensitivity.

- **Theoretical Memos**

Charmaz (2014) proposes that theoretical memo writing is the link between the data, the data coding and the development of theory. Theoretical memos enable the researcher to draw out and further analyse the initial and focussed codes and other elements of data analysis such as field notes or discussion in supervision in order to capture elements such as connections or critical incidents and provide a conceptual direction for the research overall. Glaser (1978) cited in Williams and Keady (2012) believed that developing theoretical memos are at the core of generating theory and is the way that the researcher generates ideas that develop into theory. However, Williams and Keady (2012) further postulate that Charmaz critiqued theoretical memos within GT as the researcher taking an objectivist stance where the views of the researcher take precedence over the stance or viewpoint of the participant. Charmaz (2014) believes there is a more equitable stance taken in CGT where the interpretation of data within the process is grounded more firmly within the context and viewpoint of participants, with the viewpoint of the researcher supplementing the participants

interpretation and making sense of the theory being developed within the theoretical memos. A key text to the development of this CGT was the work of Charmaz (2000, 2014) where using GT tools and strategies such as theoretical memos was retained, but that within CGT, this is undertaken in a much more heuristic way resulting in the role of the researcher and participants being more equal as theory was constructed together.

Charmaz (2014) states that *“by examining the specifics, you understand the whole of your studied phenomenon, often in new ways”* (p164). Theoretical memo writing allowed the researcher to step out of being immersed in the data during transcription, coding clustering and other constant comparison activity. Theoretical memos were used to pursue a deeper level of development of theory than the researcher’s field notes alone. They allowed a deep level of focus on specific aspects that had the potential to set new directions as the study grew and developed in new directions and priorities through a process of constant comparison and review of the codes, diagramming and the theoretical memos as the theory and schematic representation emerged. The researcher was able to follow innovative directions and hunches which helped to make sense of specific aspects that were troubling her. For example contradictions in participant attitudes and beliefs about their experiences in the development as LCAPs; these aspects were then utilised within the further development of theory. Charmaz (2014) proposes that theoretical memos keep research grounded in the data while at the same time allowing a deep level of analysis and development of theory by the researcher.

Data analysis was completed by the process of theoretical sampling, developing participant journeys and synthesis by the researcher which included rendering through writing as the final process of theory construction and development.

The researcher used theoretical memos at specific points or following critical incidents to shape the direction of theory construction. For example, the theoretical memo in Appendix 16 provided the researcher with renewed confidence in the value of this research and the development of more specific directions towards how practitioners develop language and culturally appropriate practice over time. Other examples of theoretical memos centred around moments of clarity in the direction of the research that occurred during or shortly after supervision as well as several that were related to thoughts and feelings that occurred during transcription or coding activity. Writing theoretical memos was useful and an adjunct to supervision; similarly, Charmaz (2014) stated that Strauss latterly utilised notes from team discussions as memos.

The theoretical memos in this study were all written in a tabular format (Appendix 16). However, the format did not have a formal structure which allowed the researcher to avoid formulaic writing that can be a drawback of some structured methods of reflection. Theoretical memos were written whenever it seemed appropriate to do so, some were short and written quickly, while others contained a more detailed overview and took longer to write more thoughtfully.

3.8.4 Theoretical Sampling

Charmaz (2014) postulates that theoretical sampling is what distinguishes grounded theory from other types of qualitative research designs because it ensures that the theory being developed is explicitly checked and refined as part of the research design as part of the co-production process. Theoretical sampling provides a greater sense of certainty that the theory does articulate the interpretation of both the participants and the researcher and that the theory to emerge is grounded from and within the analysis of data across all phases of the research.

Amsteus (2014) recognises the work of Bulmer (1940) within the development of GT with the emphasis on the inter-relationships back and forth between the development of concepts and empirical data. This is further developed within CGT (Charmaz, 2014) through understanding the impact of theoretical sampling which developed theory further in this study initially in Phase Three and then more formally within Phase Four when the *'Adapted Theory'* was reviewed by QS participants who could reflect on similar experiences to Phase One student participants for the same OT programme.

Charmaz (2014) outlines the role of abductive reasoning within Theoretical Sampling where new or what she describes as surprising data are encountered and the researcher considers an explanation which is then incorporated within theory construction and development. An example in this study may be understanding the role of non-official minority language practitioners in promoting language and culturally appropriate practice. The researcher explored the potential reasons behind theoretical conjectures which were then tested out through theoretical sampling.

Phase Three participants provided useful preliminary feedback on the early version of the *'Adapted Theory'* and schematic representation through initial theoretical sampling. Phase Four participants were used for more specific theoretical sampling for this research study as the constructed theory was more established at that stage of the research. The theoretical sampling activity in Phase Four subsequently fed into Phase Five synthesis which shaped final theory construction.

3.8.5 Participant Journeys

Participants Journeys can be invaluable to theory construction as it can run alongside theoretical sampling as a way of testing out theory. Developing participant journeys facilitated the researcher to test how the constructed theory could be used as evidenced by an early and later example of a participant journey (Appendix 20).

During Phase Four, following feedback from participants during theoretical sampling, it became apparent that participants experiences could be utilised as case examples to illustrate how the final version of the 7T Theory could be applied to individual contexts.

Developing participant journeys proved to be an invaluable process within theory construction and development because it provided the researcher with the opportunity to reflect upon the potential applicability and implementation of the theory. Participant journeys were developed as examples of how the final iteration of the theory could be applied to individuals.

3.8.6 Synthesis

Synthesis is a key aspect of CGT as it refines and finalises theory construction. Refining and editing the early drafts of the thesis alongside completing data analysis and theoretical sampling resulted in opportunities to reflect on the process of theory construction. Although synthesis had occurred throughout theory construction as well as when developing theoretical memos, at the end of the study a final phase was added where the researcher finalised the theory through a process of rendering through writing. Rendering through writing highlighted any final issues with the final iteration of theory and enabled the researcher to develop confidence in the potential use and implementation of the 7T Theory for use across the four domains.

3.9 Summary of Theory Building and Schematic Representation

During and after coding, clustering and diagramming for Phase One and Two, the Initial Theory and schematic representation were developed further. These are outlined in greater detail in the following chapters.

The '*Initial Theory*' was constructed from data analysis following Phase One and Two (Figure 4.1). Subsequent reflection on the most important concepts to emerge from the diagramming activity and theoretical memos resulted in the construction of the '*Adapted Theory*' (Figure 5.1). The '*Adapted Theory*' was the basis for the Phase Four interviews where the theory and schematic representation were tested out during theoretical sampling to develop the '*Emergent Theory*'. The final iteration The '*7T Theory of the Development of Language and Culturally Appropriate Practice*'

developed from synthesis by the researcher in Phase Five and this was the final outcome of the study.

3.10 Ethical Approval and Governance

Ethical approval for all phases was sought from Bangor University Ethical Committee. The local NHS Research Ethics Committee Chairman confirmed that this proposal did not require ethical review by an NHS Research Ethics Committee or approval from the NHS R&D Office (Appendix 17).

When the opportunity arose to include data from the Cymru/Canada Research Network, a further application for ethical approval was submitted and approval was given. The updated ethical approval application included the fact that the language of communication with participants for the revised Phase Three would be English due to complications of producing information in three languages and that the common language of the Cymru/Canada Research Network was English. Permission was sought from the Research Network conveners in Canada and Wales to undertake data gathering from network members and they also agreed that the language for communicating with participants would be English.

The School of Health Sciences Governance arrangements was adhered to at all times for the duration of the study. The researcher obtained CRB clearance at the start of the study.

3.10.1 Potential Coercion and Researcher Dual Role

Because the researcher was the Course Director of the OT programme at the time of data gathering for Phase One and Two, there was a potential power imbalance with participants who were current students. CGT (Charmaz, 2014) encouraged multiple methods of data gathering therefore flexibility within data gathering during Phase One contributed to addressing potential ethical issues through facilitating participants to communicate with the researcher in different ways if they wish to do so (Charmaz, 2006). It does however have to be acknowledged that some students may have had difficulties in expressing negative views due to the dual role of the researcher also being the Course Director which is a limitation of the study. Clinicians in Phase Two and qualified students in Phase Four may have been involved in teaching on the OT programme or be practice placement educators and therefore may also have had some issues with communication with the researcher.

Safeguards were in place to mitigate the issue of potential role conflict and coercion through transparency within information provided in the Participant Information Sheet (Appendix 7) and Consent Form (Appendix 9) which sought to ensure that participants did not feel that engagement with the research would influence or jeopardise the future relationship between themselves and the University.

Because the researcher was a lecturer and a core member of the Cymru/Canada Research Network, steps were taken to ensure that the role of the researcher as a PhD student and a member of the network were separate within the recruitment process in Phase Three. There is also an issue that one of the members of the core team from Wales were members of the supervision team for this research study. This

was fully discussed in Supervision and it was agreed that the insight that colleagues and fellow network members could bring to Phase Three would outweigh any potential coercion or feeling of obligation to participate. Klitzman (2013) and Van Heugten (2004) explore the potential for role separation within research and believe that there can be benefits. For example, the dual role of the researcher was useful in knowing what the commitments of the students were for planning timing of the focus groups or to discuss the qualified students' experiences with them when reflecting on their experiences of bilingual education.

All information regarding the study was distributed via a Gatekeeper who was a member of staff from within the School of Health Sciences (but not an OT lecturer). She coordinated the recruitment of participants for all phases to reduce potential coercion. In order to minimise the risk of possible coercion, all recruitment was initially undertaken by the Gatekeeper. It was made clear in the information provided in the Participant Information Sheets (Appendix 7) that all participation is voluntary and that not volunteering to become participants would not jeopardise the relationship with the Researcher or the Cymru/Canada Research Network in any way.

Roberts (2007) outlines the benefits and pitfalls of conducting research with your own students as an educator when participants for example may focus on positive aspects because of the previous relationship with the researcher (the Hawthorne effect) or conversely focusing on negative aspects because of a dislike of the researcher. Gravely-White (2010) proposes that participants can have difficulty in identifying the researcher in the new role and therefore for this study they may have had issues considering the researcher in the role of a PhD student, resulting in participants feeling

intimidated by a previous power imbalance which might have brought existing grievances into the research. Participants may also be aware of the researcher's attitude towards the status of language and culture for official minority languages and not felt able to provide honest answers, conversely, they may have felt empowered to be honest if they knew the researcher shared similar views.

Several strategies were employed to mitigate against the impact of the Hawthorne Effect such as changing settings on the researcher's email to reflect the status of a PhD student and the researcher signing herself as a PhD student on all correspondence. Nothing was discussed with participants informally outside of the research arena and the researcher reminded students at the start of all interviews of her role as a PhD student.

3.10.2 Potential Overlap with Programme Evaluation

Participant Information Sheets clarified that any views expressed for the purpose of the study were separate to programme evaluation and that any positive feedback or criticism expressed would not influence or jeopardise the position of participants in any way. Participants could express their views differently in their written records to those in focus groups, however there was a drawback that it was not possible to provide data anonymously. When the written records were introduced during the first group interview, the researcher stressed that differences would not cause problems as it is acknowledged that the written responses would not be influenced unduly by potential peer pressure or wanting to please the researcher in the focus group.

3.10.3 Language for Conducting the Research

Although all materials were provided to participants in Welsh and English during Phase One, Two and Four, Phase Three participating material was provided in English only due to the complexities of translation to three languages given time constraints. As the researcher was not a French speaker, interviews were conducted in English for Canadian participants and because some had limited English, the interview schedule was emailed to participants in advance.

3.11 Chapter Three Summary

This chapter has outlined the design of the study and provided an overview of the underpinning theory for the design as well as an overview of what occurred during the process of undertaking data gathering, analysis and theory construction. The following chapters will outline the results of each phase and how they contributed to theory construction and development.

CHAPTER FOUR

FINDINGS – PHASE ONE AND TWO: INITIAL THEORY

CONSTRUCTION

4.1. Introduction to Chapter Four

This chapter presents findings and data analysis from Phase One and Phase Two that together contributed to initial theory construction; the purpose of Chapters Four, Five and Six and rationale for grouping of the five phases of data analysis is summarised in Table 4.1.

Initial theory construction established the existence of diverse routes by which practitioners in health and social care develop as LCAPs (or not) and confirmed the four domains that are the settings within which language and culturally appropriate practice has potential to develop. The Oxford Dictionary (2018) defines a domain as “*a sphere of activity or knowledge*”. The four domains impact on the development of LCAPs but also the domains can be impacted by language and culturally appropriate practice in health and social care. All four domains and their relevance to theory are explored in more depth in Chapter Six and are only referred to here to establish their existence within initial theory construction. The four domains that were foreshadowed by the researcher at the start of the study are:

- Practice Domain
- Education Domain (including learning and teaching perspectives)
- Legislation and Policy Domain
- Research Domain

The development of LCAPs within the Education Domain and Practice Domain was the focus of Phase One and Two data analysis and the construction of the '*Initial Theory*'. It became apparent that there remained gaps in understanding how practitioners develop as LCAPs and the role of two additional domains was included within further theory development. The '*Adapted Theory*' was developed conceptually alongside analysis of Phase Three data and included consideration of the Research Domain and the Legislation and Practice Domain. Phase Three data analysis enabled contemplation of the four domains from participants from a wider geographical boundary than Wales alone and from professions beyond OT. Full integration of all four domains occurred during Phase Four and Phase Five and within the development of the '*Emergent Theory*' which is outlined in Chapter Six and the final 7T Theory.

This Chapter provides an overview of the development of LCAPs from the perspective of Welsh speaking, Welsh learners and non-Welsh speaking OT student participants. Phase One entailed initial theory construction from the perspective of participants within the Education Domain and Practice Domain (practice was from a pre-registration placement perspective). Consideration of how Phase Two participants developed as LCAPs is provided; all were OT practitioners from health and social care settings and were all Welsh learners. Initial theory construction within the Practice Domain and the Education Domain is also explored but the Education Domain is explored from the perspective of practitioners who were involved in education as practice educators or outside speakers on the bilingual OT programme. Reference to 'bilinguals' in Chapter Four refers to Welsh/English speakers unless otherwise stated. The chapter concludes by outlining the '*Initial Theory*'.

**TABLE 4.1 – Outline of the Structure and Purpose of Each Data Analysis Chapter
(Chapters Four, Five and Six)**

Chapter Number	Purpose of Chapter	Phase of Data Gathering	Domains included within Chapter
Chapter 4	Initial Theory	Phase 1	• Practice
	Construction	Phase 2	• Education
Chapter 5	Theory Development	Phase 3	• Legislation and Policy • Research
Chapter 6	Theoretical Sampling and Synthesis	Phase 4	• Practice
		Phase 5	• Education • Legislation and Policy • Research

Format of Quotations

Quotes from participants are written in the text in italics and indented, with the participant number and transcript paragraph number indicated in brackets as shown below

Table 4.2 Summary of Abbreviations Used for Quotations

<ul style="list-style-type: none"> • Phase One - OTS = OT Student • Phase Two - OTP = OT Practitioner • Phase Three – CC = Cymru/Canada Participant • Phase Four – QS = Qualified Students from the bilingual programme

Table 4.3 Quotation Numbering Pattern

	<i>INDIVIDUAL INTERVIEWS:</i>
Participant identification used for quotes in the text	<i>For Example:</i> OTP01(xx)
Explanation of example above	OTP01 = OT P ractitioner and [participant number] Followed by: (xx) = [interview paragraph number]
	<i>FOCUS GROUPS</i>
Participant identification used for quotes in the text	<i>For Example:</i> OTS01(FG1,xx)
Explanation of example above	OTS01 = OT S tudent and [participant number] Followed by: (FG1,xx) = Focus Group [number], [paragraph number]

A series of four full stops (...) denotes where quotes have been shortened and elements such as 'ym', 'like' or responses from others have been removed for ease of reading. Quotes from Welsh participants have been translated for information and are not included in the word count.

4.2 Phase One Data Analysis

Data from participants in the same language group across both student cohorts were amalgamated within focussed mapping activity because there were significant overlaps in experiences within similar language groups. During data gathering,

participants explored their experiences of University learning on theoretical modules in the Education Domain as well as practice placements in the Practice Domain. No single factor emerged as being more significant than another for the development of LCAPs and initial theory development incorporated a wide and diverse range of factors that Phase One participants identified as being significant to their individual development. Phase One and Two data analysis became the foundation for the development of the '*Initial Theory*'.

Focussed mapping from Phase One data revealed ten key areas in both language ability groups that were identified as contributing to the development of LCAPs within the Education Domain and the Practice Domain. The key areas from the focussed mapping activities for each language category are used as headings to structure the presentation of data analysis and theory construction (listed in Table 4.4 – Welsh speakers and proficient learners and Table 4.6 - non-Welsh speakers and non-proficient Welsh learners). Data from Welsh and non-Welsh speaking participants are predominantly presented separately because of participants different experiences and perspectives of developing as LCAPs which enriched initial theory construction. To save repetition, where different groups raised similar issues or where both language groups concurred, these are only outlined once – this is indicated where relevant. Data from Welsh learners are amalgamated into English or Welsh group data analysis according to which language group participants had elected to join.

4.2.1 Welsh Speaking and Proficient Welsh Learners

This section predominantly outlines data analysis from Welsh speakers and proficient Welsh learners of their development as LCAPs in the Education Domain and the Practice Domain. It also provides an overview of data analysis in relation to participants' interpretation of the attitudes and behaviour of others such as non-Welsh speaking student peers, placement educators and members of the MDT encountered on placements in relation to development and provision of language and culturally appropriate practice.

Table 4.4 Ten Key Areas Identified in Phase One Focussed Mapping for Participants who were Welsh Speakers and Proficient Welsh Learners

1	Impact of the programme being delivered bilingually from Welsh-Speaker and Welsh learner perspectives
2	Bilingual learning impacting on professional development and client centred practice
3	Impact of choices whether to engage in studying in Welsh or English
4	Emotional impact of the bilingual programme (academic and placement learning)
5	Identifying differences between verbal and written and/or formal and informal engagement
6	Identifying the impact of language and culturally appropriate practice on practice placement
7	Students increased understanding impacts on Service User experiences in practice
8	Exploring the influence of Welsh speakers on non-Welsh speakers' peer learning
9	Pinpointing what creates a bilingual learning and/or practice environment
10	Identifying that changing culture within society influences expectations (of education and practice)

4.2.1.1 Impact of the Programme Being Delivered Bilingually from the Welsh Speaking and Welsh Learner Perspectives

Participants across all language abilities agreed that bilingual delivery or pre-registration education provided a stimulus for language and culture to be central to professional development and that it had promoted them to become LCAPs. They identified that integrating language and culture within the curriculum from the start in both the Education and Practice Domains fostered the development of language and culturally appropriate practice in the same way as any other element of professional skills and knowledge:

*Dwi'n teimlo fod y Cymraeg yn un o'r sgiliau na da chi'n bigo fyny ar y cwrs efo petha' fatha 'organisational skills'
OTS02(FG1,91)*

I feel that practicing in Welsh is one of those skills that you pick up on the course alongside things like organisational skills OTS02(FG1,91)

This extract from a focus group for Welsh speakers outlines the impact of one session at the beginning of the programme where the context of language and culturally appropriate practice was established. This was reiterated by students of all language abilities in other focus groups:

*Dwi'n meddwl ei fod o di cael ei 'start as you mean to go on' a dwi'n meddwl fod o ers hynny, fod na rhyw sail di cael ei wneud i'r cwrs felly.
OTS02(FG1,41)*

*Bod petha' ar gael yn Gymraeg neu Saesneg, pa bynnag sy'n siwtio chi
OTS01(FG1,42)*

'Group rules' teip o beth yndi? Sy' di cael ei setio o'r dechra' a mae rhywun yn 'comfortable' efo fo o'r dechra'.
OTS02(FG1,43)

I think it's been 'start as you mean to go on'... and I think it's been that has been a basis for the course.....
OTS02(FG1,41)

Things are available in Welsh or English, whichever suits you
OTS01(FG1,42)

'Group rules' type of thing isn't it? It has been set from the start and you're comfortable with it from the start.
OTS02(FG1,43)

Participants identified the bilingual OT programme as being the first time their individual linguistic preferences as Welsh speakers had been accommodated within the Education Domain and believed that their professional development as bilingual OT's benefitted from this learning experience:

Mae'r cwrs yn 'sensitive' i fi achos dwi'n meddwl yn Gymraeg, Cymraeg di'n mamiaith i a fi, dwi'n naturiol yn siarad Cymraeg dwi'n teimlo fedra i ddeud be dwi isio ddeud yn well yn Gymraeg, dwi'n teimlo fod hwn yn 'centred' i fi achos bod fi'n gallu neud lot drwy Cymraeg.
OTS02(FG1,11)

The course is sensitive to me because I think in Welsh, Welsh is my mother tongue and, I naturally speak Welsh.... I feel I can say what I want to say better in Welsh. I feel that this is centred to me because I can do a lot through Welsh.
OTS02(FG1,11)

Participants recognised that bilingual delivery provided positive experiences that fostered becoming LCAPs because they used their preferred language to engage in learning in the Education and Practice Domains. This was also identified by non-Welsh

speaking participants who understood that Welsh speakers may have found it easier to engage with learning because they used their preferred language. Participants from all language groups identified the importance of facilitating language and culturally appropriate practice through experiential learning which they could transfer to the Practice Domain once qualified. Using strategies for engaging in their language of choice (such as simultaneous translation) led participants to feel more confident and engaged with bilingualism and learning through the medium of Welsh in the Education Domain.

In a final focus group, Welsh speaking participants reflected on the impact of the bilingual programme on their increased confidence to stand up for their linguistic rights as newly qualified practitioners, and for those of SUs. For example, they reported that they would be more likely to be confident to speak Welsh in front of non-Welsh speaking peers without needing to apologise for choosing to do so. This element was discussed many times across several focus groups. Participants stated that it developed their confidence to assert their linguistic rights as bilinguals, which they believed would be useful to promote a bilingual practice environment once qualified:

*Fama 'di'r unig sefyllfa lle sydd gen i ddim euogrwydd o gwbl i droi at rhywun ag i siarad Cymraeg
OTS02(FG1,39)*

*This is the only situation where I have no guilt at all.... about turning to somebody and speaking Welsh
OTS02(FG1,39)*

However, some participants experienced initial embarrassment and conflicting emotions relating to their rights versus rudeness to speak Welsh when non-Welsh

speakers were present, however this did lessen over time as participants' confidence to use Welsh grew. Non-Welsh speaking participants identified their dilemma of understanding Welsh speakers' rights to language choices in the Education and Practice Domains versus perceiving Welsh speakers as being rude to speak in Welsh. This was relevant to early theory development because understanding the emotional and environmental barriers and how to create a bilingual environment can be useful to foster language and culturally appropriate practice in the workplace.

On rare occasions when participants were asked to switch to English, they did understand why non-Welsh speakers found it frustrating if it impacted negatively on their learning. Non-Welsh speakers' attitudes influenced whether participants felt at ease to carry on speaking Welsh around non-Welsh speaking peers or not, which was notable for theory development. Participants reported that SUs in the Practice Domain mirrored student behaviour in the Education Domain by switching to English to avoid being perceived as rude in non-bilingual environments.

In the second focus group, OTS01 acknowledged the impact of the deepening understanding of the nature of bilingualism across all linguistic abilities:

Yn y dechra' sw'n i ddim isio siarad Cymraeg achos o'n i yn teimlo bo fi'n bod yn rŵd neu rhywbeth efo pobol eraill ond rŵan, mae nhw'n deall na dyna di iaith cyntaf ni, a mae nhw'n gweld o'n ddiddorol.
OTS14(FG1,4)

In the beginning I didn't want to speak Welsh because I felt like I was rude or something with other people, but now they understand that it's our first language and they find it interesting.
OTS14(FG1,4)

She later explained that her initial reluctance to speak Welsh in front of peers and staff was based on a fear of being perceived as rude which changed over time as she developed different perspectives about her linguistic choices and had positive feedback from people around her.

All participants believed that studying OT on a bilingual programme prompted deep level of understanding amongst all language groups which led to promotion of language and culturally appropriate practice in the Education and Practice Domains. They identified an increased understanding of the application to practice when bilingualism was integrated and normalised within the curriculum and explored how this could be achieved in a non-bilingual programme. This was useful to understand within initial theory construction because most pre-registration programmes are not delivered bilingually in Wales therefore the theory needed to be relevant beyond the bilingual curriculum context.

4.2.1.2 Bilingual Learning Impacting on Student Professional Development and Benefits Client Centred Practice

Factors identified during Phase One data analysis were used to deepen understanding about the links between client centred practice and participants' professional development as LCAPs. Participants considered that bilingual learning in the Education and Practice Domains promoted using both languages for professional practice, which they believed resulted in delivery of better client centred services. Most participants identified that flawless Welsh is not needed to work with SUs and that Welsh speakers would be naturally bilingual practitioners. However, despite this some may avoid language and culturally appropriate practice because they lack

confidence in their standard of spoken, and particularly written Welsh, which was identified as a barrier. Similarly, less proficient Welsh learners reported feeling ashamed if they believed their standard of Welsh was not good enough to use with SU's in the Practice Domain but acknowledged the importance of trying to use whatever level of the language they had. Within theory construction, understanding the complexity of differences in attitudes and experiences, even for people with similar linguistic abilities was a key concept.

Understanding how practitioners developed language and culturally appropriate practice through engaging with bilingual learning was a key element of early theory construction. Participants recognised the impact of the bilingual programme facilitating use of professional terminology in both languages for OT practice. They reported using Welsh or English with SUs without negative preconceptions about Welsh not being a language of practice. OTS01 outlined this concept in her electronic journal entry:

*Maen dda bod y cwrs yn ddwyieithog gan bod hynna yn galluogi i mi w'bod y termau Cymraeg am bethau i wneud gyda OT. Nid ydwyf wedi gorfod trafod pethau i neud gyda OT yn Gymraeg o'r blaen.
OTS01(Electronic Journal 23/6/13)*

*It is good that the course is bilingual as this enables me to know the Welsh terms for things to do with OT. I haven't had to discuss things to do with OT in Welsh before.
OTS01(Electronic Journal 23/6/13)*

The ability to practice OT in either language was identified as promoting client centred practice because SUs language preferences could be accommodated.

Participants identified many different factors impacting the potential to become LCAPs, for example, in the second focus group, OTS06 identified her belief that her personal and family background and past experiences are significant:

Ti'n defnyddio pethau personol.... pan dwi'n gweld 'case study' Cymraeg dwi yn meddwl am rhywun dwi'n gwybod.
OTS06(FG2,25)

You use personal things.... when I see a Welsh case study, I think of someone I know.
OTS06(FG2,25)

She later returned to expand upon this point:

...dwi'n meddwl fod profiadau fi trwy bywyd yn siapio y ffordd dwi mynd i 'bractisio'.
OTS06(FG2, 122)

I think that my experiences through my life are shaping the way that I'm going to practice.
OTS06(FG2, 122)

Understanding the complexity and individual nature of the factors that impact upon becoming a LCAP was a key element of theory construction. Participants reflected on the impact of their bilingual backgrounds and identified the importance of using language and culturally appropriate practice to establishing therapeutic relationships with SUs as demonstrated in the following extract from a final focus group:

Sut ti'n gallu cael 'therapeutic relationship' hefo rhywun os ti ddim yn dallt lle mae nhw yn dod, eu safbwynt nhw?
OTS01(FG2&3,123)

Fyswn i yn cytuno hefo chdi, dwi'n teimlo y rheswm faswn i yn fwy sensitif fysa achos bod fi yn ddwyieithog, dim achos bod fi wedi bod ar gwrs

*dwyeithog dwi ddim yn meddwl, ond ella fod o'n helpu mae o'r 'reinforcio'
hynny dwi'n siwr.
OTS02(FG2&3,124)*

*How can you get a therapeutic relationship with someone if you don't
understand where they are coming from, their perspective?*

OTS01(FG2 & 3,123)

*I would agree with you, I feel the reason I would be more sensitive is
because I am bilingual, not because I have been on a bilingual course I
don't think, but it might help to reinforce that, I'm sure.*

OTS02(FG2 & 3,124)

Participants noted that peers of all language abilities transferred learning about the importance of language and culture for client centred practice in OT from the Education Domain to the Practice Domain. Non-Welsh speaking participants reported the positive impact of gaining a deep understanding of client-centred practice through seeing for themselves the experience of SUs receiving language and culturally appropriate practice. For example, observing Welsh speaking peers and educators practicing OT bilingually resulting in SUs expressing themselves with greater confidence in their preferred language. Theory building clarified the importance of participants understanding the impact on SUs of them becoming LCAPs.

In the final focus groups at the end of the programme, participants identified that they had noted on job applications and mentioned at interviews that they could speak Welsh as they believed that it would increase their employability and improve their prospects of employment. No participants from either language group had mentioned on job applications that they considered themselves to be LCAPs; but stated that they would do so from now on, including the Non-Welsh speakers. Within theory construction, it was useful to consider what could be used to facilitate an understanding of the value of becoming a LCAP for pre-registration students.

4.2.1.3 Impact of Choices Whether to Engage in Studying in Welsh or English

Exploring participants' personal and professional preferences for linguistic engagement in the Education and Practice Domains was utilised in theory construction to understand practitioners' diverse perspectives when developing as LCAPs. They identified the importance of not being pressurised into using one language or another, with acceptance of their choice being significant to the choices they made as outlined by OTS02:

yn fa'ma dwi'n teimlo, 'di ddim ots pa ddewis dwi'n neud, dwi'n gwybod mae o'n iawn, 'di o ddim yn effeithio chi o gwbl a mae o 'just' yn awyrgylch eitha' naturiol bo' chi'n cael gwneud be 'da chi isio
OTS02(FG1,148)

Here I feel, no matter what choice I make, I know it's okay, it doesn't affect you at all and it's just a pretty natural environment you can do what you want.
OTS02(FG1,148)

In the second focus group, OTS02 outlined feeling comfortable to change from one language to another because of the facilitative approach to language choice on the bilingual programme:

Fysa rhywun yn disgwyl ella mewn sefyllfa academaidd bod rhywun yn fod i sticio i un iaith Dwi'n hŷn dwi'm yn gwneud 'formal' yn Gymraeg, jest o ran bod fi wedi arfer gwneud nhw yn Saesneg, 'presentations' a ballu, ond jest yr awyrgylch reit 'relaxed' yna bod chi yn gallu jest neidio o un iaith i'r llall a....., mae pawb jest yn ddisgwyl o, does na neb yn 'blincian', mae o jest yn digwydd.
OTS02(FG2&3,31)

You would expect that in an academic situation that someone is supposed to stick to one language I'm older I don't do formal things in Welsh, just because I'm used to doing them in English, presentations and so forth. But just the relaxed atmosphere there, and the fact that you can just jump from one language to another, and everybody just expects it, and nobody blinks, it just happens.
OTS02(FG2 & 3,31)

Participants identified the non-judgmental culture regarding language choices amongst staff and student peers encouraged their academic learning through the medium of Welsh when they may otherwise have chosen to study in English. They identified how an environment of linguistic choice can be created and its impact on the development of LCAPs which was beneficial to the development of the '*Initial Theory*'.

The status and function of bilingual written materials was reviewed in focus groups with participants from all language abilities identifying their role in creating a bilingual learning atmosphere and promoting the culture of bilingualism on the programme. How bilingual materials impact on the development of language and culturally appropriate practice was revealed during initial theory construction in Phase One and had previously been unknown to the researcher. Some Welsh speakers used bilingual materials for the purpose in which they were developed by the programme staff i.e. to enable Welsh speakers to engage in learning through the medium of Welsh, however none of the Welsh-speaking participants recruited had submitted formal assignments or undertaken presentations in Welsh. All had engaged with other elements of the programme such as student Professional Development Reviews in Welsh which they found helpful to developing as LCAPs.

All participants agreed that the presence of bilingual materials promoted bilingualism even if students did not use them, with participants valuing choice about their use within the Education and Practice Domains without having to ask for Welsh versions in line with the principles of AO as outlined by OTS01:

Mae o jest y ffaith bod ti ddim yn gorfod gofyn, 'O! Gai hwn yn Gymraeg' achos ella fysa ti yn teimlo bod ti'n bod yn bach yn boen yn gofyn os gei di rhywbeth yn Gymraeg, ond gan bod o yna yn ddwyieithog.
OTS01(FG2&3,62)

It's just the fact that you don't have to ask, 'oh can I have this in Welsh?' because you might feel that you are being a pain asking if you can have something in Welsh, but because they are always bilingual.
OTS01(FG2 & 3,62)

An unexpected outcome for the researcher of initial theory construction was non-Welsh speakers' experiences of the bilingual programme being perceived as non-discriminatory:

It's offered in a non-discriminatory way because you're offered it bilingually, not just English and Welsh. you get both so you're not being discriminated against if you speak English, Welsh or both.
OTS12(FG2,96)

Theory building provided an insight into what motivated participants to engage with bilingual resources and the subsequent impact on becoming LCAPs. All Welsh speakers and Welsh learners preferred having Welsh and English versions side by side rather than separately because it helped them develop better knowledge and understanding of Welsh and English terminology for OT practice:

[dwi] yn tueddu i ddarllen pethau yn Saesneg, ond os ydi'r pethau Cymraeg wrth ochr nhw, nai fel arfer sbio ar hwnnw hefyd achos dwi'n gweld o'n ffordd o refreshio'n hŷn o sut i 'sgwennu yn Gymraeg.
OTS14(FG2&3,74)

[I] tend to read things in English, but if the Welsh text are next to them, I usually look at that, because it's a way of refreshing myself of how to write in Welsh.
OTS14(FG2 & 3,74)

Non-Welsh speakers stated that bilingual programme materials impacted on their learning positively by increasing awareness of bilingualism on a conceptual level. They believed that had materials been provided in English only, the subtle prompts to

consider bilingual provision and language and culturally appropriate practice in the Education Domain and the Practice Domain would have been lost. However, some non-Welsh speaking participants expressed a preference for separate Welsh or English documents to find English versions quicker or to reduce photocopying costs but stated that this was a minor point.

Participants articulated their strong preference for a bilingual rather than a Welsh only programme. Participants reported they would have been willing to study on a Welsh only programme but would be concerned about their lack of competence to study in Welsh and potential lack of confidence to practice OT in English. In the third focus group OTS14 identified the bilingual programme resulting in her developing greater confidence to practice OT in English:

[cwrs dwyieithog] 'di helpu fi efo siarad Saesneg yn fwy achos bo' fi yn bod mor 'judgemental' o fi'n hun achos fod Saesneg fi'n 'hopeless'. [dwi] yn teimlo bo pobol yn mynd i farnu fi, ond ddim efo'r Cymraeg.
OTS14(FG3,88)

[bilingual course] has helped me to speak English more, because I do judge myself because my English is hopeless, I feel that people are going to judge me, but not with Welsh.
OTS14(FG3,88)

Participants believed that selecting either Welsh or English as the language for study at the start of the programme would have created linguistic divisions which OTS02 identified as “*fyswn i yn teimlo fel 'segregation' [it would feel like segregation]* OTS02(FG2&3,58). This was reiterated by non-Welsh speaking participants who believed that if the programme was delivered separately in English or Welsh, the non-Welsh speakers would have less opportunity to become LCAPs because they could avoid bilingual practice.

Non-Welsh speaking participants also valued the programme being bilingual and believed that it had a positive impact on their development as LCAPs:

We know that clients will most likely be speaking Welsh you want to, go in and show you have an awareness of that and that maybe explain to them that you can't speak Welsh and whatever bits of words that you have picked up to try, make the effort to show that you're not being disrespectful in not even bothering So I've only learnt a few bits of words I do have just to use it and to acknowledge it.
OTS13(FG2, 38)

Participants identified switching to practicing in Welsh naturally dependant on SUs preferences and believed that bilinguals on a non-bilingual programme learn OT in English and then adapt individually to practicing in Welsh. This contradicted their view that lack of knowledge of Welsh terminology in OT prevents use of Welsh as a language for practice.

4.2.1.4 Emotional Impact of the Bilingual Programme (Academic and Placement Learning)

Phase One data analysis revealed positive and negative emotional impacts of engaging with bilingual learning in the Education and Practice Domains; the researcher was mindful of this key area during development of the '*Initial Theory*'. Understanding the impact of the emotional reaction to developing as LCAPs was beneficial to theory construction as language and culture was identified as an emotive issue in health and social care.

POSITIVE EMOTIONS:

Participants identified feeling emotionally safe to make authentic language choices on the programme rather than choices based on feelings such as guilt (for not choosing

Welsh) which are outlined further in Appendix 21. They attributed this to the non-judgmental learning environment.

Welsh speaking participants identified that when they were speaking Welsh on the programme, they experienced similar emotions to when they spoke to friends and family. They identified a feeling of relief when they came across fellow Welsh speakers in the Education and Practice Domains and reported feeling more like themselves when using and interacting with others in Welsh as outlined by OTS02 in the first focus group:

cael cyfweiliad yn Gymraeg, o'n i yn teimlo yn syth lot mwy 'relaxed' ag o'n i'n teimlo'n mwy cyfforddus yn y syniad o fod ar y cwrs achos bo fi'n gwbod sw'n i fwy fi'n hun achos bo fi'n gwybod bod y Gymraeg yma gymaint
OTS02(FG1,144)

To have an interview in Welsh, I felt straight away much more relaxed and I felt more comfortable with the idea of being on the course because I know I would be more myself, knowing that there is so much Welsh here. OTS02(FG1,144)

This is reinforced by the following extract from discussion in a final focus group of Welsh-speaking participants in response to a question about how they felt when engaging with Welsh-speaking tutors:

Yn rhoi mwy o hyder i fi ia....peidio fod gymaint o ofn dod ata chi [tiwtor personol] os oeddwn i yn poeni am rhywbeth
OTS14(FG3,20)

.... di huna achos fod na llai o 'barrier' efo rhywun Cymraeg?
INTERVIEWER (FG3, 21)

.... dwi 'just' yn teimlo yn lot fwy naturiol os dwi'n siarad Cymraeg efo rhywun
OTS14(FG3,22)

Dwi'n deall be ti'n feddwl achos ti'n gwybod be di'r 'lingo'
OTS04(FG3,23)

Ia, a dydio'm y Cymraeg gora' ond 'just'...
OTS14(FG3,24)

Dwi'n teimlo os dwi'n siarad Saesneg efo rhywun, yn enwedig tiwtor neu 'lecturer' bod o'n mwy ffurfiol, ond pan mae o'n Gymraeg, mae o'n dipyn bach mwy 'relaxed' 'so' dwi mwy cyfforddus
OTS04(FG3,25)

Dwi'n siarad Cymraeg adra 'so' i fi Cymraeg, dwi'n 'associatio' Cymraeg efo teulu, ffrindiau a fel arfer, pan dwi'n siarad Saesneg, mae o'n fwy proffesiynol i fi Y ffordd dwi'n meddwl ydi o.. 'so' pan dwi'n siarad efo pobol Cymraeg, mae'n rhaid yn rhywle dwi'n meddwl 'o 'fallai fod nhw'n teulu neu ffrindiau'
OTS06(FG3,26)

Giving me more confidence and not being afraid to come to you [personal tutor] if I was worried about something.
OTS14(FG3,20)

.... do you think there is less of a barrier with a Welsh person?
INTERVIEWER(FG3, 21)

.... I just feel a lot more natural if I speak Welsh with someone
OTS14(FG3,22)

I understand what you mean because you know what the lingo is
OTS04(FG3,23)

Yes, and it's not the best Welsh but just.....
OTS14 (FG3,24)

I feel that if I speak English to someone, especially a tutor or lecturer that is more formal, but when he's Welsh, it's a bit more relaxed so I'm more comfortable
OTS04(FG3,25)

I speak Welsh at home so to me, I associate Welsh with family, friends usually. When I speak English, it is more professional for me so when I speak Welsh with people, maybe I think that they are like family or friends.
OTS06(FG3,26)

This was also relevant to formal assessment on placement:

Os fyswn i yn asesu rhywun drwy'r Gymraeg, dwi'm yn teimlo, os ydi'r tiwtor [educator on placement] yna yn 'gwatied' fi, dio ddim yn effeithio arna fi o gwbl. Ond os dwi'n 'neud o drwy'r Saesneg, dwi yn 'rili' 'nervous' i gyd achos dw'n gorfod cael geiriau Saesneg fi'n iawn.

OTS14(FG2,87)

If I assessed someone through the medium of Welsh, I don't feel.... If the tutor [educator on placement] there was watching me, it doesn't effect me at all. If I do it through English, I'm really nervous because. I have to get my English words right.

OTS14(FG2,87)

Being encouraged to speak to SUs in Welsh was a positive experience for participants and they were particularly encouraged when educators gave feedback that their OT practice was good because they were able to practice bilingually. In her Memo Book, OTS04 identified an experience on placement where her placement educator had written a report about bilingual practice with SU's in a mental health setting which she then related to her own experiences as a student on her previous degree:

A Welsh speaking client found it extremely difficult when she was admitted into a mental health unit where no member of staff spoke Welsh. speaking in English felt like and act to her and she only felt like her real self when she was speaking in Welsh. I felt like this for a long time when I was studying my degree....I found it very difficult to express myself in English, and to put my personality across. I also found it difficult to discuss work when on the course, as I felt I came across as stupid.

OTS04(Electronic Journal 25/7/13)

NEGATIVE EMOTIONS:

Participants also identified a range of negative emotions related to the programme being offered bilingually which are outlined in Appendix 21.

Participants from all language categories stated that their emotional reactions to experiences of bilingualism in the Education Domain promoted an expectation of

bilingual provision in other situations beyond education. For example, participant OTS06 expressed her disappointment and frustration when information was not available bilingually in a Wales-wide national pre-registration student forum and felt empowered to challenge conference organisers as to why bilingual materials were absent. This was also noted by the non-Welsh speaking participants who had attended the event:

There was absolutely nothing.... a sheet with the Welsh and the English – kind of had none of that nothing was said in Welsh; not even ‘Welcome’ or anything like that. they couldn’t provide it and then you could really see the difference.

OTS11(FG2,30)

Participants from all language categories identified the emotional impact for non-Welsh speaking student peers being placed on a bilingual placement. For example, participant OTS11 (who was a non-Welsh speaker) outlined her feelings of awkwardness and embarrassment when she was challenged by a Welsh speaking member of the MDT about poor pronunciation of place names:

.... I couldn’t pronounce the name of the building and she got really angry and called me really, really ignorant, she was ‘why would you bother to come here if you’re not going to learn how to say things?’ that was a really awful experience especially because she was a staff member and I had to work with them, it’s awkward.

OTS11(FG1,08)

There were other emotional impacts relating to language and culturally appropriate practice in the Practice Domain for non-Welsh speakers such as feeling shocked how much Welsh was needed to interact with more vulnerable Welsh speaking SUs such as children:

One of my main fears when I went on placement was that I would come across Welsh speaking service-users who would prefer to speak only in Welsh. While On my first placement there was a patient who said he preferred to speak in

Welsh and which the situation was easily resolved by appointing him to a Welsh speaking OT, it made me feel as if I'd failed him.
OTS10(Electronic Journal 1/7/13)

4.2.1.5 Identifying Differences Between Verbal and Written and/or Formal and Informal Engagement

Participants identified variation in the uptake of engagement in the Welsh language for different aspects of the bilingual programme. For example, language choice was offered for written and verbal elements and individual choices were accommodated through strategies such as simultaneous translation for Welsh presentations. Gaining an in-depth understanding of the impact of the variation of how Welsh and English was used by individuals within formal and informal learning situations and between written and verbal elements in the Education and Practice Domains provided clarity for theory construction. This was because it offered an insight into the complexity of individual variation within development as LCAPs. Participants clearly identified developing verbal OT skills in Welsh in the Education Domain promoted using Welsh with SUs in the Practice Domain which was initially a priority over developing skills of writing in Welsh until it was required on placements.

Participants initially perceived written Welsh as having to be correct and formal, whilst spoken Welsh was acceptable as being informal. However, once they started using written Welsh on placement, they developed the skills needed quickly. Once accustomed to writing in Welsh, they identified it developing as any other professional skill because it was required to pass placements.

During a third focus group, participants outlined their changed attitudes towards writing in Welsh in the Practice Domain because SUs asked for written Welsh using layman's terms empowered them to become more confident.

oedd pobol [SUs] yn dweud 'O!, elli di [ysgrifennu] yn Gymraeg plîs, ond dim y Cymraeg 'posh' 'sdi' 'so' wedyn o'n i'm yn mynd i roi geiriau Gymraeg o'n i ddim yn deall.
OTS04(FG3,55)

people [SUs] said 'Oh, can you write [in Welsh] please, but not the posh Welsh you know, so I wasn't going to use Welsh words that I didn't understand.
OTS04(FG3,55)

When specifically considering spoken Welsh for formal and informal elements of the programme, participants identified their preference for informal elements in Welsh with formal aspects such as presentations in English. Participants identified a sense of comfort from knowing that Welsh markers were available if needed even though they had elected to undertake presentations in English:

Efo marcwyr oedd yn siarad Cymraeg, 'so' 'sa ti yn mynd yn 'stuck' t'bod anghofio be oedd y gair Saesneg neu rhywbeth, ti'n teimlo'n.... yn well bod ti'n gwybod bod ti yn gallu troi i Gymraeg os oedda ti angen. Lle os basa chi efo rhywun oedd yn marcio chi oedd yn Saesneg, 'sa ti'n panicio bach.
OTS01(FG1,14)

With Welsh speaking markers, you don't get stuck if you forget what the English word is or something... you feel.... better that you know that you can turn to Welsh if you needed to. If you had an English assessor (who wasn't Welsh speaking), you would panic a bit.
OTS01(FG1,14)

4.2.1.6 Identifying the Impact of Language and Culturally Appropriate Practice on Practice Placement

Participants' exploration of their experiences on placement and the resulting impact on their development as LCAPs provided an insight into the importance of experiential learning with SUs which was utilised within theory construction. It also ensured that the *Initial Theory* was applicable and cognisant of multiple health and social care settings. All Welsh speaking and Welsh learner participants reported using their knowledge of language and culturally appropriate practice on placement and identified the positive impact of doing so on their development as LCAPs. Participants identified that opportunities to engage in OT in a bilingual practice environment enhanced their learning and that they were more confident and felt more like themselves when placed in a bilingual setting. "Nath o wneud i mi ymlacio mwy ar lleoliad - dwi'n gwybod bod fi'n cael siarad Cymraeg" (*It made me feel more relaxed at the placement - I know that I can speak Welsh*) OTS14(FG1,50).

OTS02 outlined her experience of not having many opportunities for speaking Welsh on a non-bilingual placement and despite initially feeling awkward, she had a positive response from the MDT when she spoke Welsh with SUs on the phone.

Observing SUs receiving services that were not language and culturally appropriate was identified as influencing participants' development as LCAPs. OTS14 outlined experiences on her first placement and the impact of carrying out assessments more effectively with Welsh speaking children (her educator was not a Welsh speaker). Some participants experienced feeling awkward or uncomfortable when they and the SUs were Welsh speakers, but the supervisor was not, particularly when the supervisor was uncomfortable working with SUs who expressed preferences for a

Welsh service from the students. Participants identified the attitude of their Practice Educators in this circumstance as inhibiting student development as LCAPs.

OTS14 worked with a Welsh speaking adult on another placement that she identified as having a profound impact on her development as a LCAP because she could clearly identify the difference to the SU when he received services through the medium of Welsh.

*Oedd na dyn efo 'brain injury' a pan nes i fynd yna oeddau nhw'n deud 'di o ddim yn siarad na dim. Nes i ffendio allan o lle oedd o'n dod a petha fatha ffarmio a pethau fel'na, 'so' nes i 'just' fynd ata fo a dechrau siarad yn Gymraeg efo fo a oedd o'n ateb fi. Doedd o ddim yn gneud 'sentence', ond oedd o'n ateb ag yn cael yn 'involved', ag oedd y staff y lle 'just' yn sbio rownd yn mynd 'di o erioed 'di gwneud swm o'r blaen' a 'just' achos bo fi di siarad yn Gymraeg, oedd o'n gwneud ... oedd o'n defnyddio sling i gael o 'off' cadair ond erbyn y diwedd, oedd o'n codi o'r gadair ei hun ac yn cerdded ei hun. tra oeddwn i yna mi oedd na 'manager' newydd a 'nath hi ddeud 'nafo, da ni'n gorfod cael pobol Cymraeg yn gweithio yma rwan achos da ni di gweld faint o effaith mae hynna 'di gael ar rhywun'. Iddo fo, 'nath o newid bob dim 'completely', 'just' yn gallu cael rhywun yn deud rhywbeth yn Gymraeg iddo fo. Mi oedd y dyn yna, ond oedd o di byw adra erioed yn hogyn bach, di cael damwain pan oedd o'n hogyn bach oedd o, a wedyn 'di byw efo'i fam a'i dad o yn siarad Cymraeg ar y ffarm ag achos bo' nhw di mynd yn hyn, oedd o 'di mynd fewn i'r 'home' 'ma, 'so' mi oedd o di dod o siarad Cymraeg i rywle lle doedd na'm byd oedd o 'di arfer efo, a just ddim 'di gneud dim byd.
OTS14(FG3,230)*

There was a man with a brain injury and when I went there they told me he didn't speak or anything. I found it out where he came from, and things like farming and things like that, so I just went to him and started speaking Welsh to him, and he answered me. He wasn't putting full sentences together, but he did answer and got involved, and the staff spun around and said 'he's never made a sound before'. And just because I was speaking Welsh to him, he did (respond). He was using a sling to get off the chair, but by the end, he was getting up from his chair himself and walking by himself. Whilst I was there, a new manager came and she said "that's it, we have to have Welsh people working here now because we have seen how much impact you have had on someone'. For him, it changed everything completely, just having someone say something to him in Welsh. That man, he had always lived at home, and had an accident when he was a little boy, and then lived with his mum and dad talking Welsh on the farm, but because they had grown old, he had to go and live in a home. So he had come from speaking Welsh to somewhere where he wasn't familiar with anything, and just hadn't done anything. OTS14(FG3,230)

Participants stated that speaking in Welsh in the Practice Domain had impacted positively on supervision experiences because they found it easier to express themselves in Welsh while conversely, proficient Welsh learners experienced being more tired when engaging with placement supervision in Welsh. One of the proficient Welsh learners outlined the impact on her:

'Nes i trio siarad Cymraeg efo fy 'educator'. Ond 'nes i 'neud o, ond ro'n i wedi blino'n lân 'just' yn ofnadwy, ag ar ddiwedd yr wythnos ro'n i 'just totally wiped out'. OND oedd o'n ffantastic i fy Cymraeg! 'nes i sylweddoli hanner ffordd trwodd, bod rhaid i mi wneud y peth ffurfiol yn Saesneg, dim ond i 'neud yn sicr mod i'n siŵr, nes i ddallt ond, ym gweddill yr amser o'n i'n siarad Cymraeg. OTS03(FG1,51)

I tried to speak Welsh with my educator. But I did it...I was terribly exhausted and by the end of the week, I was just totally wiped out. BUT it was fantastic for my Welsh! I realised halfway through, that I had to do the formal thing in English, just to make sure I was sure I understood... but, the rest of the time I was speaking Welsh. OTS03(FG1,51)

Participants agreed that feelings of tiredness described by Welsh learners mirrored some Welsh speakers' experiences of using only English on placement which provided greater empathy between the two linguistic groups.

Based on placement experiences, participants identified gaps in the provision of language and culturally appropriate practice such as staffing and resources and believed that it was currently unrealistic to provide language choices for all SUs if there was no Welsh speaker employed. Participants believed that having a language and culturally appropriate student on placement impacted positively on service provision and that in particular Welsh speaking students can provide an AO to SUs as well as highlighting gaps in service provision to the educator and the MDT. Participants felt a sense of responsibility for promoting language and culturally appropriate practice because they were Welsh speakers and LCAPs themselves. They believed that educators and other members the MDT could learn from them that consideration of language encourages a deeper level of rapport with SUs and normalises Welsh as a language of practice.

Participants believed that not undertaking assessments in the SUs language of choice had negative impacts upon the reliability of OT assessments.

*'Just' achos bo nhw'n siarad yn Saesneg, bo' nhw ella'n gwneud 'assessment' ella na geith nhw mo'r atebion mor dda a 'sa nhw'n gallu 'sa nhw'n 'neud o yn ei iaith gyntaf. A 'just', bod yn 'aware' fod pobol yn gallu bod yn dipyn bach gwahanol yn ei iaith arall.
OTS02(FG1,82)*

*Just because they speak in English, they can do an assessment, they might not answer as well as they could in their first language. And just, being 'aware' that people can be a bit different in their other language.
OTS02(FG1,82)*

Non-Welsh speaking participants agreed and stated that the language of assessment should be determined by SUs preferences. All participants in Phase One identified that providing language choice when carrying out standardised assessments was problematic because using Welsh would invalidate the standardisation unless it had been translated and validated, however they believed that carrying out a standardised assessment in the SUs second language would also invalidate results.

Exploring different perspectives was useful within theory construction as it reinforced the need for the '*Initial Theory*' to accommodate the complexity of different viewpoints and experiences within the development of language and culturally appropriate practice. For example, although Welsh learners used Welsh in the Practice Domain which facilitated their development as LCAPs, some were concerned about potential conflict of interest where Welsh learners practiced speaking Welsh perhaps to the detriment of the SU. In contrast, non-Welsh speaking participants believed that asking SUs to help learners practice Welsh was a positive experience for both student and SU. They believed themselves to be actively demonstrating language and culturally appropriate practice by using Welsh in the Practice Domain – for example OTS08 in her Memo Book:

I was doing a visit to a client where both himself and wife had memory problems, slightly confused and 1st language Welsh. I said a few prompts in Welsh (few!) and said I was learning and instantly they smiled and from there onwards I found the assessment went slightly easier and had some sort of I think that even if you are trying to learn the language; even if not fluent all patients seem very grateful that at least you are trying.
OTS08(Electronic Journal 27/6/13)

4.2.1.7 Students Increased Understanding Impacts on Service User Experiences in Practice

Phase One participants developed as LCAPs through seeing the impact on SUs of receiving services that met their linguistic and cultural needs was beneficial within theory construction because feedback from SUs appeared to be a significant stimulus for individuals to develop as LCAPs. Participants believed they understood bilingual SUs perspectives better because they had sensitivity to the subject based on experiences as bilinguals themselves (for example upbringing, home or previous working lives). They stated that student experiences of bilingual education in the Education Domain provided insight into SU experiences of receiving bilingual services in the Practice Domain.

Shared experiences of bilingual participants appeared to foster understanding of the importance of language and cultural preferences of SUs which was used within theory construction. Participants' insight into SUs experiences (both negative and positive) promoted their development as LCAPs. OTS02 provided an example from her student professional development review with her Welsh speaking personal tutor:

Dwi' di siarad am fy nheimpladau fi a pethau 'reflection' yn Gymraeg yn well; yn Saesneg, dwi'n teimlo fo'n ffals achos di o ddim yn iaith dwi mor gyfforddus efo. dwi'n teimlo pan dwi'n siarad efo rhywun yn Gymraeg dwi'n gallu rhoi drosodd be dwi isio ddweud fwy; a dwi'n teimlo mae o'n gwneud sens wedyn pan da chi'n siarad efo pobol [defnyddwyr gwasanaethau] a 'da chi'n gweld nhw methu rhoi drosodd 'sa gennyn nhw OT Saesneg, dwi'n dallt ei 'point' nhw a dwi'n gwybod lle mae nhw'n dod o achos dwi'n union yr yn peth fy hun.
OTS02(FG1,13)

*I have talked about my feelings and done my reflections better in Welsh. In English, I feel false because it's not a language that I am so comfortable with I feel when I speak to someone in Welsh I can get over what I want to say better; and I feel it makes sense then when you talk to people [SUs] and you see them not being able to say what they want toif they have an English OT, I understand their point and I know where they are coming from, because I am exactly the same myself.
OTS02(FG1,13)*

In a subsequent focus group, OTS02 also applied her experiences of accommodating language choices in the Practice Domain to insights gained from personal experiences on the programme:

*'Dwi'n meddwl fod hynny wedi adio i sensitifrwydd iaith fi dwi meddwl ers i fi fod ar y cwrs pan oedden ni yn gwneud 'assessments' ag yn gyrru nhw allan wedyn, fysa 'na lot o bobl yn gofyn amdany'n nhw yn Saesneg - a wedyn i beidio 'judgeio' hynny
OTS02(FG2&3,56)*

*I think that has added to my language sensitivity since I have been on the course, when we were doing assessments and sending them out then, a lot of people would ask to have them in English – and then – to not judge them for that.
OTS02(FG2 & 3,56)*

4.2.1.8 Exploring the Influence of Welsh Speakers on Non-Welsh Speakers' Peer Learning

Exploration of mixed linguistic EBL groups impacted on theory construction through providing an insight into the development of LCAPs for all participant language groups. Participants stated that non-Welsh speakers reported benefitting from bilingual learning culture and reported that the bilingual programme provided a safe environment in which to discuss implications for developing LCAP with peers from all

language abilities. Exposure to a bilingual culture made the whole cohort feel at ease to discuss language and culture openly and honestly within group-work.

Participants believed that non-Welsh speaking students gained insights into Welsh cultural and linguistic contexts through observing the experiences of Welsh speaking peers engaging with bilingual education.

Non-Welsh speaking participants concurred and identified being positive and enthusiastic about their Welsh speaking peers engaging in learning through the medium of Welsh and were comfortable with hearing Welsh in mixed linguistic groups. All participants identified the difficulties Welsh speakers faced such as Welsh speakers accommodating non-Welsh speaking peers by speaking in English in the Education Domain; they identified this as mirroring SUs experiences in the Practice Domain when Welsh speaking staff were unavailable.

Welsh-speaking participants identified supporting Welsh learners and non-Welsh speakers to develop skills and awareness of bilingual practice in the Education and Practice Domains. They believed that hearing Welsh spoken inspired peers to learn about Welsh language and culture, but participants identified this learning being picked up naturally rather than being separately taught components. They believed that non-Welsh speakers liked hearing peers speaking in Welsh and that it contributed towards encouraging them to learn Welsh to use in the Practice Domain. They supported Welsh learners to practice speaking Welsh, which was acknowledged by the Welsh learners who found it particularly helpful in developing knowledge of Welsh OT terminology and pronunciation for use in the Practice Domain.

Although Welsh speaking participants felt positive about the impact they had on non-Welsh speaking peers' development as LCAPs, there were negative implications such as them having to produce bilingual materials for EBL work. Non-Welsh speakers identified their experiential learning fostered a deep understanding of the challenges of providing language and culturally appropriate practice such as realising that translation is a specific skill when they noticed peers struggling to translate – *“I felt really bad because that is actually quite hard isn't it?”* OTS11(FG2,19).

Participants identified variation in the development of language and culturally appropriate practice on an individual level amongst the cohort, for example some peers had more positive attitudes to bilingualism at the start of the programme than others or some non-Welsh speakers having difficulty recognising the relevance of the bilingual programme if they did not intend to work in Wales after qualifying.

4.2.1.9 Pinpointing What Creates a Bilingual Learning and/or Practice Environment

Data analysis revealed a range of environmental factors that impacted on individuals' development as LCAPs. Participants were unanimous that the learning environment created within the bilingual programme impacted positively on their development as LCAP's and described it as a bonus that enhanced their study experience.

In the focus groups, participants explored what they believed created a bilingual environment; there remained individual variation about what elements of the bilingual environment had impacted on their development on an individual basis most; for example, written materials or verbal components being available in both languages.

This led the researcher to understand the importance of creating a range of opportunities that would accommodate individual preferences and provide active choices for students to engage with bilingual learning as they prefer.

Mae rhywun yn gwybod fod 'na Gymraeg ar gael cyn dod ar y cwrs ond 'nes i 'rïoed meddwl 'sa 'na gymaint o Gymraeg. Dwi'n meddwl fod cael pennaeth y cwrs yn Gymraeg yn gwneud gymaint o wahaniaeth achos mae o yn 'infiltratio' pob dim wedyn ydi?
OTS02(FG1,03)

You know that Welsh is available before coming on the course, but I never thought that there would be so much Welsh. I think that having a head of course who is Welsh has made a huge difference because it's infiltrating everything then isn't it?
OTS02(FG1,03)

Participants identified different elements of the bilingual environment fostering a change in their attitudes over time about what stimulated their development as LCAPs. For example, some participants preferred not to engage with written Welsh on the course but that changed after placement experiences where they were expected to write OT assessments in Welsh. They discovered that they knew the Welsh terminology for practice which raised their confidence to use written Welsh in the Practice Domain despite previously being reluctant to write in Welsh in the Education Domain. This was also relevant to spoken Welsh as outlined by OTS04:

Mae Cymraeg fi 'di gwella achos o'r blaen, o'n i ddim yn hyderus i siarad efo pobol yng Nghymraeg, o'n i'n teimlo bo fi dipyn yn 'Cofi Dre' fod o'n i'n siarad Wenglish, ond mae o lot gwell rwan.
OTS04(FG3,52)

My Welsh has improvedbecause before, I wasn't confident to speak to people in Welsh, I felt that I was a bit of a 'Cofi Dre' (Welsh person from Caernarfon) that I spoke Wenglish (Welsh/English combined), but it's a lot better now.
OTS04(FG3,52)

Data analysis revealed several key considerations when creating a bilingual environment such as:

- Bilingual programmes required using English published resources because there were none published in Welsh
- Variation in how people defined bilingualism resulted in different expectations for provision in education and practice
- Living in a bilingual community promoted a bilingual learning environment
- The attitude of the course director (Education Domain) or service manager (Practice Domain) was a catalyst to creating a bilingual environment

A range of issues that participants believed facilitated or acted as barriers to creating a bilingual learning environment in the Education and Practice Domains is outlined in Table 4.5.

Table 4.5 – Facilitators and Barriers to Creating a Bilingual Environment in University and Placement from the Student

Perspective

FACILITATORS TO CREATING A BILINGUAL LEARNING ENVIRONMENT:	BARRIERS TO CREATING A BILINGUAL LEARNING ENVIRONMENT:
<ul style="list-style-type: none"> • Actively encouraging staff and students to use all levels of spoken and written Welsh • Providing choices of engagement in Welsh or English from the start (for example bilingual correspondence and interviews, Welsh-speaking tutor for Welsh speakers) • Facilitating peer support amongst Welsh speaking students • Providing bilingual resources to facilitate choice • Acknowledging and utilising previous experiences of bilingualism • Developing strategies to encourage Welsh speakers to use both languages in the Education and Practice Domains • Embedding and highlighting legislation and policy that promotes linguistic rights • Facilitating opportunities to observe the impact of offering a language choice to SUs on placement to all students 	<ul style="list-style-type: none"> • Lack of confidence amongst Welsh speakers and Welsh learners to use Welsh • Lack of resources to facilitate language choice • Ignorance of the policies and legislation that facilitate bilingualism • Students and staff who are not LCAPs not having the same values as LCAPs • Lack of interest in language and culturally appropriate practice amongst students who do not intend to work in Wales once qualified • Lack of understanding of the transferability of language and culturally appropriate practice to other areas of the UK and international contexts • Lack of understanding of the implication of language and culturally appropriate practice due to the multicultural context of the Practice Domain

<ul style="list-style-type: none"> • Providing clear definitions of bilingual practice • Developing opportunities to understand the importance of language <u>and</u> culture for SUs (such as EBL case studies) • Encouraging non-Welsh speaking staff to promote language and culturally appropriate practice • Ensuring availability of Welsh speaking staff • Facilitating a top down attitude to promoting bilingualism • Encouraging use of Welsh professional terminology in the University and on placements • Ensuring Welsh is visible in the physical environment • Creating opportunities for Welsh speakers and Welsh learners to engage in Welsh with each other at the start of the programme 	<ul style="list-style-type: none"> • Staff and student peers not understanding or accommodating individual preferences for language choices and linguistic engagement • Non-Welsh speaking staff not promoting language and culturally appropriate practice
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When considering what creates a bilingual learning environment in the second focus group, participants identified elements that promoted the bilingual culture:

*Dwi meddwl hefyd jest y ffaith bod ti'n cael bob peth, pan wnaethon ni gychwyn y cwrs dwi'n cofio roeddet ti yn cael y gwaith papur yn Gymraeg, 'so' doedd o ddim fel bod o'n 'hassle' i ddweud 'o! ia ga'i gopi Cymraeg,' a bod ti yn gorfod disgwyl a bod nhw yn dweud 'oh iawn na'i fynd i 'printio' un 'off' i ti.' O'dd o mwy fatha cymrwch [be da chi isho]....
OTS01(FG2&3,49)*

*Ia, hyd yn oed efo'r 'Code of Ethics', roedd bob dim yn Gymraeg 'da chi ddim i fod i 'witchad' i rhywun ofyn am rhywbeth Cymraeg, 'da chi fod i gynnig o.
OTS02(FG2&3,50)*

*I also think just the fact that you get everything, when we started the course I remember you were getting the paperwork in Welsh, so it wasn't like it was a hassle to say 'oh can I have a Welsh copy?' and that you have to wait and that they say 'oh right, I'll go and print one off for you'. It was more like Please take [what you want].
OTS01(FG2 & 3,49)*

*Yes, even with the Code of Ethics, everything was in Welsh you're not supposed to wait for somebody to ask for something in Welsh, you have to offer it.
OTS02(FG2 & 3,50)*

4.2.1.10 Identifying That Changing Culture Within Society Influences Expectations (of Education and Practice)

Although initial theory construction primarily identified participants' understanding of what impacts upon individuals to develop as LCAPs in the Education Domain and the Practice Domain, participants also identified societal changes that impacted upon SUs understanding of their rights to receive services in their language of choice. For example, changes in legislation and policy related to language choice was identified as creating an increasing demand for statutory services to accommodate linguistic choices on a more global level. Participants believed that society was more accepting

of multiculturalism due to diversification of cultures and languages in the UK. This has led to greater understanding that Welsh-speaking SUs may prefer and have the right to expect services in their language of choice. Participants identified that more global changes of culture had resulted in promotion of language and culturally appropriate practice to be the responsibility of staff from all language abilities and not just Welsh speakers.

Theory construction was influenced by data analysis revealing language and culturally appropriate practice being driven by changes in expectations of the workforce by employers relating to accommodating the linguistic choices of SUs. Participants identified that changing expectations from SUs as well as the impact of policies and legislation also promoted the use of Welsh as a language of practice in health and social care. Participants identified learning about this from experiences of using Welsh in local Social Services settings, where all staff are required to be bilingual to be employed.

Welsh learners outlined their understanding of the impact of legislation on promoting language and culturally appropriate practice:

It's proper legislation that we've got to abide by it's not just that someone says we have to do it, it is part of the legislation.
OTS012(FG2,15)

This was also identified by Non-Welsh speakers in the third focus group at the end of the programme:

I think we're all aware as well, people have a legislative right to be able to converse in their preferred language and that we've got the power to facilitate that and I think that definitely helped especially on placement.
OTS12(FG3,21)

.... you could say things like 'oh, I'm really sorry, I don't speak Welsh, but if you prefer, I can go get someone' and just doing that was enough for some and I found [SUs] were really receptive to that
OTS11(FG3,23)

4.2.2 Non-Welsh Speakers and Less-proficient Welsh Learners

Non-Welsh speaking and less proficient learners articulated their experiences of developing as LCAPs which was utilised within initial theory construction. Although this group of participants were all non-Welsh speakers, the breadth of linguistic and cultural diversity that emerged during data gathering and analysis was unexpected, many participants explored their experiences of being bilingual from a different linguistic context to Welsh/English.

Table 4.6 - The Ten Key Areas Identified in Phase One Focussed Mapping for Participants who Were Non-Welsh Speakers and Less Proficient Learners

1	Identifying the impact of practice placement experiences on developing language and culturally appropriate practice
2	Impact of observing service user experiences of health and social care
3	Utilising their own experiences of being bilingual to understand SU perspective
4	Learning about language and culturally appropriate practice on a bilingual programme
5	Understanding the importance of Welsh as a skill for professional practice
6	Impact of observing Welsh speaking peers
7	Impact of experiencing strategies for provision of language and culturally appropriate practice
8	Implications for employment
9	Incorporating language and culturally appropriate practice within professional development as a student
10	Impact of the experience of being on a bilingual course on developing language and culturally appropriate practice

4.2.2.1 Identifying the Impact of Practice Placement Experiences on Developing Language and Culturally Appropriate Practice

Non-Welsh speaking participants explored experiences of bilingual placements which they defined as placements with bilingual SUs; they identified these providing the

opportunity to develop and demonstrate language and culturally appropriate practice. These experiences were integrated within initial theory construction as they provided a different context to that of the Welsh speakers. Participants identified that the bilingual programme provided them with opportunities to develop deep understanding of the bilingual context of Welsh speaking SUs. They were aware of the challenges of accommodating non-Welsh speaking students on placement versus the needs of Welsh speaking SUs.

I can't achieve my learning needs if I'm in an environment where I actually can't understand what's happening and then it's not fair to the clients or it's not fair to my educator if they've got an extra workload of me being unable to do something.
OTS11(FG3,17)

Participants reported that openly acknowledging SUs language and cultural contexts and preferences were a strong tool for developing rapport and a therapeutic relationship with SUs as demonstrated in a Electronic Journal entry by OTS12:

My educator, who was a Welsh speaker, would explain to the patient (a first language Welsh-speaker) that I was not a Welsh speaker and would it be ok if the assessment etc was carried out in English? Fortunately, none of the patients minded and once they established that I was [nationality] they seemed to become more comfortable with me and engaged well throughout the encounter. On other occasions I would explain to the patient that I was not a Welsh-speaker and would it be ok to carry out the conversation in English? No patient ever declined. I also offered patients the option to carry out the assessment etc. in Welsh and informed them that I could facilitate that by getting a Welsh-speaking member of staff. In the coming months I would like to learn a few basic sentences in Welsh to be able to introduce myself and explain that I am not a Welsh speaker and would it be ok to speak in English. I think it would highlight that I am culturally sensitive to people's right to speak in their first language and I am giving them the option to speak in Welsh if they so wish.
OTS12(Electronic Journal 20/7/13)

Positive attitudes by educators and the MDT towards language and culture inspired participants to want to continue to develop as LCAPs once qualified. Participants

expressed positive attitudes towards the rights of members of the MDT to speak Welsh when a non-Welsh speaker was present, which they related back to their experiential learning experiences with Welsh-speaking peers in the Education Domain.

*if I went in in the morning and said 'Bore Da' [good morning] they, I just felt that I was included a little bit more.... and I felt that I was being sensitive to their language and they'd probably greet me back in [her 1st language] and so it was about building that relationship and understanding each other
OTS12(FG3,92)*

Despite initial anxieties about language abilities prior to starting placements, participants identified increasing confidence and being more motivated to become LCAPs when receiving positive responses from SUs when using any Welsh they knew; all felt that using Welsh with SUs and the MDT had been positive learning experiences. Interacting with Welsh-speaking SUs on placement was identified as having the most impact on their development as LCAPs in the Practice Domain, this was utilised within theory construction to develop the notion of the importance of seeing the perspective of the SU. Welsh learners also used humour about their efforts to speak Welsh and identified this having a positive impact on developing rapport with SUs.

4.2.2.2 Impact of Observing Service User Experiences of Health and Social Care

Non-Welsh speaking participants identified observing SUs in the Practice Domain giving them a deep level of awareness of the linguistic and cultural needs of bilingual SUs which contributed to shaping their development as LCAPs. They observed SUs struggling to communicate and recognised that some SUs compromised when agreeing to see a non-Welsh speaker. They stated that SUs they had encountered on placement had no alternative but to accept services in English because there was no

viable alternative where there were no Welsh-speaking OTs. However, they had also seen first-hand the positive emotional impact on SUs of having their language and cultural contexts acknowledged and met if there was a Welsh speaker available which was a significant motivator for them to develop as LCAPs. Within theory construction, gaining insight into what promoted learning about the importance of language and culturally appropriate practice for non-Welsh speakers was useful.

*I just went 'o dwi'n trio dysgu siarad Cymraeg' [oh, I'm trying to learn to speak Welsh] and, their faces really lit up and even if it's things like really basic things; even if you can't do a full conversation, just for them to know that you're at least trying and you understand, you know their first language is Welsh and perhaps not English, just to have that recognition, especially when someone is in a vulnerable state a little effort does go a long way
OTS08(FG1,09)*

Participants outlined witnessing poor practice in relation to language and culturally appropriate practice in the Practice Domain. For example, first-hand experiences of settings that did not acknowledge SUs language and cultural contexts or linguistic preferences. Non-Welsh speaking participants identified many factors impacting on SUs requesting language and culturally appropriate services such as the geographical location of the service (impacting on availability of bilingual staff) or poor past experiences of accommodation of language requests in health and social care.

OTS12 outlined her development as a LCAP through having no option but to use her Welsh as a Welsh learner on her elective placement as she understood the benefit to the SUs:

I was at a special needs school and I was actually quite shocked, I didn't expect it to be as Welsh as it was.... I'd say 80% of the children's first language is Welsh and a lot of the children have got communication difficulties as well so in terms of being client centred in your practice there, if you try talking to them in English a lot of them wouldn't respond, at first I was a bit apprehensive but

*I got to the third day and thought I just need to have a go.... I'd say especially with children it made me really aware of communicating in their first language.
OTS12(FG2&3,20)*

4.2.2.3 Utilising Their Own Experiences of Being Bilingual to Understand Service User Perspectives

Although these participants were non-Welsh speakers some were bilinguals with other languages, they believed this provided them with insight into SU perspectives in the Practice Domain through their application of their own experiences of being bilingual students in the Education Domain. Being bilingual (not Welsh/English) resulted in them having a deep level of empathy and awareness of the impact of language and culturally appropriate practice for SUs. Bilingual participants used their own biographical experiences of language and culture in the Education Domain to broach the subject of bilingualism and speaking in their 2nd language with SU in the Practice Domain.

*For me personally because English is not my first language anyway, I sort of had to adjust at that cultural thing so coming to Wales hasn't been too difficult - it's further adjustment..... going on placement there are service users who prefer to speak in Welsh I knew you know that was going to be a barrier anyway, English is a barrier, Welsh will be a barrier obviously.
OTS10(FG1, 12)*

She expanded on her experience of studying in her second language later in the same focus group and was able to use her own experiences to show her understanding of the perspective of a SU on placement:

Sometimes trying to explain something in English means I have to translate; it's so, so much effort and by the end of the day, after Uni, I'm so tired, It's mentally draining because everything you say you have to translate it and say it. So I understand for Welsh speakers, for Service Users, it's the same there was one man who preferred to speak in Welsh. And you could see when he was speaking in English he was much slower, he was translating everything and then at the end he said he would much rather speak in Welsh, and I understood that because it's so, so draining, I understand you know what

that means to him, less of an effort, you know he can be himself then and if he gets a Welsh speaking OT, even better because he can express his needs to the fullest extentor he would not say as much as he needs to say because of the effort involved.
OTS10(FG2,42)

Participants reflected that discussing bilingualism with SUs was effective in highlighting that they were LCAPs.

4.2.2.4 Learning About Language and Culturally Appropriate Practice on a Bilingual Programme

Non-Welsh speaking participants outlined the impact of the bilingual programme on their learning about bilingualism and their development as LCAPs in the Education and Practice Domains. Participants identified having little understanding of bilingualism within OT practice prior to starting the programme and had difficulty pinpointing how they learned about language and culturally appropriate practice which was a challenge for the researcher within theory construction. All articulated a deep level of understanding of the complexities of language and culturally appropriate practice by the end of the programme. Although all identified Welsh speaking student peers and SUs influencing them to become LCAPs, there was variation in the other factors that impacted on their development e.g. watching programmes about Wales on the television promoted understanding of Welsh culture for some. OTS11 stated that her peers had impacted positively upon her learning:

The Welsh students on this course, if they're talking Welsh when we're on placement I've shared cars with a couple of students who are Welsh speakers and we would chat about stuff Doing that OT week, where we had to use translation service; that was really good.
OTS11(FG3,41)

She expanded upon this a little later:

*You feel more confident at asking, whereas before you wouldn't want to highlight, I think, growing up, you're always taught that you don't highlight people's differences but people should celebrate them more
OTS11(FG3,51)*

Participants identified that integrating learning about language and culturally appropriate practice within the curriculum reduced the potential for them to feel daunted in the Practice Domain; they expressed a preference for experiential learning about language and culturally appropriate practice over formal teaching. In the Practice Domain, participants reported that learning about language and culturally appropriate practice was dependant on MDT attitudes but that there was a significant impact of experiential learning on placement which fostered a deep level of learning.

Participants identified bilingual programme content such as EBL case studies and consideration of bilingualism in taught sessions raised their awareness of the importance of being LCAPs. They believed that EBL case studies mirrored experiences of Welsh speaking SUs they encountered on placement and promoted deep understanding of language and culturally appropriate practice amongst non-Welsh speakers and Welsh learners promoted debate about language and culture amongst the student group. Reflecting on specific examples of how to encourage the development of language and culturally appropriate practice such as these was a key element of theory construction.

This extract from a focus group where participants discussed a fabricated case study of a Welsh speaking hill farmer where their Welsh Speaking student peers role played

the SU in the case conference demonstrates the impact of experiential learning for non-Welsh speaking students:

We knew they [SU and family] were Welsh speakers and I think having that in the triggers ... is another way of making you think about Welsh language and being sensitive to language
OTS08(FG1,80)

..... we're more aware and try to bring that in ... as much as we could. Whereas if the Welsh language and learning bilingually wasn't a core component of the course, maybe we wouldn't have done that. just making sure that everything is linked to that culture isn't it really, and being really client centred that way with Welsh language
OTS09(FG1,81)

Participants identified both languages having equal status in the bilingual programme and believed this provided an added dimension to their learning that they had not anticipated (despite being aware that the programme was bilingual prior to starting).

If I'd gone somewhere else I wouldn't have picked up anything, it just makes it more interesting in a way, I've learnt things about the area and the language that I didn't really think about when I applied for the course, because that wasn't my focus. But it's added to me as I've developed.
OTS07(FG2&3,28)

Participants categorised the bilingual delivery as an unanticipated bonus to their professional development at the end of the programme. However, they did feel strongly that it was the quality of the OT service that should be paramount as outlined by OTS12:

Yes it [bilingual delivery] is a bonus, but then as an OT that's just the one thing that's going to make you an exceptional OT. You can have so many different other skills which might make you stand out from that Welsh speaking OT I think, it's hugely valued I think by quite a few Welsh speakers but I think there's many other aspects of your practice which can make that difference of being a mediocre OT to a really good OT. some service users, it might not bother them if you talk to them in English, but with some it might, so it's very individual and how they respond if you speak Welsh or if you don't speak Welsh.
OTS12(FG2&3,111)

Participants believed that the bilingual delivery also fostered greater respect for Welsh culture, partly due to exposure during University and placement learning. They also identified that learning Welsh enabled them to feel more a part of Welsh culture which they could use in the Practice Domain with SUs:

[bilingual delivery of the course] made me respect the Welsh culture, you can't ignore it with the English culture you tend to take it for granted. When you're here, because so much Welsh is being spoken you're more aware of it and in a way it makes you respect it because it's there in your face and you can appreciate it and you can appreciate people trying to preserve their culture.

OTS10(FG1,20)

At my elective to actually do a bit of Welsh in practice and for me that's increased my confidence a lot from doing this [being a participant in the research], it's made me kind of realise you don't have to be the best Welsh speaker ever, you don't have to be first language Welsh to work up here or anything like that, if you've got that awareness and at least you could try a few sentences or just say 'helo (hello), how are you?' it's made me think it's better than nothing isn't it, and for some people that makes some sort of a difference.

OTS12(FG1,135)

Participants identified that it had been a positive experience to have lecturing staff who were learning Welsh as role models who practiced speaking Welsh with them as they then felt they could practice speaking Welsh on placements.

Knowledge of language and culturally appropriate practice resulted in participants having a deeper understanding of the impact of not learning Welsh when working in Wales. For example, they identified the potential for negative emotional impacts such as feeling isolated and excluded when not understanding people who are speaking Welsh around them in the Education and Practice Domains. However, they also believed that members of the MDT who chose not to learn Welsh should accept responsibility for their choices, particularly if the team were Welsh speakers.

4.2.2.5 Understanding the Importance of Welsh as a Skill for Professional Practice

Participants believed that it was important that non-Welsh speakers and members of the MDT in the Practice Domain know when to ask for help from Welsh speakers rather than expecting SUs to accommodate their lack of linguistic skills.

Participants had a deep understanding of the needs of bilingual SUs at the end of the programme as outlined by OTS07:

It can depend on how skilled the service user is in their second language, sometimes there's not direct translations what they might be trying to say in Welsh they just can't find the words that mean the same in English. ... it's not giving the fullest picture that they might want to give if they were able to do it in Welsh.

OTS07(FG2&3,121)

4.2.2.6 Impact of Observing Welsh Speaking Peers

There was a consensus amongst participants that it can be uncomfortable to discuss language and culture because they are emotive subjects, but that this had not been the case for them on a bilingual programme. Within initial theory construction, participants returned on several occasions to the concept of Welsh-speaking peers having a significant impact on their growth and development as LCAPs within the Education and Practice Domains. Non-Welsh speakers reported being comfortable expressing feelings of exclusion or discomfort when peers were speaking in Welsh because they had positive relationships; this was different to experiences outside the bilingual programme where they would not necessarily be honest about their feelings.

I do respect that they should communicate in their first language together but as long as someone's not being left out with the conversation or feeling that they're worried about what they're saying, I think it should be up to the individual to say look I'm not comfortable with you speaking Welsh 'cause you know I feel a bit left out
OTS12(FG1,38)

There was a sense that this was possible because they understood that often, Welsh speakers were accommodating their linguistic needs by speaking English most of the time. They believed there was a culture of open and honest communication about language and culture amongst the student cohort which was helpful to their development as LCAPs.

They believed that the bilingual programme fostered a positive attitude towards Welsh culture and they particularly appreciated the desire of Welsh speaking peers to preserve Welsh culture and language.

They incorporate the Welsh for example, when we do our work there's always a section on things like language and last trigger we did a section on language cause we thought that's really important
OTS11(FG1,15)

4.2.2.7 Impact of Experiencing Strategies for Provision of Language and Culturally Appropriate Practice

Participants described their first-hand observations of strategies to promote language and culturally appropriate practice. For example, translation of written materials on placement promoting a bilingual culture within the Practice Domain. OTS12 outlined strategies that facilitated language choice for a Welsh speaking child SU and family during a case planning meeting where only the participant and one other professional were not Welsh Speakers:

The person who was leading the meeting went around to everyone and said 'are you a Welsh speaker or are you English,' and I said 'oh I'm learning' and she said, because the child was Welsh the first priority was doing it in Welsh, she said 'most of it will be done in Welsh but by all means if you want to stop and ask a question or about what we're doing that is no problem at all, so we had [the intervention plan] in Welsh and on the other side it was in English The professional who was English was perfectly happy to say 'oh can you slow down, in a setting where the predominant language is Welsh, that's something you've got to be aware of when you take up a job and you've got to be open to it.

OTS12(FG2&3,35)

Participants identified observing the principles of AO being implemented through the provision of language and culturally appropriate practice on placement and as a result intended to use the principles as part of their practice in the future. Their experiences on the bilingual programme such as seeing others using translation services meant that they had a range of strategies they could use to provide language and culturally appropriate practice to SUs once qualified.

Even though it didn't directly effect us you'd often say 'oh you've got the opportunity to do it in Welsh'for the, second year's elective presentation, when they had that translator, I thought that was fantastic actually;... and I think especially if that is your first language and you are more comfortable for presentations especially, I imagine would put people at ease, having that option to speak in Welsh.

OTS08(FG1,18)

It's very import to make sure that we offer the client and service users to speak in Welsh first if that's their first language, you know I couldn't do it but I could facilitate someone else to come in and carry out assessments and whatever in Welsh, we just need to make sure people have the option.

OTS12(FG1,13)

Exploring the impact of using a range of strategies that promoted language and culturally appropriate practice with non-Welsh speaking participants was invaluable within theory construction. Participants believed that timing of introduction of resources that promote language and culturally appropriate practice is key to success. They

identified that more resources or learning about promoting language and culturally appropriate practice particularly prior to their first placement would have impacted positively on their learning experiences in the Practice Domain.

4.2.2.8 Implications for Employment

Initial theory building revealed that participants believed that they had become LCAPs because experiences in the Education and Practice Domains developed their knowledge and awareness of accommodating SUs linguistic and cultural needs. All were intending to utilise the skills and knowledge of language and culturally appropriate practice once they had qualified and believed that they had a professional responsibility to do so. All agreed that being LCAPs enhanced their prospects of gaining employment and they appeared much more aware of this than the Welsh speaking participants.

They explored the challenges of employing OT staff who were not Welsh speakers versus employing Welsh speakers who could practice bilingually – they did not appear aware that some Welsh speakers may choose not to practice OT in Welsh. They believed that it was the personal responsibility of all practitioners to promote language and culturally appropriate practice when taking up posts in bilingual areas or at least to adapt to the linguistic context in the Practice Domain.

4.2.2.9 Incorporating Language and Culturally Appropriate Practice Within Professional Development as a Student

Participants identified anxiety about not being Welsh speakers which stemmed from their understanding of the linguistic needs of bilingual SUs in the Education Domain. Being on the bilingual programme highlighted that as non-Welsh speakers, they could not meet the linguistic need of SU's themselves. Bilingual non-Welsh speakers used their experiences of their own languages and cultures to develop empathy with SUs as outlined by OTS11:

It's made me understand that if I say I had to work with a service user that wasn't first language English or struggled with English, it's made me a lot more aware of how I'd approach the situation I understand how difficult and how isolating it can be when people around you are speaking in Welsh and you don't understand what everyone is saying - it's definitely affected how I'd work with someone in that situation.
OTS011(FG1,17)

Participant OTS12 had previously worked in healthcare in another area of Wales and was able to identify the impact of the bilingual programme on her development as a LCAP:

I can see a big change in myself as well, when I worked in [location in Wales], I wasn't aware of it or you know, I was sensitive to a point, but you know being up here and getting to meet people and being on the course as well, it's definitely changed the way I look at it and the way I'm going to be more aware and sensitive to it in the future.
OTS12(FG3,37)

4.2.2.10 Impact of the Experience of Being on a Bilingual Course on Developing Language and Culturally Appropriate Practice

The 'Initial Theory' was shaped by the researcher understanding how a bilingual learning environment impacts positively on students' development as LCAPs.

Participants from all language abilities identified potential to use this skill beyond Wales once qualified. Non-Welsh speaking participants identified the diverse multicultural mix within the peer group promoting greater understanding of cultural diversity in the Education Domain.

Participants identified how language and culture was integrated in a subtle way, but they were aware of it as shown in this focus group extract:

Quite often as we are reflecting back 'oh yes, we did do this, we did look at language and culture and things.'
OTS012(FG2&3,71)

But I think the case studies have also been very varied in terms of the cultural backgrounds of the case studies.... to be aware of it.
OTS09(FG2&3,72)

I think that is the thing with problem-based learning is that it's only when you reflect back and look at it that you think, 'oh yes.'
INTERVIEWER(FG2&3,73)

That was quite cleverly done. I think at the time you're just ploughing through everything, when you do look back that's when the curriculum does make sense!
OTS012(FG2&3,74)

The drip-feed exposure to bilingual resources was identified as being a more comfortable and effective way to learn about language and culturally appropriate practice rather than specific teaching sessions with participants preferring it to be embedded within the curriculum as outlined by OTS12 in the second focus group:

Because language and culture is ... subtly integrated into our triggers, so we do ... learn about it without actually knowing that we're learning about it and then the Welsh speaking girls on the course, they share a lot of their stories about their history and culture as well.
OTS12(FG2,54)

4.3 Phase Two Data Analysis

Four clinicians were interviewed for the purpose of initial theory construction to inform and develop latter stages of Phase One data gathering. Phase Two data analysis was used for construction of the '*Initial Theory*' and to understand how practitioners develop as LCAPs within the Education Domain and the Practice Domain. Data analysis of Phase Two transcripts revealed seven main areas that participants focussed upon during interviews which are outlined in Table 4.7. The results from Phase Two are structured using the seven areas identified during data analysis and where overlap was evident; repetition has been avoided by only outlining concepts once.

Phase Two participants believed that being LCAPs impacted positively upon the quality of OT services they provided in the Practice Domain. They indicated that SUs appeared to engage better with services in their first language or when the OT has demonstrated language and culturally appropriate practice because of positive impact on the development of the therapeutic relationship and improved communication within assessment and intervention.

While participants primarily focussed on language as their area of concern, cultural contexts of working with SUs were considered by all. Because participants primarily referred to language when referring to language and culturally appropriate practice, specific questions were asked to highlight culture within interviews. For Phase Two participants, the Practice Domain was dominant, but the Education Domain was also explored through their experiences of being practice educators and teaching on the bilingual pre-registration programme.

Table 4.7 - The Seven Key Areas Identified in Phase Two Focussed Mapping for Occupational Therapy Practitioners

1	Becoming a language and culturally appropriate practitioner
2	Experiences of being a Welsh learner as an OT practitioner in a bilingual working environment
3	Motivation to learn Welsh as a practitioner
4	Initial experiences of working in a bilingual work environment
5	Working with non-Language and culturally sensitive colleagues
6	Understanding the impact of culture on practice
7	Experience of having language and culturally appropriate students on placement as an Educator

4.3.1 Becoming a Language and Culturally Appropriate Practitioner

Initial theory building revealed numerous biographical factors impacted upon the study participants becoming LCAPs which varied from childhood experiences, pre-registration education to experiences as qualified OT's. All study participants outlined their development and described it being a slow process whereby understanding and engagement in language and culturally appropriate practice developed as their ability to speak Welsh and understand the cultural context of Wales deepened.

Like Phase One participants, they recognised the importance of using whatever level of Welsh they had in the Practice Domain. However, there was acknowledgement that some aspects of using Welsh was more challenging to them such as using the

telephone or writing in Welsh. This amalgamation of data analysis from Phase One and Two during theory construction enabled the researcher to build a deep understanding of the patterns or trends regarding how practitioners develop as LCAPs or not.

Participants stated that after becoming LCAPs they had a better understanding of the complexities of accommodating SUs language preferences; for example, SUs may not prefer written materials in Welsh despite requesting a Welsh speaking practitioner. OTP01 had worked with children with Learning Disabilities early in her career and described her motivation to become a LCAP *“I think it was more frustrating from a career perspective that I didn’t see how I could offer the service that I was trained to offer.”* OTP01(29)

Experiences of becoming LCAPs prompted participants to have strong feelings of injustice if SUs had to engage with services in their second language. They agreed with Phase One participants that not considering language choice when carrying out assessments could impact negatively on the accuracy of assessments. OTP01 believed that the finer points of assessment and intervention was easier to achieve when the SUs preferred language was used, particularly when expressing emotional responses to a physical disability:

I mean how can you not acknowledge that this is a problem there are probably some aspects of the job - absolutely fine, you could do it in a second language, you could work out if somebody has pain or whatever, but because we’re looking at more the emotional side and psychological impact of disability, then that’s at a different level, that, demands different communication skills and that’s where you sort of loose the ability to carry on and be as holistic.
OTP01(33)

Participants identified other benefits of becoming LCAPs in the Practice Domain were positive emotional impacts of belonging and connection with SUs and colleagues which included positive emotional responses when succeeding to develop rapport with SUs in Welsh. This occurred even if they only managed initial, more social conversations and then conducted the remainder of their assessments in English. Feedback gained from SUs was a significant factor to motivate them to continue to develop as LCAPs illustrated by OTP03:

People appreciated the fact that I tried to speak Welsh and that even though I would have to lapse into English that at least ... 'where do you live' and 'who do you belong to' as in 'perthyn' [belonging] and you get into that conversation and people would certainly feel more at ease with you.
OTP03(46)

Participants outlined the need to develop strategies to facilitate language and culturally appropriate services when they could not speak Welsh themselves. For example, acknowledging that they were unable to provide a service in the language of choice or knowing when to ask for support from Welsh speaking colleagues was important. Participants found asking SUs if they minded them switching between Welsh and English during assessments when they were less proficient had been a useful strategy. As LCAPs, participants were comfortable when SUs preferred to see Welsh speakers because they understood why that would be the case and were open to the challenges of working in a bilingual work environment.

When considering what facilitates the development of language and culturally appropriate practice, participants outlined a range of factors that impact such as whether the employer facilitates a bilingual or English-only working environment or whether their line manager was supportive of them developing the skills and

knowledge they needed. Support for learning Welsh and using Welsh in the workplace was a major factor in them becoming LCAPs which brought challenges:

*It needs a time commitment from clinicians and with clinicians being spread so thinly; that acknowledgement needs to be coming from higher up valuing you cornering a piece of your time to look at the language and the culture and it needs to be valued because otherwise it's going to be the bit that gets pushed out.
OTP01(73)*

Participants outlined their experiences of raising language and culturally appropriate practice at job interviews, the consensus being that this had changed over time, with employers being much more aware recently of the importance of language and culturally appropriate practice compared to earlier experiences where it was not mentioned despite services being in the most bilingual areas of Wales.

Legislation and government or organisational policies were acknowledged to have an impact on them becoming LCAPS as well as changing attitudes within society resulting in different expectations by SUs for provision of language and culturally appropriate services.

Participants who were service managers outlined their experiences of developing and promoting language and culturally appropriate practice and believed themselves to be able to impact positively on service improvements. For example, their depth of understanding of bilingualism ensured that they promoted policies such as AO for SUs; participant OTP03 outlined her belief about how this has changed over time:

About 10-15 years ago, it felt like it was lip-service; and now, it just feels like there is a more genuine push for people to understand how important language and culture is there's been lots of emails saying Welsh Awareness, encouraging people who are already Welsh speaking to actually

use their Welsh. There seems to be a definite recognition of the importance of everyone understanding the importance of language and culture when they're dealing with the public; but also, with their colleagues as well.
OTP03(26)

Participants perspectives as service managers was useful to consider within theory construction in terms of exploring what was feasible to achieve from a managerial perspective. For example, OTP3 actively implemented strategies that ensured that SUs are provided with a service in their language of choice. This included non-acceptance of behaviour where use of Welsh in the workplace is not welcomed by colleagues “*If people complain about other people speaking Welsh in the office, I'll just say 'oh well, you know, you'll have to learn it then won't you'?*” OTP03(40).

4.3.2 Experiences of Being a Welsh Learner as an OT Practitioner in a Bilingual Working Environment

All participants described the benefits of learning Welsh as part of becoming a LCAP with OTP04 outlining that despite it being challenging, learning Welsh was beneficial because of the positive impact to SUs:

Because I was prepared to use my knowledge of Welsh with the patients and I did get to that happy point where I wasn't bothered when I made mistakes in the language because I started off with, 'I have learnt as an adult, and I'm not always going to get it right,' and I knew that they [SUs] appreciated the effort.
OTP04(62)

Exploration of negative and positive aspects of being LCAPs was important within theory construction to understand why some practitioners become LCAPs while others do not. Participants outlined their experiences of learning Welsh and discussed the facilitators and barriers that had impacted upon achieving their goal of learning and using Welsh in the Practice Domain, which are now outlined in more detail.

Facilitators:

Being a Welsh learner was identified as being positive due to the potential to use Welsh with SUs and all recognised the benefits of learning Welsh within client centred practice.

Language is just a huge barrier, you can want to be as client centred as you like, but if you can't speak to somebody in their own language, it's very, very difficult, and you need to find ways around it, but I don't think you can be fully client centred if you can't communicate in someone's first language.
OTP01(23)

OTP04 outlined the pleasure she felt when she was recognised for learning and using Welsh at work which she described as “*both challenged and pleased me greatly because it's quite nice to be classed as being good at something*”. OTP04(56). Participants stated that the main impact of being a Welsh learner was developing better rapport with SUs which enabled them to carry out more accurate assessments because of stronger therapeutic relationships. All participants gave examples of their experiences of using Welsh at work such as OTP04:

I've been able to offer people the choice and say 'I have learned Welsh' in adult classes And generally Welsh speaking patients were absolutely delighted that I had learned and occasionally they would completely put me to the test and refused to speak to me in English.
OTP04(56)

They spoke about their awareness that colleagues needed to have patience and a willingness to support them to learn Welsh and to develop confidence to use it. Other factors which facilitated learning and using Welsh at work were supportive service managers, Welsh tutors and a specific Welsh in the Workplace course which facilitated a deeper understanding of the importance of language and culturally appropriate practice in health and social care. Developing a deep understanding of the impact of

accommodating SUs linguistic preferences in the Practice Domain enabled participants to understand that merely getting by on the assumption that everyone speaks English was not enough. Engaging the help of SUs to practice using Welsh led to better therapeutic relationships that had a more equal footing because the SUs were actively engaged in helping the therapist, *“It almost feels like it’s more of a partnership because they’re trying to help me as well as me trying to help them”*.

OTP01(39)

Barriers:

Learning Welsh posed numerous difficulties for participants, however developing confidence to use Welsh at work appeared equally challenging. Understanding the barriers for practitioners of all language levels to use Welsh was a key element of initial theory construction. For example, participants mentioned the importance of carrying on despite making mistakes, or that if colleagues make a fuss if they used the wrong words, participants would feel intimidated and were more reluctant to use Welsh at work. This perception of being judged by others and a reluctance to share their experiences of being LCAPs was a barrier to promoting the benefits of learning and using Welsh at work.

Participants referred to needing support in learning and/or using Welsh at work, particularly with elements that they found more challenging such as writing or using the telephone. They acknowledged the financial implications when Welsh speaking colleagues needed to accompany them on a home visit.

I needed lots of joint working with Welsh speaking colleagues, I was dependant on them when I was carrying out assessments I would never be 100% sure I was getting things across and this was even probably in that particular field

[learning disability] *Because it was very difficult to assess people's communication skills and their level of understanding and for me to be trying to do that in their second language just seemed very unjust.*
OTP01(27)

Participants shared Phase One participants' experiences that being identified as a Welsh speaker resulted in increased workload and for these participants increased stress. Conversely, they were uncomfortable when relying on colleagues to translate or having to ask SUs to speak in their second language because the practitioner did not speak Welsh.

Managers' expectations that bilingual staff would be willing or able to translate written materials such as patient information sheets was felt by participants to demonstrate lack of awareness of the challenges of translation as a skill in its own right and that learning Welsh did not equip clinicians to be translators. OTP02 outlined her concerns about translating as a Welsh learner "*My fears would be mis-translating it's a schoolboy error that people think just 'cause you speak a language .. therefore makes you think you can translate it*". OTP02(42)

4.3.3 Motivation to Learn Welsh as a Practitioner

When describing the motivation to learn Welsh, participants believed there was a combination of personal and professional factors that impacted upon the decision-making processes and that it varies from person to person, there was no one factor that motivated all participants. Like Phase One participants, a recurring theme was the accuracy of assessments when carried out in the SUs preferred language, for example:

It was seeing how much more the Welsh speaking staff could get out of the Welsh patients by communicating with them in their own language. the more Welsh I learned and especially when I actually started using it, the more obvious this became to the point.... where it sometimes can be a bit risky if you don't speak the patient's language because so often they will lie to you if they.... are worried about getting the English wrong.

OTP02(28)

This participant then gave an example of a patient not being honest with a non-Welsh speaking Doctor about her medication because she was worried about using correct English to explain her medication doses, but then told the OT specifically which medication she was taking as she felt confident to be honest because the OT was a Welsh speaker.

Motivating factors for participants to learn Welsh included the belief that SUs would think better of them for making the effort to learn and use Welsh and would be less likely to think of them as outsiders.

Working in a bilingual environment was a motivator for learning Welsh with written materials promoting the existence and relevance of Welsh in the Practice and Education Domains. Participants stated that their experiences of working with Welsh speaking colleagues and students promoted a deep level of understanding that bilingual practitioners could carry out assessments quicker and more accurately when assessing in Welsh because of improved communication with SUs. Participants believed they had a greater chance of becoming LCAPs when their employer supported them to learn and use Welsh in the workplace however, learning Welsh was seen by some managers as the gold standard of service delivery and therefore not always essential or supported. They acknowledged the constraints to learning Welsh

such as long-term funding commitments for Welsh courses and releasing staff for study leave as well as the challenges of backfill for clinical work.

There were differences between employer attitudes to creating bilingual working environments which was useful in constructing the '*Initial Theory*':

Local Authorities put a lot more emphasis on having an ability to speak Welsh, and I think it was my move from health to social services that gave me the opportunity and promoted learning Welsh not just in allowing the time but also in using the language.
OTP01(13)

Being Welsh learners motivated participants to continue to develop as LCAPs and demonstrate respect for the language and culture of SUs and Welsh-speaking colleagues.

Participants believed that Welsh learners developed better insight into the need to deliver language and culturally appropriate practice as they had a more comprehensive understanding of its importance to SUs. They identified their heightened awareness when linguistic and cultural needs were not met that they may not have previously noticed. For example, participants developed an awareness of factors such as SU reluctance to request being seen by Welsh speakers or fear of being perceived as a nuisance if they did so.

Participants stated that several factors impacted upon their awareness of the importance of Welsh as a language for practice which included being aware that if practitioners did not learn and use Welsh, colleagues would change the language spoken in the office to English. OTP04 outlined her experiences of working with

bilinguals who chose not to speak Welsh compared to another workplace where they did:

Everybody spoke to each other in English, so because that was the language culture of our department if you like, it wasn't until I moved to XX, that I really became aware of the importance of language I was then working with Welsh speaking colleagues, who would speak to each other in Welsh. I had that background kind of noise if you like, that other language is up there and you're hearing it, you then become more aware of it when you come across it in other places, and it stood out to me because I didn't understand it, because I didn't speak Welsh at the time.
OTP04(38)

There was a combination of professional and personal reasons given for participants to learn Welsh, they cited experiences outside of work such as having bilingual family or children learning Welsh at school as contributing to their motivation to learn. Attitudes towards language and culture appeared to be deep rooted in childhood experiences and participants reflected upon that when describing their first posts, for example:

.... at school, being Welsh was a reason for people to take the mick, whereas being black wasn't, being Welsh was an OK target, a socially acceptable target for prejudice. Which I mean as a child I didn't realise that what it was and as I was part Welsh I didn't get involved in taking the mick out of anybody that was Welsh because I was myself if you come to Wales, you've got that prejudice, it's so much engrained from very young generally, there's 'well their culture doesn't matter.'
OTP04(70)

Observing family and friends' experiences of bilingualism led to a deeper understanding that motivated them to want to learn Welsh and utilise that learning within practice. Some participants were influenced by childhood experiences such as being brought up in a multicultural or bilingual environment, or their previous University programmes which had shaped their beliefs about Welsh language and culture which

motivated them to learn Welsh as outlined by OTP04 “*so it’s all evolved through time I suppose*” OTP04(38).

Recognition such as winning awards for being a Welsh learner motivated learning because the local community and colleagues demonstrated that they appreciated efforts to fit in and belong. Although participants came from a range of different geographical areas and linguistic backgrounds, all applied their understanding of previous experiences to the context of Wales and understanding differences between practitioners who develop language and culturally appropriate practice and those who did not.

4.3.4 Initial Experiences of Working in a Bilingual Work Environment

Phase Two participants explored the perspective of practitioners who had not been on a bilingual programme which was useful for theory construction as it provided an alternative viewpoint of developing as LCAPs during pre-registration education. Exploration of the multicultural context, linked to client centred practice, was the primary focus rather than consideration of any one specific language or culture (apart from one participant who had not trained in the UK where emphasis was placed on understanding the cultural context of the indigenous population in her country). Pre-registration experiences drove their desire to practice in a client centred and holistic way which motivated participants to become LCAPs.

OTP01 explored the link between her pre-registration education and initial experiences of coming to work in Wales. She realised that appreciating language and culture from

the perspective of being client centred and holistic alone had not equipped her with strategies for addressing it in her first post as an Occupational Therapist:

It probably stems back to the OT training and wanting to be client centred and client led and wanting to be holistic and then, acknowledging that I can't do this, I can't actually carry out the role that I was trained to do the way I want to carry it out because I'm struggling with the language and I'm in another country and I haven't even thought about that. I found terribly frustrating; especially as a Basic Grade and even more so as I became a senior therapist, because you set these high ideals of what a competent therapist you want to be and I just found that I couldn't do it.

OTP01(29)

Early experiences of being interviewed for clinical posts and the scarce consideration given by service managers to language and culture was evident within participants' experiences:

Not even in the interview was there any indication that you know, you'll be working with people whose first language isn't English - which came as a bit of a shock!

OTP01(11)

Lack of knowledge and being ill-prepared for working in a bilingual environment was an issue for all participants with many of them being shocked to work in an environment where not only SUs but also colleagues' first language was not English
"I felt, wow I'm .. I am in a place where English is most definitely not the first language!"

OTP02(06).

Participants who trained outside the UK had made assumptions that it would be the same as experiences in their country of origin and had not anticipated that the bilingual context of the indigenous or official minority language in Wales would be different to what they had previously encountered. Another participant, who had been brought up in North Wales, still found it challenging to be exposed to a bilingual Practice Domain

due to her lack of contact with bilinguals previously. All participants described feeling daunted about the prospect of working in a bilingual area initially. Two of the participants had placement experiences in North Wales that had been positive experiences which had helped them to feel more prepared for working in a bilingual area.

When considering what facilitated confidence to use Welsh as a learner during initial experiences of working as an OT, participants were clear that strategies to improve language and culturally appropriate practice developed and emerged over time, this concept of the impact of time was utilised within theory construction from a very early stage. When reflecting upon early experiences of language and culturally appropriate practice, OTCP04 was embarrassed by her response to a situation early in her career where a SU had expressed a preference for a Welsh speaking OT:

Now, having the benefit of being 15 years older, I think that I didn't offer her the service that I should've done, in my defence, we were never really sat down and said 'look if anybody does prefer Welsh then that's what you have to do.' We were like XX is the only Welsh speaking OT and if she's around then she'll come and do the intervention with the patient if they really need to. that's the kind of scenario in my head that fitted, that's when you get in a Welsh speaking OT. So now, looking back at it, that's a bit ignorant really, but that's where I was at that point.

OTP04(36)

Participants recognised the negative impact of service managers who did not encourage learning or using Welsh in the Practice Domain. Consideration of language and culture was not embedded in any information prior to starting new posts nor was it raised during job interviews, apart for one participant who raised the issue herself during the interview as she wanted to learn Welsh. Only one participant mentioned that a service manager outlined that being a Welsh speaker was advantageous.

4.3.5 Working with Non-Language and Culturally Sensitive Colleagues

Within early theory construction, it was important for the researcher to understand why some clinicians do not develop into LCAPs as well as understanding why and how others do. Phase Two participants revealed a range of factors that impact on clinician's attitudes and beliefs and considering colleagues who are not LCAPs provided an interesting insight into the barriers and facilitators for the development of language and culturally appropriate practice. For example, the belief that everyone can speak English and because there is a language in common practitioners do not need to learn Welsh. OTP02 explored the difference between herself and non-LCAPs:

I think there's a big belief that's very hard to shift that 'oh well you can get by in English – what's the point in going to the effort' it probably wasn't until I actually started speaking and using it that I really, really saw, no actually, you can't just get away with it; but getting to that point took a couple of years of lessons, night classes in my own time, an exam or two. I think you have to have a lot of initial motivation which other people may not necessarily have; either because they don't want to, they don't see the need, or they might have other commitments.

OTP02(51)

Although participants universally acknowledged the benefit to SUs of engaging with language and culturally appropriate services, this was in terms of experience and engagement with the therapist rather than on the quality of the OT service available. Participants expressed concerns that some colleagues with little understanding of language and culturally appropriate practice might perceive those who learn and use Welsh at work to think themselves as 'superior' to colleagues who have not learned Welsh. Participants were keen to make sure that they did not give the impression of considering themselves better OTs than non-Welsh speaking colleagues:

Not that I was in anyway necessarily a better OT than any of my colleagues and in reality probably far from it, but I was able to establish a one to one personal relationship with that person, maybe better, which would then lead to a better therapeutic relationship.

OTP04(64)

However, in contrast, participants were able to think of specific case examples of where not using the SUs first language resulted in poor or incorrect assessment for SUs.

Participants believed that not being LCAPs showed a lack of respect, for example not learning how to pronounce place names was seen by one participant as disrespectful to SUs. Lack of understanding of accommodating SUs linguistic needs and preferences appeared to be further compounded if practitioners do not intend to live in Wales in the long term, so the perception outlined by OTP04 is that learning Welsh is perceived by some as a wasted effort:

I don't know anybody who would consciously acknowledge it, but there is a certain amount of 'well they should speak English,' and 'well they all speak English anyway so that's what we should do and English is the international language and so why should I learn a language that's only going to be useful in Wales.' I think if people aren't looking to settle permanently in this area, there would be a 'oh well what's the point because I'm not going to be here for long.'

OTP04(68)

Another barrier in the Practice Domain was the emotional response by non LCAPs of being uncomfortable around Welsh speakers that was linked to belief systems developed from past experiences. Participants were aware of colleagues who were uncomfortable with not being able to provide a language and culturally appropriate service, for example OTP01 considering experiences of working with children:

They [practice educators] will acknowledge, you know that it's not that easy to just establish rapport,maybe they're not comfortable because the family are speaking Welsh to each other, the mother is just translating what the therapist has said, that it all becomes quite uncomfortable but... I'm not saying that there's an obvious lesser service, but I don't think it's as sensitive a service provision as it could be.

OTP01(37)

Considering why some colleagues do not understand the concept of language and culturally appropriate practice was challenging for OTP03:

You're trying to empathise with people and walk in their shoes, you can't do that if you're not recognising things that are really important to them; like their language and their culture and the way they live It seems to me maybe that is quite strange that people don't get it it's almost like a blind spot you know?

OTP03(48)

The causes of being a non-LCAPs appeared to be multi-faceted and varied from practitioner to practitioner. Participants stated that some non-LCAPs are unwilling to use Welsh at work due to barriers such as lack of confidence or fear of looking foolish in front of colleagues and SUs. This also applied to colleagues who learned Welsh but were too inhibited to speak the language as illustrated by OTP04:

I had a colleague of mine had learnt, I knew that her ability was every bit as good as mine, it's just that she lacked the confidence and would rather look as though she was not prepared to make the effort, rather than to make the effort and potentially feel a bit of a wally for getting it wrong.

OTP04(62)

4.3.6 Understanding the Impact of Culture on Practice

The impact of culture appeared to be harder to comprehend than language as it is perhaps less obvious or evident to practitioners in the Practice Domain. When considering experiences of becoming LCAPs within initial theory construction, participants explored knowing immediately that they do not understand a language,

but realising that they did not understand the culture of bilingual SUs took longer. Participants identified the importance of immersing themselves in the cultural traditions of Wales to understand and use that knowledge with SUs for the purpose of developing rapport as illustrated by OTP01:

*The more you become aware of cultural traditions, you're able to acknowledge their participation instead of what religion are you? Tick the box, it's more important than that and there's probably this person has a role within that, whether it was doing Sunday School you think more widely when you're more culturally aware, when you're carrying out your assessment and you're engaging with the person you are thinking more broadly, about their possibilities within this cultural society and then even things that you can pick up that you've seen, a chair in their lounge and you can comment on when they won the Eisteddfod Chair in 1940 or something, but it all helps the the relationship between the service provider and the SU.
OTP01(39)*

Developing a cultural connection with SUs seemed to result in deeper emotional connections. Participants identified culture being subtler than language and therefore could be easier to ignore within practice and that it takes time to understand fully. For example, the difference between tourists' understanding of the culture of Wales compared to the deeper level of understanding that is required as a health and social care practitioners. All participants provided examples of how demonstrating awareness of culture had a positive impact on their practice, which was important to consider within theory construction as language is very obvious and culture less so within the process of becoming LCAPs.

Understanding SUs culture enabled participants to feel a sense of cultural belonging which they integrated into assessment in the Practice Domain such as OTP04:

I very quickly became aware of that cultural thing of belonging and any home visit that I did in the area, to anybody who had grown up in the XX area, for at least the first 20 minutes I would be there would be in establishing did they

know anyone that I was related to, before you've even think about establishing any kind of therapeutic relationship.
OTP04(62)

4.3.7 Experiences of Having Language and Culturally Appropriate Students on Placement as an Educator

Participants believed that students who learn on a bilingual programme empathised and understood SUs perspectives based on a shared experience of bilingualism, for example OTP04 – *“It’s a good lesson in empathy isn’t it, you can really understand from that person’s point of view, if you’ve experienced something similar yourself”* OTP04(104).

Participant OTP02 explored how student experiences mirror SU experiences and concurred with Welsh-speaking participants in Phase One that students tend to perform better if they engaged in learning in their preferred language in a similar way to SUs engaging better with health and social care in their preferred language - *[students] “can probably get by fine in English, our patients can get by fine in English, [but] they would do better in their first language”* OTP02(65).

Participants believed that OT education should prepare students to practice in a bilingual working environment, and that there is a distinct difference between students who have not received pre-registration education on a bilingual programme and those who had. For example, OTP01 reflected on experiences of being a placement educator:

I think the students we've had recently from X University [where the research took place - omitted for confidentiality] have been more sensitive really, even if they had no Welsh at all, they're still more sensitive to the issues around culture and language
OTP01(57)

This was developed later in the interview:

The experience that we're giving the students in that setting, it acknowledges everything that College is teaching in terms of cultural respect and, recognition of language across the board, whether that's the English-speaking student or non-Welsh speaking student or Welsh learner, they've been more open to learning Welsh than other students from other Colleges
OTP01(63)

Based on their experiences as placement educators of taking students from a variety of pre-registration programmes, participants stated that students from the bilingual programme appear more likely to be language and culturally appropriate on practice placement and are subsequently more aware of the importance of it to bilingual SUs and their families. These students appeared more aware of the cultural identity of SUs and in particular, the non-Welsh speaking students are much more aware of the needs of bilingual SU than non-Welsh speaking student from a non-bilingual course as outlined by OTP04:

Students from [University name omitted for confidentiality] do have that awareness of the more subtle aspects of culture and how...which I think now the modern Welsh culture is a lot more subtly different, than it would've been many years ago.
OTP04(74)

Participants believed that students from a bilingual programme are more confident to use Welsh in the Practice Domain and believed that a bilingual programme fostered the development of LCAPs. They further identified that the bilingual programme fostered an environment of normality around bilingual provision and therefore students

believed it to be the norm for them. OTP01 postulated that this could be because students from a bilingual programme are constantly questioning their ability to provide language and culturally appropriate practice.

All participants identified the positive impact of having students from a bilingual programme on placement with them with the most important factor being the positive impact for SUs because students understood the finer points of accommodating language and culture and promoted language and culturally appropriate practice within the department.

As LCAPs, these participants provide bilingual and Welsh learning students with opportunities to practice OT in Welsh with SUs despite some not being Welsh speakers themselves. OTP01 was particularly strong in promoting this in her practice:

When I have Welsh speaking students and I always make sure that before we go on a visit, explain that if the SU is Welsh speaking, then please feel free to carry on in Welsh. I've often been in that situation.... being so grateful to have a Welsh speaking student there, because I know that the person has focussed on them rather than me, because they're in full flow kind of and they have somebody who's culturally the same, and it, it just seems a more natural flow.

OTP01(59)

Participants all identified the importance of providing opportunities for students and none were concerned if the student worked in Welsh, even if participants did not fully understand what was being said. They facilitated students to see Welsh as a language of OT practice and all felt comfortable to prioritise the needs of SU and students before their own linguistic needs. Providing students with opportunities to experience bilingual placements enhanced learning beyond the Education Domain and deepened students' understanding and knowledge of language and culturally appropriate practice.

I think Welsh speakers have flourished within our setting because it's given them lots of opportunity to practice what they're comfortable with, approaching their profession through their own first language with clients who speak their first language as well.
OTP01(53)

Phase One and Two participants concurred that students performed better when they were given the opportunity to practice OT in Welsh. Participants believed this may have been because students demonstrated language and culturally appropriate practice that was perhaps not valued elsewhere if educators are not LCAPs themselves. Participants identified that bilingual students needed to practice OT in Welsh AND English, however non-Welsh speaking students could pass bilingual placements despite not speaking Welsh or demonstrating language and culturally appropriate practice which could be considered as unfair and this double standard may account for why some chose not to utilise Welsh language skills on placement. Interestingly, Phase Two participants described bilingual students being concerned about practicing OT well in English while non-Welsh speaking students are not correspondingly concerned about their inability to practice in Welsh in the Practice Domain. This was utilised within theory construction to develop an understanding of the barriers and inhibitors for developing LCAPs.

Participants identified students from other Universities taking longer to feel comfortable in a bilingual Practice Domain and were unaware of the therapeutic value of language and culture within OT compared to students from a bilingual course who understood these principles already at the beginning of placements. For example, OTP01 reflected on differences between students from the bilingual course and others – *“Maybe other students from other areas they may acknowledge that the language*

can be an issue, but not in the same way as the students that we've had [from the bilingual course].” OTP01(53).

Participants believed that students could fill linguistic gaps in services for example, if a Welsh speaking SU expressed a preference to see a Welsh speaking OT, a bilingual student could fill this gap, but participants admitted to feeling envious of the students' language abilities. Participants identified that a bilingual placements promotes students to develop as LCAPs.

4.4 Developing Initial Theory

The researcher was immersed in the data from the process of transcription and coding as well as writing theoretical memos; reflection on data coding and diagramming which resulted in the development of the '*Initial Theory*'. This moved the researcher on from data analysis to more conceptual work that facilitated consideration of the study as a whole through diagramming, developing theoretical memos and reflecting in the researcher's field notes reflective diary. The '*Initial Theory*' was grounded in Phase One and Two data analysis through using the initial and focussed codes from transcripts which were clustered using the messy mapping activity and further refined through focussed mapping tables.

The '*Initial Theory*' was the foundation for developing the Triggers that provide an explanation of how practitioners develop their skills, knowledge and behaviour relating to becoming LCAPs or not and this formed the foundation for understanding what enables students and practitioners to develop into LCAPs within different domains.

Mapping activity from Phase One and Two provided an insight into exposure to critical junctures that promoted change that lead to the OT students developing as LCAPs. (The critical junctures developed conceptually into facilitators and inhibitors following reflection by the researcher).

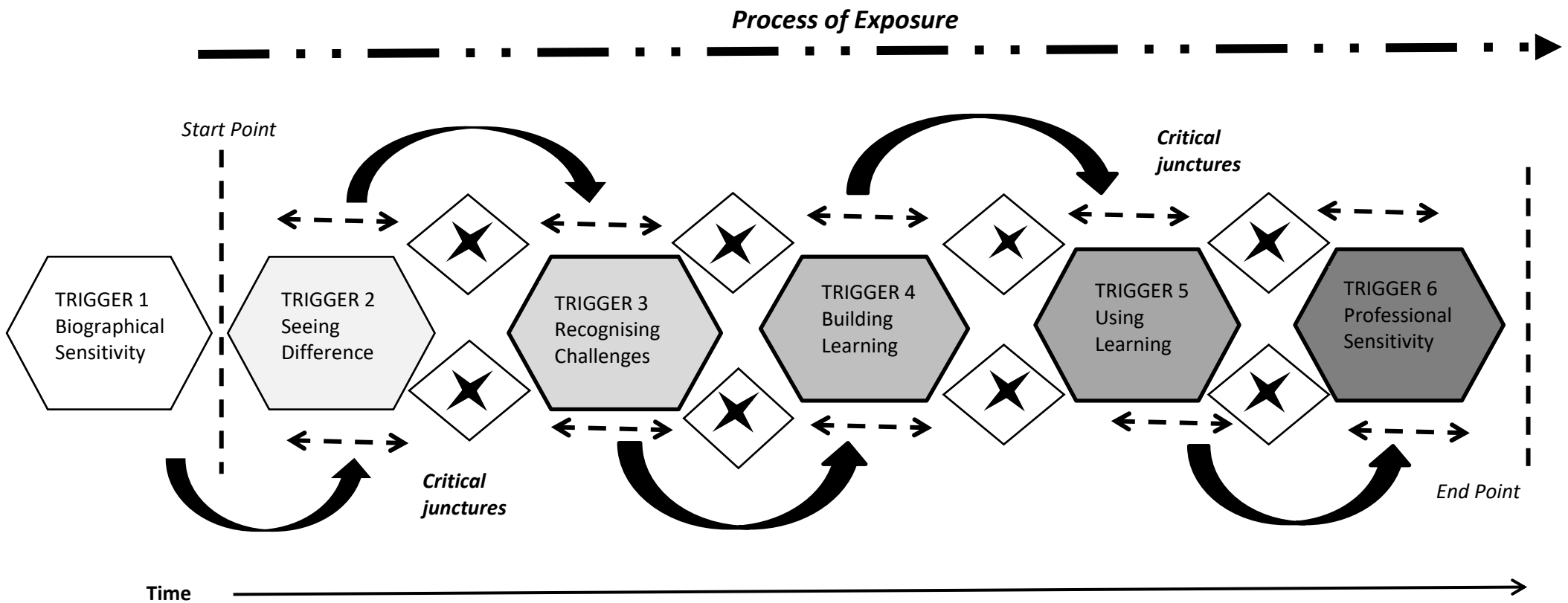


Figure 4.1 - Initial Theory - Developing LCAP in a Bilingual Occupational Therapy Programme

The focus of theory development following Phase One and Two was to understand the impact of a bilingual education programme on the development of LCAPs in OT as a case example. The initial components of the theory included:

Six Triggers that impact upon the development LCAPs

Six Triggers emerged from data analysis and coding as prompts that had influenced the knowledge and behaviour of participants in their development of knowledge, skills and understanding of language and culturally appropriate practice within OT education and practice. Participants considered the Education Domain of the bilingual OT course and the Practice Domain from the perspective of practice placements. Participants identified a range of triggers that had impacted upon them. Some of these were previously unknown to the researcher such as their personal experiences prior to starting the bilingual programme or of previous work with SUs.

Process Exposure to Critical Junctures – in addition to the triggers, data analysis revealed that there were specific instances where the Triggers identified were activated by students being exposed to situations at University and practice placements (Education and Practice Domains). This was developed from the researcher reflecting upon why some triggers can have a significant impact on some while it does not appear to do so on other individuals. The critical junctures appeared to be critical to participants developing their understanding and skills in relation to language and culturally appropriate practice.

Linear timeline - students developing as LCAPs with a start point at the beginning of the OT programme and an end point when they qualify as an OT.

4.5 Chapter Four Summary

Chapter Four has provided an overview of data analysis from Phase One and Phase Two participants and the development of the *Initial Theory* that resulted from initial theory construction. This chapter provided the foundation for outlining further theory development and construction that occurred with Phase Three participants which is outlined in Chapter Five.

CHAPTER FIVE

THEORY DEVELOPMENT

5.1. Introduction to Chapter Five

Chapter Five outlines data analysis and further theory development from Phase Three which resulted in the construction of the '*Adapted Theory*'. This incorporated widening the Practice Domain beyond practice placements to include practice within health and social care for post-registration practitioners. Following the initial theory construction, it became evident that two additional domains needed to be considered within theory construction namely the Legislation and Policy Domain and the Research Domain. This was because reflecting further on the '*Initial Theory*' revealed the importance of these two additional domains and consideration of the Practice Domain in its entirety being necessary when considering how practitioners do or do not develop as LCAPs beyond pre-registration perspectives.

Phase Three data analysis included the perspective of health and social care practitioners more widely across multidisciplinary and international contexts beyond Wales. Incorporating the perspective of lecturers and researchers from Wales and Canada who all had professional interests in language and culturally appropriate practice and were from more diverse professional backgrounds (such as Nursing, Dietetics, Social Work and Social Policy Research) facilitated further theory development and new directions within theory construction. The inclusion of these different perspectives fostered a deeper understanding of barriers and facilitators that impact upon practitioners' development as LCAPs across all four domains as well as the context of service development to accommodate the needs of official minority

language SUs. Initial Theoretical Sampling was carried out with Phase Three participants as the researcher discussed the concepts of the Initial Theory as part of the interviews.

Consideration of another official minority language (French and English in Canada) fostered further applicability of the theory on a wider international platform. Canada was selected because of similarities to Wales with official linguistic status for French as an official minority language. Visiting Canada for data gathering had a significant impact on the researcher's understanding of the wider implications of developing language and culturally appropriate practice for official minority language populations and challenged perceptions of bilingualism from a Wales only perspective which was included within construction of the '*Adapted Theory*'. For example, facilitating understanding of broader, and at times conflicting attitudes and opinions towards bilingualism, such as the use of the term 'bilingual' versus 'minority language'.

Because the '*Adapted Theory*' goes beyond the context of Wales the term 'bilinguals' and 'monolinguals' will be used for in place of 'Welsh speakers' and 'Non-Welsh' speakers to provide applicability beyond Wales and a more international context to theory construction (unless specifically referring to Welsh or French speakers). Phase Three participants provided perspectives of contexts beyond Wales and Canada as several participants were involved in collaborative research with other official minority languages across the world.

Phase Three data analysis revealed many similarities of experiences and beliefs within Wales and Canada about what facilitates or inhibits the development of language and

culturally appropriate practice within the Practice Domain and the Education Domain which are not repeated in this chapter. However new perspectives which had not previously been included within theory construction are highlighted through initial theoretical sampling. For example, it became apparent that the impact of Triggers was not a linear sequential process over a specific timeline.

5.2 Phase Three Data Analysis

Phase Three data analysis impacted upon further theory construction by incorporating the Legislation and Practice Domain and Research Domain more formally within theory development. All four domains were now envisaged as being impacted upon and be impacted by language and culturally appropriate practice. The concept of domains impacting upon each other was developed further during Phase Three data analysis which is why the two additional domains were included more explicitly within theory construction. For example, research into language and culturally appropriate practice in the Research Domain can impact positively on the teaching of language and culturally appropriate practice in the Education Domain because students will learn about evidence-based practice from research.

Developing the '*Adapted Theory*' revealed that there are six distinct Triggers that appeared critical for practitioners to develop as LCAPs within the four domains. Another core concept within theory construction was that practitioners follow complex and individual routes to becoming LCAPs or not because each of the six Triggers can be impacted upon together or separately by a specific set of Barriers and/or

Facilitators. Understanding the action of the Barriers and Facilitators on the Triggers provided an understanding of how practitioners develop as LCAPs or not.

The structure for presentation of the Phase Three data analysis in Section 5.2 is taken from the headings for Phase Three focussed mapping table and details from data analysis were subsequently used for the development and construction of the ‘Adapted Theory’ detailed in 5.3.

Table 5.1 The Four Key Areas Identified in Phase Three Focussed Mapping

1	Biographical journeys to become LCAPs
2	Facilitating development of LCAPs across the four domains
3	Inhibiting development of LCAPs across the four domains
4	Impact of implementing principles of Active Offer (AO) on the development of individuals as LCAPs
5	Defining Language and Culturally Appropriate Practice

5.2.1 Biographical Journeys to Become LCAPs

Biographical Sensitivity was identified during Phase One and Two data analysis as being a key trigger to developing language and culturally appropriate practice and therefore Phase Three participants were asked to summarise their individual journeys in becoming LCAPs at the beginning of their interview to explore the influence and impact of biographical experiences. For example, upbringing, family life, education and working experiences all had a significant impact on shaping participants’ attitudes and beliefs about language and culturally appropriate practice. This shaped further theory

construction in developing the *'Adapted Theory'* (outlined at the end of this chapter) as it provided an insight into the impact of personal, educational and professional experiences on shaping practitioners' attitudes, beliefs and behaviours related to their development as LCAPs.

Through exploring their biographical experiences, participants identified a sense of responsibility and of obligation to become LCAPs that was rooted in influences of family members (primarily parents and official minority language friends). They linked their development to using both languages throughout their lifespan with roots being firmly anchored in childhood and subsequent life experiences of belonging to an official minority language group as outlined by CC01:

Mae rhywun jyst yn ddatblygu dros y blynyddoedd Profiadau bywyd yn sicr profiadau bywyd o safbwynt magwraeth – pob math o bethau fel 'na sydd yn dylanwadu dwi'n meddwl, ar dy wybodaeth di ond ar dy ymwybyddiaeth di ar dy agweddau di hefyd.
CC01(05)

You just develop over the years. Life experiences for sure, life experiences from the viewpoint of your upbringing, all kinds of things like that have an influence I think, on your knowledge, on your awareness and on your attitudes too.
CC01(05)

CC02 linked her attitudes towards becoming a LCAP to experiences of seeing her father's experiences of communicating in English:

It has a lot to do with me watching my dad continue to struggleI was told about these things and then matched them up with my personal experience. OK, I speak English much better than my dad does and then seeing how it affects him. my growing up situation makes a huge difference on how I see things.
CC02(106)

CC03 was able to give a different perspective as her first language was French but she had been brought up outside Canada where French had not been an official minority language during her upbringing. She identified being more willing to work in English than her Francophone colleagues as she experienced speaking English in the Education Domain being helpful within her work, which revealed a different attitude to other Francophone participants. This was a timely reminder within theory building that variation of individual biographical contexts needed to be accommodated within theory construction.

First of all coming to Canada I said 'OK you are in an English, mostly English speaking country so forget French, you have to adapt and speak English'. So where ever I go I don't say I'm Francophone I always say - adjust to the majority.... So I'm not afraid to put my French aside because I didn't feel that my language and my culture was disappearing, whereas in a minority context, it's different.

CC03(12)

CC09 was also bilingual but not from Canada originally and identified not having the same objection to being called bilingual as Francophone colleagues, however used her knowledge of Francophone history to explain bilingualism to Anglophones:

My Francophone colleagues and friends their history of oppression and everything under the British regime is still very deeply anchored and it still carries over from the transmission from generation to generation. But I was raised bilingual..... I really know about the Francophone culture, in Quebec, I know about the Francophone culture outside of Quebec, I know about the Anglophone.... I will explain things to Anglophones about Quebec history and they say 'oh we didn't know that, we never heard about that,' I said 'well you're being influenced by the media and your history books what people say, but this is what they've gone through'

CC09(21)

This was significant for theory building because beliefs and attitudes relating to historical events were powerful emotional drivers rooted in biographical sensitivity that shaped participants' development as LCAPs. For example, participants described a

strong sense of comfort when communicating in their first language during everyday life. Understanding that participants' personal experiences enabled them to appreciate the challenges that SU's might have when needing to ask for services in their preferred language despite having a legal right to do so was useful within theory development. This was because it reinforced the importance of understanding individual routes to becoming LCAPs and provided a potential explanation as to why some practitioners become LCAPs while others do not despite similar pre-registration experiences in the Education Domain.

Participants identified age as being a determining factor in having the confidence to use the official minority language within work contexts, with older people not having accessed education in an official minority language compared to the younger population who may be more confident due to accessing education in their own language. Practitioners' age was also identified in having an impact on their attitude towards linguistic rights in Canada in particular – participants identified that older practitioners and researchers would have experienced struggling more to achieve linguistic rights whereas younger practitioners took their rights for granted.

Developing insight from reflections on personal experiences of receiving language and culturally appropriate practice as SU's in the Practice Domain was a strong influence on participants' attitudes which shaped becoming LCAPs as illustrated by CC09 - *When I was a patient, it was an English hospital, but the staff were French, oh just to switch to French and that comfort, oh emotionally for me the French is more comforting CC09(49).*

Witnessing family members not receiving language and culturally appropriate practice and the resulting detrimental impact on accurate communication and the therapeutic relationship left participants with a deep feeling of frustration that motivated consideration of language and culture within their work and influencing others to become LCAPs. This provided further insight within theory development into what motivates individuals within their own experiences to promote language and culturally appropriate practice as part of their role in the Education Domain and the Practice Domain. Because these participants had a research or social policy development role, it enabled additional theory construction across the Research Domain and Legislation and Policy Domain for constructing new aspects of the '*Adapted Theory*'.

Other elements relating to participant's biographical experiences were built in to the '*Adapted Theory*' construction. For example, participants acknowledged taking a pragmatic approach in accepting that sometimes there is no linguistic choice because of restrictions of availability of an official minority language workforce. This was used within constructing the Professional Sensitivity Trigger in relation to drivers of workforce configuration at a service commissioning level. CC03 outlines her experience of accepting services in English:

There is a shortage of family doctors here, So typical case you are "lucky" to land a physician, and the physician speaks English only, so what do you do? Do you say 'no thank you I'm going to wait another 10 years for a French one, or you take the English one?
CC03(36)

Participants described the impact of feeling isolated as official minority language practitioners and described the impact of recognising challenges of being alone in promoting language and culturally appropriate practice or being the only one who

came from an official minority language who considered it to be important in a workplace. They believed isolation had the potential to facilitate motivation for practitioners to take action, but also recognised that for others, it was an inhibitor which resulted in suppressing bilingualism.

Participants described being disappointed when colleagues did not share their passion for language and culturally appropriate practice which spurred them to seek networking opportunities with similar minded colleagues. This helped participants build and apply knowledge of developing as LCAPs which impacted on the development of the Building Learning and Applying Learning Triggers within theory construction.

*Oherwydd mae'n debyg bo fi ddim yn gweld y ffordd ymlaen llawer iawn yn yr ysgol [nyrsio] a bo fi mor unig, be nes i wneud ar y pryd oedd sefydlu'r gymdeithas nyrsio, oedd na bobol eraill fel fi ar draws Cymru, mi wnaethon ni gynnal rhyw 2 gynhadledd ag oedd o'n wych oherwydd roedd yna fwrlwm yna, ag oedd na bobol fel FI yn credu yn yr un pethau; ceisio symud pethau ymlaen. Strategaethau.
CC01(03)*

*Because I couldn't see the way forward in the school [of nursing] and because I was so lonely. What I did was establish a nursing society... There were other people like me across Wales.... we held two conferences, and it was excellent because there was excitement, and there were people like ME believing in the same things, and trying to move things forwards.
Strategies.
CC01(03)*

The impact of working with supportive or unsupportive line managers was identified as impacting upon promotion of language and culturally appropriate practice which contributed to the construction of the Professional Sensitivity Trigger. The concept of barriers and facilitators to practitioners developing as LCAPs was developed from these insights with the emergence of the existence of a complex route to practitioners

developing as LCAPs which needs to be considered on an individual and multifaceted basis within the health and social care workforce.

5.2.2 Facilitating Development of Language and Culturally Appropriate

Practitioners Across the Four Domains

Exploration of how Phase Three participants and their colleagues became LCAPs was useful for further theory development and construction as it provided a deeper understanding and specific examples that informed the development of concepts such as the Triggers, Barriers and Facilitators as well as the importance of Time as a Temporal Factor for practitioners to develop as LCAPs or not. Their experiences provided new perspectives from an international and interdisciplinary context and this will now be explored separately for each of the four domains separately:

5.2.2.1 Facilitating Development in the Education Domain

Participants believed that lecturers who were language and culturally appropriate themselves were motivated to include strategies to facilitate students and colleagues becoming LCAPs within pre-registration professional programmes. Observing students becoming LCAPs inspired participants to embed language and culturally appropriate practice within curricula despite potential barriers in the workplaces because they could see the difference it made to student's practice which informed the development of the Seeing Difference Trigger.

Participants outlined the importance of positive learning environments for students of all language abilities in the University to facilitate students to develop as LCAPs. The learning environment and linguistic mix of student groups was recognised as a barrier or facilitator to practitioners developing as LCAPs. For example, CC02 identified her experience of working with an English only group on an Anglophone programme resulting in limited opportunities for students to learn about and develop language and culturally appropriate practice:

The more multicultural, the more different people are within a group,the group was very homogeneous – so they couldn't grab examples from their own lives very much – of differences and when they were working in groups a lot of them had similar ideas already so there was nobody contesting anything.
CC02(21)

Participants strongly believed that students from all language categories should learn about and develop language and culturally appropriate practice in University and practice placements. However, CC05 outlined strategies for promoting development of LCAPs on a non-bilingual, English only programme where bilingual students were offered additional sessions to develop knowledge and skills about bilingual practice:

They do recruit bilingual students and they offer them a little bit of training on the side, it's 30 hours per year, but at least it's a sort of recognition that, OK this is something extra that you have to offer, and here's how we can support you with maybe the terminology or how to conduct a patient interview in French, otherwise you won't be able to do it. There is a bit of a recognition within a program that's totally in English that you're able to provide services in both official languages
CC05(47)

Other aspects that facilitated students' development of LCAPs in the Education Domain included the skill mix and cultural diversity of teaching staff. Participants emphasised that not all staff needed to be bilingual as non official minority language staff could facilitate an enabling environment for students to become LCAPs. This was

because it was not the sole responsibility of official minority language lecturers to foster language and culturally appropriate practice but that all staff in the Education Domain should embed opportunities for students to develop as LCAPs.

Participants believed that students should have multiple opportunities over a long period of time to develop as LCAPs within University and placement learning as described by CC01. “*Ryw syniad o edrych ar y broses, a meddwl mai nid jyst un cyfle i hyfforddi ydi o ond mae angen rhyw drip-feed*” [an idea of looking at the process, and considering that it’s not just one chance to learn it, but some sort of a drip-feed is needed] CC01(19). The structure and delivery of the curriculum in facilitating knowledge and understanding of how to become LCAPs was key in providing opportunities for students to experience for themselves the impact of receiving an education in their language of choice or witnessing the impact on official minority language peers of receiving linguistic choices within the Education Domain.

Participants believed that reflections on personal experiences were drivers for students developing as LCAPs with placements significantly impacting on the development as LCAPs:

The biggest impact is when they go and do a placement ... with REAL people you know? And then they can REALLY see what’s going on and what were the challenges and how did the therapist get around it or help the person the best they could.
CC02(102)

CC02 identified a personal barrier to her developing and using French as a language for practice as a student was her belief that her French was not of a good enough standard, but once she had experience in the Practice Domain, she realised that the

language used does not have to be of the best standard particularly to work in areas where SUs may feel inhibited by more formal French.

I remember doing a placement with homeless people, my French adapted. I remember that my supervisor, she [spoke] upper-class French and it was the first time that I felt validated with my own French because I could speak that down in the trenches French!
CC02(134)

She subsequently used this learning about developing her practice to facilitate students to learn about becoming LCAPs in the Education Domain as a lecturer. Other participants concurred and identified the importance of integrating the message into the curriculum that all standards of proficiency of using the official minority language is acceptable to prevent lack of confidence or negative emotions or attitudes towards linguistic ability being a barrier to developing as LCAPs.

CC06 picked up on the impact of different standards of language being required in different contexts and outlined her strategy for dealing with using jargon that may be intimidating to less confident students or colleagues:

I have to struggle with my students all the time because they will say that, well their French is not good ... and if I ever use a jargonistic word, I always give the definition of it. I will never use words as a form of power you know? if it's a concept that I need to use, I will explain it right away and so there is a lot of linguistic insecurity.
CC06(23)

Participants identified the positive impact on the whole cohort of students discussing their experiences of using their language and culturally appropriate practice with official minority language SUs in the Education Domain, particularly for non official minority language students. In Canada, due to shortage of placements, students were required to undertake some placements in English despite being on an official minority

language only programme; however, participants considered this to be positive because it prepared students for working in bilingual working environments once qualified.

5.2.2.2 Facilitating Development in the Practice Domain

Understanding why SUs may not receive or ask for language and culturally appropriate practice was important for theory development and construction on a level beyond the Welsh context. Participants outlined their experience of SUs electing not to request services in their preferred language due to aspects such as lack of confidence in their linguistic rights or awareness of how busy staff are. When outlining her experience as a practitioner in Social Care, CC07 spoke passionately about her view that language and culturally appropriate practice is needed to communicate effectively with SUs which reinforces her work in promoting students to develop as LCAPs in her role as a lecturer:

If you are meant to listen to people who may be going through a difficult time having a language barrier has a tremendous impact on being able to intervene in a way that you feel serves the clients well because there's this assumption that Francophones are able to speak English. people who receive services have a tendency to not want to be bothersome, so they say they understand English maybe more than they feel comfortable, or they think they won't be able to get the service and because they understand a little bit, they will say 'well yes I understand', but then there's some struggles that may or may not be apparent there's a tendency to continue in the language that the client chose and to struggle through it or to make assumptions and then that becomes very dangerous.

CC07(9)

SUs also may have problems identifying who official minority language staff were despite initiatives such as lanyards identifying languages spoken (Wales) or a green line on ID badges (Canada). This reinforced the notion that SUs may perceive

accommodation of language and culture as an 'added extra'; understanding why SUs may not request services in the official minority language was significant within theory construction as it provided a focus for what changes would have most impact across the four domains.

CC01 outlined the concept of harnessing the momentum of Patient Public Involvement (PPI) in service co-design for developing opportunities to embed the development of language and culturally appropriate practice in health and social care:

I ni mae PPI wedi dod yn allweddol fan hyn achos y cwestiwn dwi'n holi o hyd ydi 'sydd ganddoch chi gynrychiolaeth gan siaradwyr Cymraeg'? Achos mae na ffordd i fewn hefyd i gael llais y defnyddwyr.... da ni 'n synhwyro fod o ddim yn dderbyniol, ag i ddefnyddiwr, mae'r teimlad yna o fod yn ddi-rym, mae o gymaint yn fwy yn dydi?

CC01(56)

For us, PPI has become key here because the question that I ask all the time, is: do you have representation from Welsh speakers? Because it's a way in to get the service user voice, we suspect that it is not acceptable, for the user there is a feeling of being dis-empowered, it's so much more isn't it?

CC01(56)

CC06 carried out research into experiences of official minority language SUs in Francophone areas which explored why achieving health and social care services in French is problematic, she explored possible reasons why asserting linguistic rights is difficult for official minority language populations:

If you are in designated areas, where there is a critical mass, it's easier to have French Language services because there is a pool of practitioners who already speak French, but even with those, the fear of asserting themselves is just amazing is enough to keep those other people of asserting themselves.

CC06(19)

Although language demographics resulted in higher numbers of bilingual staff in the main centres of official minority language populations, participants identified some practitioners' reluctance to identify themselves as bilingual resulting in under-reporting of bilingual staff numbers. CC09 outlined a strategy in the Practice Domain where both language preferences were accommodated in meetings. This is an example of how practitioners can be encouraged to develop language and culturally appropriate practice through changing the context of the use of language to conduct team business in the Practice Domain:

We have meetings and we're Francophone, Anglophone, bilingual and someone feels more comfortable talking in French,but the Anglophones because they're bilingual they fully understand but they would prefer to answer in English. For the Anglophones you have different mentalities, some Anglophones they're really uni-lingual, and say 'Oh I don't understand French' so right away we know it has to be English. Or others will say, 'oh I did have some French in school and that, but I'm shy to speak it, but I will answer in English, but I do follow French, but I don't have that confidence I don't feel comfortable.' And then sometimes I've insisted, my Anglophone colleagues were at meetings and I say 'we're speaking French today, you need some practice,' and they say 'ok.' And you appreciate that, take your time, make efforts and if you're really missing things we'll put it in English.
CC09(29)

CC07 outlined another example of a specific service where language and culturally appropriate practice was considered, and strategies put in place to ensure SUs cultural and linguistic needs were accommodated which linked to theory construction of the Professional Sensitivity Trigger where the importance of service management is key:

They have the capacity to serve people in either French or English pretty much within the whole organisation and where there are gaps, they continue to try to recruit or they allow for an alternative [profession] within the same team. So they've really formed a system and a model where ... they think of it up front. Serving people in French is not an afterthought, it's part of the make-up of the organisation.
CC07(49)

CC07 outlined a specific research project in an Anglophone hospital that took positive action for ALL staff to have the opportunity to become LCAPs within the workplace with the help of specific language officers:

*A coordinator who has created a sort of Francophone corner of the hospital, they used space that wasn't being used and they created this little salon if you want, where people can gather, and they have Francophone resources there, but the big part of the project is that she teaches them conversational French So she does one on one this particular project is more around the human contact and teaching them basic French so that they can have conversations with their patients at all levels, she modifies the programme or the sessions based on the needs of the person whose interested in learning French. If the person can't go to what would be considered the classroom or whatever, she will go [to] the desk of the person whose working and talking to them in French – so she modifies to people's needs I think because of that model of accommodation, it's created interest, people want to keep going.
CC07(49)*

Taking a person-centred approach to teaching an official minority language had enabled practitioners to develop as LCAPs. This project had changed assumptions about motivation and facilitated opportunities to learn in-service in a different way:

*We talk about Anglophones who may not understand and sometimes Francophones can have the attitude of they don't care, which flips our assumptions too that maybe it does matter or that they can be interested, if the opportunity presents itself or if it's presented in the right way and I think that the biggest change might come in that dialogue of breaking down our assumptions.
CC07(53)*

The importance of managers supporting staff to become LCAPs and the presence of language advocates or champions demonstrated the impact of Facilitators on local service management which in terms of theory building enabled the development of the Professional Sensitivity Trigger. Participants identified the role of managers in promoting an environment where consideration of language and culture could flourish and the importance of them having a deep understanding of the complexities of

facilitating development of LCAPs in the workplace despite the challenges that doing so entails.

Phase Three participants were very clear about the benefits of being LCAPs as practitioners, they expanded on several points raised by Phase One and Two participants such as the importance of enabling linguistic choices for SUs. The importance of the history of official minority languages and cultures was explored, for example historical socioeconomic factors that were identified as potential barriers to provision of appropriate services for official minority populations. The impact of adapting the level of formality or correctness of language was explored with the concept of different levels of proficiency being needed in different situations being significant within theory development and further construction.

Participants identified variation in attitudes towards delivery of language and culturally appropriate services outside of Quebec with the variation in attitude of practitioners having a key impact on provision:

If you're really Anglophone and you don't care, you say 'it's English here, English.' You're going to have others that have some French, they're going to apologise if you feel uncomfortable, they say 'you can speak French I'll try with you,' and then the third group will go really out of their way and say 'oh you're more comfortable in French I'll try and find someone who can speak in French. CC09(75)

Appointing staff with the right skill mix in terms of accommodating official minority language SUs was considered by CC07:

The lack of understanding of why it's important is the key reason why it doesn't happen people who dare to push and show why it's important, and show the numbers,some Francophones don't see the importance of it because they're

bilingual and that adds to the problem. we need to get beyond judging those who don't understand and start educating those who do not understand.
CC07(27)

5.2.2.3 Facilitating Development in the Legislation and Policy Domain

Development of the Initial Theory focussed on the context of an individual route to becoming language and culturally appropriate within education and practice without consideration of the wider context such as legislation and research that set the agenda for developing skills for professional practice. Further reflection on the Initial Theory prompted consideration of the role of the Legislation and Practice Domain within promoting practitioners to become LCAPs.

Data analysis revealed the existence of legislation and policies that promote participants to become LCAPs; with Canada having particularly robust policies in some provinces to provide services in French. However, participants identified the reality of provision not matching expectations outlined in legislation and policy frameworks in both Canada and Wales, apart from small pockets of practice, leading participants to conclude that implementation of legislation and policy was not as robust as it should be. Reasons for this were primarily identified as being to do with resources, funding and lack of understanding of the context and provision of language and culturally appropriate practice. Where provision was made, it was fragile and dependant on people who were already LCAPs to develop, promote and maintain services. Despite legal entitlement, it was not always possible to provide language and culturally appropriate practice across the whole country in the current economic and staffing climate. Participants identified the reality of provision being centred on the highest official minority language populations or where there was stronger legislative

provision. These insights were valuable in developing the Professional Sensitivity Trigger and particularly in understanding the action of Barriers and Facilitators to effective implementation of legislation and policies.

The presence of LCAPs working at higher levels of research or education or service commissioning at Government level who were able to influence the inclusion of language and culturally appropriate practice within legislation and policies were considered as key to successful implementation. Participants outlined the role of the Legislation and Policy Domain as being a driver to prompt the development of LCAPs, for example managers and lecturers on pre-registration programmes understanding and promoting legislation and policies to ensure the workforce has the necessary skills to be LCAPs. This reinforces the concept of Triggers being impacted upon by Barriers and Facilitators (such as a facilitative service manager in the Practice Domain promoting learning about and implementing policies such as AO in the Building Learning and Applying Learning Triggers). CC06 outlined her experience of working at a policy development level:

In the Canadian context we have institutional frameworks, but often, we don't have what comes with it in order to make it possible big strong institutional frameworks which is not necessarily implemented, and when people implement it, it's not necessarily monitored and the tools that they use.... they're trying to do too many things at the same time, we still haven't found yet.. the appropriate way of making sure that practitioners develop Active OfferI mean the framework is there, but there's something missing so that it works as smoothly it takes a certain kind of political leadership by people from the majority like the Prime Minister or a Minister to inject some kind of dynamism within the machinery.

CC06(13)

Participants believed that the ability to deliver the aspirations of promoting LCAPs required implementation of a range of strategies across all levels of service

commissioning and delivery of health and social care. This was used within the development of the Professional Sensitivity Trigger. According to Phase Three participants, Government and other national bodies (such as professional bodies) need to take a more proactive approach to ensure that legislation and policies are implemented; which should subsequently drill down to all who are responsible for commissioning and delivering services in health and social care. For example, they believed that governments should set standards and monitor provision of language and culturally appropriate practice and act if issues are identified. Participants identified lack of understanding about legislation and policy amongst workforce commissioners and senior managers in the Education Domain and Practice Domain being a barrier to bilingualism being considered as a key skill within staff recruitment and retention. Professional body regulation was identified by participants as having the capacity to impact on practitioners to become LCAPs, with the role of the professional body being to set standards for professional practice.

Canadian participants stated that programmes are mandated (commissioned) to produce clinicians who practice in either French OR English in Canada which is different to Wales where there is no specific linguistic requirement set within commissioning in the Education Domain or Practice Domain. This was used for theory construction to develop the Professional Sensitivity Trigger.

Participants believed that involvement of SUs from an official minority language in co-production and co-design of policy and legislation in the Legislation and Practice Domain was key to the success of implementation and appropriateness of service provision. Consideration of official minority language populations at a national planning

level were identified as contributing to the development of strategies that enable practitioners to develop into LCAPs. However, tokenistic inclusion in planning resulted in official minority language populations feeling easily overwhelmed or outnumbered within the Legislation and Policy Domain.

5.2.2.4 Facilitating Development in the Research Domain

Although all participants in Phase Three were researchers, they integrated the information from the Research Domain within their consideration of the other three domains which has been outlined above as their research informed their opinions about other domains.

Participants identified gaining insights into implementation of legislation and policy in the Education Domain and Practice Domain through research. Of particular relevance to theory construction was developing understanding about why tools that are designed to facilitate the workforce to become LCAPs may not work. Participants identified that becoming a LCAP was complex and is difficult to research given the multiple and often conflicting experiences of practitioners and SUs and therefore multiple research projects needed to be developed to understand this complexity.

*What I see here there is a lot of potential you know, all the ingredients are there, it's just surprising that in reality, all that's available it doesn't come together. and they wouldn't take much to make a great recipe.
CC03(44)*

Participants who were more research active identified the role of language policy within political science approaches. Research was believed to be the key to successful implementation of legislation and policy in the Education Domain and Practice Domain

because research provided an insight into what worked and what did not. CC06 was employed as a researcher in Canada and explained her research interest as being focussed beyond the policy context to the official minority language speaker's experiences:

There are instruments to implement a language regime, language policy is one, language schemes are one, language plans are instruments and so I've been trying to develop a kind of vocabulary in political science that can help us understand the how and why of language policy choices and Active Offer is one of my interests because it is a key instrument.....with the Government complying to its obligation towards its linguistic minorities.
CC06(4)

She goes on to outline her current research:

I'm trying to move forward a research agenda which really will help me understand Canada's language regime, not just language policy but really the way federalism has informed our language regime, ...and also how it has been accepted within the population.
CC06(5)

In Canada, participants reported the existence of more support and funding opportunities for projects related to language and culture as well as recognition and kudos for researching language and culture of the official minority language. CC06 acknowledged the importance of networking in a similar way to CC01 in her quest to link in with like-minded people because she believed that focusing on linguistic provision/rights for official minority language groups to be a niche area in the Research Domain:

Language policy usually studied by socio-linguists, applied linguistics, there's a lot of political theory around it. But a political science approach has been very little, there's been very, very little study within the political science and sociology framework.
CC06(7)

5.2.3 Inhibiting the Development of Individuals as Language and Culturally

Appropriate Practitioners Across the Four Domains

Phase Three data analysis revealed several factors which was used in theory construction to shape the development of the six Triggers and develop further understanding of the impact of the Barriers on the Triggers within the context of all four domains. Similar to Phase One and Two participants, Phase Three participants identified biographical experiences as potentially impacting negatively on practitioners' development as LCAPs across all four domains. These insights were key elements in developing the Biographical Sensitivity Trigger.

Data analysis relating to barriers to practitioners becoming LCAPs and of delivering language and culturally appropriate practice within each of the four domains is outlined below alongside the relevance to theory development and further construction within the '*Adapted Theory*'. Where issues have already been explored during outlining the facilitators, they are not repeated here.

5.2.3.1 Inhibiting Development in the Education Domain

Participants identified lecturing staff who are not LCAPs impacting negatively on programme delivery and student development. For example, peers having negative attitudes or not being aware of the relevance or importance of language and culturally appropriate practice and passing negative attitudes or beliefs to students and colleagues. This was an issue if these colleagues had managerial roles and were obstructive to the development of learning that facilitated students and staff to become LCAPs. C08 outlined her concerns about a manager who was not supportive of

promoting language and culturally appropriate practice despite the University being bilingual (some details changed for confidentiality).

*Some of our [managers – title omitted for confidentiality] we have in the past were not really pro-Francophone and others were really pro-Francophone right now it's a big problem because the director we have ...she speaks only English, and so it's for us, it's a return to the past, like 25 years ago. It's not really fun at the moment for the Francophones.
CC08(13)*

She elaborated the practical difficulties this causes because the University is no longer able to provide AO for students:

*Let's say a student wants to put a complaint or put an appeal because...if the student is Francophone he is going to write his letter in French and our Director is not able to read it and is not able to meet this student. It's important. So she always needs someone with her, to do the translation if she wants to meet the student, because she does not understand.
CC08(27)*

Inappropriate role models were identified as being barriers to practitioners' developing as LCAPs across all four domains. Tackling Barriers such as lack of knowledge or will to change amongst lecturers or senior staff could have a wide impact on developing language and culturally appropriate practice for many students and practitioners. Participants identified a negative environment in the Education Domain (which included the physical and social environment) having a detrimental effect on the development of lecturing staff and students as LCAPs. The impact of issues such as the skill mix of staff and peers on students was explored during initial theory construction, however issues such as the challenges of creating bilingual materials or the lack of recognition of the additional workload from the perspective of lecturers were identified as Barriers by Phase Three participants which influenced the development of the Recognising Challenges and Professional Sensitivity Triggers.

Isolating teaching about language and culturally appropriate practice in the Education Domain rather than embedding within all elements of pre-registration programmes was identified as a barrier by participants. This is because they believed it allows non-language and culturally appropriate lecturers to avoid responsibility for considering the needs of the official minority language population. Alternatively, lack of understanding of the official minority language context within teaching and learning also resulted in the emphasis being placed on a multicultural rather than the official minority language context.

The impact of a bilingual student group meaning that whole group interactions were undertaken in the majority language was an environmental factor that was identified as a barrier to bilingual delivery. Paucity of resources for learning was problematic for participants when using an official minority language for study on professional programmes, with limited availability of materials in the official minority language being identified as a barrier to study for students and lecturers. Canadian participants identified students and staff using outdated materials rather than resources that are only available in English.

5.2.3.2 Inhibiting Development in the Practice Domain

Participants identified that SUs who ask for services in the official minority language can potentially be labelled as difficult or angry by practitioners who do not understand the perspectives of language and culturally appropriate practice. Competing practice demands other than accommodating language and culture were identified by participants as inhibiting practitioners developing as LCAPs as exemplified by OTS02 and OTS03:

Language is actually, such an important thing, but it's a small thing on the grand scheme of things. when we talking about Francophone people, they're already in the lower socio-economic status, they already have these other problems so how am I going to address that thing when it seems that the income right now is going to be the bigger barrier to this person getting anywhere It's all those other things that take the forefront.

OTS02(130)

The priority is that you are safe, for example if you are about to die so the priority is that you be treated appropriately, it's valued as a comfort aspect, I don't like to say that, but it's a secondary aspect.

CC03(42)

Participants identified that accommodating linguistic or cultural needs for official minority language SUs not being a priority for some non-LCAPs because they believe that bilingual SUs appear to manage in English, and therefore investing in becoming LCAPs themselves was unnecessary. The other attitude encountered by participants was the belief that practice that did not meet the linguistic preferences of SUs was adequate because language being identified as less important given service constraints such as funding and availability of staffing:

There are gold standards; provide good care, meaning don't let your patient die. So if nobody died you are ok. But if you don't provide culturally sensitive service, nobody cares. The thing again, you go back to the core value of the institution and if it's not there, then it's not there.

CC03(76)

This was utilised within theory development for gaining a better insight into the Professional Sensitivity Trigger that related to the core values of an institution determining the provision and development of practitioners as LCAPs.

Not taking a whole workforce approach to funding, employing or developing practitioners to become LCAPs in order to ensure that services are available in the official minority language was identified as a barrier. For example, if the organisation

did not have a robust recruitment strategy for recruiting bilinguals or staff were not encouraged to use the official minority language when they believed their ability was not of a good enough standard.

Participants identified the detrimental impact of manager who was unsupportive of accommodating language and culture in the Practice Domain for example, not providing guidance to frontline staff about the requirement to implement policies such as the AO. Managers could also obstruct staff training if they did not recognise the need to promote individuals' development as LCAPs which was caused by their own poor level of knowledge and understanding of the context of official minority language SUs.

5.2.3.3 Inhibiting Development in the Legislation and Policy Domain

Participants identified one of the main barriers in the Legislation and Practice Domain to health and social care workforce developing as LCAPs was lack of knowledge of existing legislation and policy. Although the legislation and policy drivers were identified by participants as being robust, implementation in the Education, Practice and Research Domains was felt to be patchy at best. They identified a disconnect between aspiration and delivery except in pockets of good practice, this section outlines the barriers to the effective implementation of legislation and policy in other domains.

Participants identified being disheartened to need to repeatedly remind people of the legislation and policy requirements related to accommodation of official minority

language and culture. In addition, they identified their belief that lack of formal monitoring of provision of language and culturally appropriate practice results in limited consequences if policies such as AO are not implemented in the Education or Practice Domains. Exploring the context of implementation of legislation and policy was useful to theory construction as it provided an insight into why the aspirations of legislation and policy does not appear to be achieved in practice.

They do have a law, it still isn't applied as it should be. It's not the same on paper as what it is in reality, there's a disconnect there for sure.
CC04(08)

Participants identified fatigue with legislation or policies which they believed leads practitioners to ignore their obligations. Within the context of the Legislation and Practice Domain, participants emphasised the importance of using alternative strategies to drive the development of language and culturally appropriate practice, they believed that using drivers such as patient safety would be effective in promoting practitioners to develop as LCAPs.

For the last 30-40 years there's been a fatigue of hearing about it and we're even changed our discourse in the way why we present why it's important, moving away from 'it's our right' because people got tired of hearing it and it no longer had impact any more. So we've moved towards showing at a basic level what is the impact when you don't serve people in their language, other than just use the flag of the law because people got further and Anglophones – I'll say it - they didn't want to hear it any more.
CC07(15)

Relating language and culturally appropriate practice to patient security/safety rather than language rights, was identified as creating an obligation for practitioners to conform to legislation and policy:

Matching of the message with the thing that makes them tick, so when you say it's language and security who cares about the quality because quality is never,

you know whether my client is satisfied, I do my best but if they don't like it, I got to move 'em on and then, when it becomes that the message is because of this patient SECURITY, then it becomes MY business again because I'm a professional and I'm responsible for my practice. OT's who've been practicing for a long time, they've been around the block, they've managed so far, right? That's where this might.. might jingle jangle them a little bit!
CC02(121)

Participants identified the importance of changing strategies about how language and culturally appropriate practice is promoted and believed that moving away from using the concept of linguistic rights alone towards consideration of the impact on SUs of not providing language and culturally appropriate practice was preferential. For example, emphasising risks when assessments are not accurate due to linguistic inaccuracies. Participants believed that practitioners may be more likely to be driven by wanting to improve services in a similar way to any other type of gap in service provision. This was relevant within theory construction as it illustrated that facilitating the conditions for practitioners to become LCAPs was multi-faceted, without one simple catalyst proving successful.

Several of the participants were involved at a national level for planning, developing and implementing policies, they identified the importance of having official minority language personnel at the highest level of decision making. This was because they believed that legislation and policymakers did not always have a firm understanding of the issues faced by official minority language populations across all four domains.

Participants believed that professional regulatory bodies are clear that there is a requirement to consider language and culture of SUs but do not differentiate between minority languages which have official status and the multicultural context of care.

Participant CC02 believed that professional accountability was a consideration which links to professional standards and registration:

It's a prime directive that you're responsible for your own practice so it doesn't matter who the chief of OT says something, you're still responsible for your own practice so she can go blue in the face and say 'do something,' and if you don't believe it and don't think it's necessary as not being good for your practice then you won't do it.
CC02(20)

CC03 also identified a difficulty with professional bodies not demonstrating leadership by example on the issue of language and culturally appropriate practice, for example her professions' website has discrepancies in the quality of English and French versions of information available to members which she finds very frustrating and is a barrier to using bilingual resources.

You go to the English website, English is very clear it's great, and then you go to the translation and it's a nightmare, translation in French is not correct, there's misleading explanations and this way you have to give up the French because it doesn't have the scientific accuracy you are researching. It's French translation but it's not worthy.
CC03(52)

Participants identified that legislation and policy around developing language and culturally appropriate practice lacked direction from national agencies such as education and service commissioners who do not appear to value the concept. For example, there were missed opportunities to hold education and service providers to account if they do not deliver on the requirement to consider the official minority language perspective. The commissioning processes was a factor in the policy context for theory development because participants identified the potential for commissioners to promote developing a bilingual workforce that would meet the need of SUs, whereas currently they do not do so:

First, it's not in the mandate, and then because it's not yet clear that we want to provide a fully bilingual workforce. Perhaps you are giving us an idea to develop, to adjust the curriculum to the reality and to the need of the workplace perhaps this is one strand we should strengthen.
CC03(58)

CC07 outlined the concept of consideration of bilingualism compared the official minority language was identified as a barrier within the context of the Legislation and Practice Domain which was different to the situation in Wales and therefore the theory needed to be flexible to accommodate the different contexts. This was grounded in deep historical perspectives in Canada in particular and participants outlined this as an explanation for why there is resistance to being labelled as bilingual.

But because it's been our Achilles heel to become bilingual, it's brought us a lot of richness, it's brought us better opportunities for jobs, it's permitted us to travel in many different circles such as education and others. But at the same time it's been our Achilles Heel because it's created a presumption of language of service not being important to us.
CC07(15)

Participants identified a barrier to the development of LCAPs being that many practitioners are unable to identify legislation and policy that govern accommodation of official minority languages, with many confusing legislation and policies relating to the official minority language with multiculturalism. Indeed, several of the Canadian participants had only very recently heard of AO which is the cornerstone of promoting language and culturally appropriate practice in both Canada and Wales.

Deepening understanding of the differences between local and national drivers for developing language and culturally appropriate practice was useful for theory building here, particularly due to different interpretations of policy and Legislation across the Provinces of Canada.

5.2.3.4 Inhibiting Development in the Research Domain

Most theory building relating to the Research Domain has been integrated above where participants outlined their involvement within research associated within the other domains. However, CC03 outlined her experience of being a bilingual researcher proving to be a significant barrier to her career aspirations because she was expected to incorporate language and culturally appropriate practice into her work as a lecturer which meant there was less time for her to participate in research as her peers were able to do:

I was Francophone, we were a little group at the beginning, our career has suffered because they needed us to work on the curriculum, and while we were working on the curriculum, while the Anglophones were working on their research program, and it got funded and everything so when they were planning to apply for promotion, they got their promotion. But we were stuck back because we were working on that and not working on our research program you see. we Francophones have suffered of that and they won't really recognise that.
CC08(31)

She also identified that publishing research in French was less accessible and so was less acceptable in the University.

CC01 identified a barrier to considering language and culture in the Research Domain being the lack of integration of the official minority language perspective because language and culture are considered as separate entities rather than being integrated as other elements of practice are:

Dwi'n ofnadwy o feirniadol mae na bapurau dal yn dod i'r wyneb sydd yn sôn am sensitifrwydd iaith a diwylliant, yn enwedig diwylliant fel rhyw fath o broses 'cookery book' fel wyt ti 'n dysgu yr holl bethau sy'n wahanol.
CC01(33)

I'm terribly critical there are still papers coming out which talk about language and cultural sensitivity, especially cultural., like some process in a 'cookery book' so that you can learn about all the things that are different.
CC01(33)

5.2.4 Defining Language and Culturally Appropriate Practice

Within theory construction, understanding the complexities of defining terminology for language and culturally appropriate practice was important due to different opinions to terms such as 'bilingual' and 'minority population'. Participants identified the benefits and drawbacks of having clear definitions of terms used but that flexibility was a key concept within definitions because terminology needed to accommodate the changing and developing perspectives of health and social care. All participants identified that understanding bilingualism was important to developing language and culturally appropriate practice.

Despite efforts in Canada to provide monolingual French provision in the Education and Practice Domains, because of the pervasive nature of the English language in society, participants described the reality of what was delivered as bilingual provision. Some Canadian participants articulated a strong desire for monolingual provision as they saw bilingualism as diluting French provision across the four domains. CC06 outlined the negative impact of a report in the 1970s called 'There's no Problem you're Bilingual' where the premise was that bilinguals do not need French language services because they understood English, this report hindered the accommodation of French

in health and social care. She believed that it explains why many Francophones are reluctant to define themselves as bilinguals:

Being Bilingual means that you're going to get the English service and I always define bilingualism in individual terms. It's your ability, you have the ability to speak two languages. In social and political terms, we talk about institutional bilingualism, but once you talk about institutional bilingualism, your framework is linguistic equality. There is institutional bilingualism because you were given a right to a service and there needs to be institutional bilingualism in order to comply with linguistic equality meaning that French and English are equal.
CC06(38)

I think that's why we have to be careful using the language of bilingualism because it translates power relations. The same with the language of choice, you have to always do an analysis based on who's benefitting from using the language of choice and defining him or herself as a bilingual, how this will fit within the power structure..... Because I would never ask for the choice. For me in terms of power relation, it's giving in... for me I want a service in French, because it's my right.
CC06(40)

CC07 outlined her perspective on using different languages in different circumstances which was useful during theory construction for understanding the need to accommodate individual preferences. Exploration of different viewpoints and attitudes amongst the participant group meant that theory construction needed to accommodate individuals' route to becoming LCAPs (or not) and that the route may vary for individuals as exemplified by CC07 who has a different perspective to CC06 above because she will sometimes chose French and at other times chose English:

I think it has to do with the language you've learnt a certain part of your history. So I prefer doing Math in French, because I count in French. I prefer and a lot of times throughout my career, I don't know if I'd call it a preference, but it was easier in English just because the work lingo was known in English, depending on where I was working and you end up as a Francophone, you have a little bit of shame about that as well. when we're vulnerable, we want to speak in our mother tongue.
CC07(16)

CC01 explored the difference between monolingual and bilingual education and practice with the concept of bilingualism being a language in its own right and reinforced that multilingualism and individual choices needed to be accommodated within theory construction.

Mae gen ti bobl sydd yn ddwyieithog neu'n amlieithog, dydi'r addysg na ddim yn mynd i fod yn unieithog oherwydd mae rhywun yn ymwneud hefo cyd-destun a darllen. Os oes gen ti ddwy iaith, mae Colin Baker yn dweud yn dydi, fod dwyieithrwydd yn iaith ynddo fo 'i hunan. A dwi'n credu'n gryf yn hynny felly addysg uniaith i ni ydi sefyllfa lle mae gen ti fyfyrwyr a darlithwyr sydd ond yn siarad un iaith ac yn defnyddio deunyddiau sydd ond ar gael mewn un iaith... la, a wedyn mae addysg dwyieithog yn gallu bod yn unrhyw beth mewn ffordd, lle mae gen ti darlithwyr sydd yn gallu defnyddio dwy iaith, lle mae gen ti fyfyrwyr sydd yn gallu defnyddio dwy iaith.

CC01(31)

You have people who are bilingual or multilingual, the education is not going to be monolingual because people are involved in a context and they read. If you have two languages,... Colin Baker says, yes, bilingualism is a language in it's own right. And I firmly believe in that, so monolingual education is a situation where you have students and teachers who only speak one language and who use materials that are only available in one language. Yes... and then bilingual education can be anything in a way, where you have lecturers who can use two languages, and where you have students who can use two languages.

CC01(31)

Canadian Participants stated that although education programmes in Canada were identified as Francophone, but students were permitted to submit assignments in either French or English. They can also elect to undertake placements in either language but that French placements are generally provided in Quebec. However English language programmes for health and social care in Canada do not permit submissions in French. Participants identified complexity in the Education Domain with custom and practice dictating what was delivered.

For a linguistic reason you know, we need to say to the French people, French only, for linguistic preservation kind of, but at the same time everybody also

speaks English, so it's not clear at all you know. When we try teaching or using English textbooks, there is a huge 'no', because we are expected to do everything in French. So, there are expectations, but at the same time, there's a practicality, so there's the formal and the non-formal is somehow different. It's just somehow confusing, but this is real life I guess.
CC03(8)

CC05 appeared more comfortable with the concept of bilingualism compared to other participants from Canada and believed that it would not be possible to just practice in French – however, unlike other participants, she was not based in a Francophone setting. She drew on personal experiences from contact with monolingual French students to illustrate her point:

I think that if you're not bilingual you can't function the healthcare system, we have some students here from Africa and their French is very well, but their English is quite poor. And they cannot function in the healthcare field because you need to be bilingual, and they have been having a hard time finding job, even in a Francophone designated establishment.
CC05(32)

Conversely, participants identified that if practitioners only speak English, they are still able to gain employment therefore being monolingual in itself is not the issue, rather it is about the status of the official minority language as outlined by CC05 “*You can get around because everybody understands English. We have two official languages but they're not even. They're not equal at all.*” CC05(36).

CC07 described a research project to develop Human Resources guides for appointment of bilinguals in healthcare where they debated using the term ‘bilingual’ because it would be understood by Anglophones as someone who would practice using either French or English despite Francophones perhaps not feeling confident or competent to practice in English. CC03 outlined the importance of taking a team

approach to enable the workforce to accommodate SU needs, but challenges existed where there are not enough French speakers to meet demand:

When I speak of bilingualism, again I think the definition should be broader somehow, it's not realistic to expect everybody to be everything. But at the level of one person, I would expect bilingualism within the team or within the practice. So, whenever there is a practice of dentists, there are 3 dentists in the same place, at least have one that is bilingual or one French and one English so at the level of the team, so at least you are almost sure to meet the need of the patient.

CC03(40)

5.3 Principles of Active Offer (AO)

AO was the policy driver that facilitated development of language and culturally appropriate practice in both Canada and Wales which is why it is highlighted in this research (Office of the Commissioner of Official Languages, 2019a; Welsh Government, 2016a). However, it is acknowledged that alternative policies may replace AO, the principles embedded in the theory development are transferrable to future legislation and policy developments with AO being used here as an example.

Consideration of AO provided participants with a common language and examples of strategies that facilitated language and culturally appropriate practice. Participants identified utilising the principles of AO within pre-registration programmes facilitated positive experiential learning for students from all language abilities. CC01 outlined different responses to an AO session between official minority language and non official minority language students which highlights that provision of AO to SUs is the responsibility of health and social care practitioners from all language abilities:

Mi wnaeth y sesiwn weithio yn wych [efo myfyrwyr mewn ardal di-Gymraeg] roedd y myfyrwyr wrth ei bodd, oedden nhw'n ymfalchïo yn y ffaith yr oedden

nhw'n weld o. [efo myfyrwyr dwyieithog] oedd o'n siomedig tu hwntmae nhw di cael eu boddi mewn sefyllfa dwyieithog, a ddim yn gweld o fel 'issue', dy nhw ddim yn gweld o fel rhywbeth mae nhw'n gorfod gwneud, mae nhw'n eistedd yn ôl a dweud 'pwff, oedd y lleoliad yn ddwyieithog, doedd ddim rhaid i mi wneud dim byd, does ddim angen i fi feddwl am hyn o gwbl
CC01(46)

..the session worked brilliantly [with students in a non-Welsh speaking area] the students loved it, they were proud of the fact that they understood it. [with bilingual students] ...it was very disappointing.... they've been raised in a bilingual situation, and don't see it as an 'issue', they don't see it as something they have to do, they sit back and say 'puff, the venue was bilingual, I didn't have to do anything, I don't need to think about it at all'
CC01(46)

Participants identified AO in the Education Domain on practice placements through seeing for themselves the positive impact on SUs of accessing language and culturally appropriate services:

Drwy roid cynnig iddyn nhw [defnyddwyr], cynnig rhagweithiol, rhywbeth bach fel deud 'bore da' neu mynd i ffeindio rhywun oedd yn siarad Cymraeg neu hyd yn oed cydnabod y ffaith bod nhw yn Gymraes neu cydnabod yr enw Cymraeg. oedden nhw'n gallu gwneud y cysylltiad rhwng hynny, a gofalu am y claf rhoi hunan barch i glaf, oedden nhw'n cysylltu hynny efo cyfathrebu da, gofal gofalgar, bod yn ofalgar – 'compassionate care'. oedd o ddim bellach yn rhywbeth oedd jyst yn eistedd fel dewis iaith, oedd o'n lot mwy na hun, oedd o'n gwneud gwahaniaeth i sut oedd y claf yn teimlo ag oedd y nyrs yn teimlo fod hi di 'neud gwahaniaeth.
CC01(11)

By giving them the offer of the active offer, something little like saying 'bore da' [good morning] or going to find a Welsh speaker, or just acknowledging the fact that they are Welsh or recognize their Welsh name.they could make the link between that and looking after the patient, giving them some self-respect. They connect that with good communication, compassionate care.... it was no longer something that just sat as a language choice, it was a lot more than that, it made a difference to how the patient felt and made the nurse feel as if she was making a difference.
CC01(11)

Participants believed that students experiencing AO for themselves and seeing the response from SUs of receiving AO made it much more likely that students would become LCAPs once qualified, this insight contributed to the development of the Seeing Difference and Building Learning Triggers. AO was identified as providing lecturers with a clear and robust framework to introduce the principles of developing students as LCAPs within the Education and Practice Domains.

Despite being the primary policy that promoted language and culturally appropriate practice in Canada and Wales, several participants had only recently heard of AO. Participants identified national policies not filtering down to practitioners being a Barrier to the Building Learning Trigger. They believed that lack of knowledge or understanding of policy as well as issues with implementation illustrated the divide between aspiration in the Legislation and Practice Domain versus provision in the Education, Research and Practice Domains. This concept was significant to theory construction as it prompted the development of specific Barriers and Facilitators to implementing policies and legislation (considered within the professional Sensitivity Trigger).

CC01 considered the paradox that can occur when making changes to the implementation strategy that requires SUs to take a more active role:

[Mae'r] ymarferwr sydd allan yn y maes yn gweithio bob dydd ddim o reidrwydd wedi clywed am y cynnig rhagweithiol na 'di deall y cysyniad chwaith. A felly neges gryf sydd wedi mynd yn ôl i'r llywodraeth rŵan,ydi bod na angen marchnata llawer mwy cryf. A nid jyst i ymarferwyr, ond i defnyddwyr hefyd,.... mi fydde' rhywun yn gallu gweld hwnna fel camddehongli fo cofia, achos holl bwrpas y cynnig rhagweithiol ydi rhoid y cyfrifoldeb ar y sefydliad, ond bo ni 'n rhannu y cyfrifoldeb ag yn annog ag yn grymuso'r claf i ofyn cwestiynau mwy anodd yn de?

CC01(52)

[The] practitioner ...out in the field working every day... has not necessarily heard of the active offer nor understood the concept either. And so a strong message has gone back to government now, that there is a need for a much stronger marketing. And not just for practitioners, but for users too, ... you could misinterpret, you know, because the whole purpose of the active offer is to put the responsibility on the organization, but we don't share the responsibility or encourage, or empower the patient to ask more difficult questions isn't it? CC01(52)

Empowering SUs to demand what they need in terms of language and culturally appropriate provision can be challenging because the principles of AO are specific that it is the responsibility of the service provider to provide choices rather than expect the SU's to request services. Participants believed that SUs needed to be enabled to demand a language and culturally appropriate service on a more global level. This was particularly important because a barrier such as managers stating that SUs have not asked for bilingual services therefore provision is not needed; CC07 outlined her ideas of alternative strategies:

*[There] are a lot more ways to involve the community rather than to just ask them to ask for a service one on one. There's involving them on Boards of Directors, there's involving them around our discussion table so that the community as a whole shows that they want change and moving away from an individual ask and like you said if it's truly offered, then you don't even have to ask
CC07(59)*

In considering why policies such as AO are resisted at point of implementation which subsequently impacts upon the development of LCAPs, CC06 identified that:

*There's also resistance by those who deliver services, often this resistance comes also from lack of will from their managing officer.I've noticed that the managers, they play a key role and if you have a manager that is not interested in Active Offer, the information will not get to the people on the front line.
CC06(15)*

CC07 also outlined her experiences of different interpretations of AO and the issue of staffing to be able to deliver it being barriers to achieving AO in the Practice Domain:

Not everybody understands it in the same way and the truth of the matter is that whether you understand Active Offer or not, you cannot do Active Offer unless you have the staffing to be able to do it. You don't have your human resources in place, you can't serve in French, you can't do Active Offer
CC07(57)

5.4 Summary of the Adapted Theory

This chapter concludes with a brief overview of the '*Adapted Theory*' which was developed from the '*Initial Theory*' outlined in Chapter Four. Phase Three data analysis provided a more tangible direction to further theory construction and development by ensuring that it was relevant across the wider MDT and on a national and international basis whilst retaining the framework of using the bilingual OT programme as a case example. The '*Adapted Theory*' is shown as a schematic representation in Figure 5.1 with the main concepts being briefly outlined below.

The '*Adapted Theory*' summarised the route by which practitioners could become LCAPs through the impact of six Triggers and a specific set of Barriers and Facilitators which influence the route by which individuals develop over time. During data coding, diagramming activity and writing theoretical memos, consideration was given as to why some people become language and culturally appropriate practitioners and why others do not appear to do so. Practitioners could be exposed to similar Triggers, but they do not appear to have the same influence on individuals' development. This led to the concept of the Barriers and Facilitators being overarching factors above the Triggers that influence whether individuals develop into LCAPs or not.

The six Triggers (represented by six green circles in Figure 5.1) have the potential to impact upon the central core element of using language and cultural sensitivity with SUs. Any Trigger, or combination of Triggers, can be the critical starting point for development of LCAP; the six Triggers are influenced by one or more of the Barriers and Facilitators (represented by the overarching dome of blue arrows). This dome effect illustrates how each Trigger can be influenced separately by Barriers and/or Facilitators at any point in time. All elements of the theory are impacted upon by Time (represented by the encompassing blue circle). The green arrows in Figure 5.1 represent the route by which the Triggers interconnect with each other through the central concept of an individual's development as a LCAP.

Data from Phase 3 challenged the researcher to consider the definitions and relationships between the Triggers, Barriers and Facilitators within the context of an official minority language which is protected by legislation. In defining the concepts, it became clear that there may be areas of overlap within the *'Adapted Theory'*. Overlaps are acceptable and provide flexibility for application to different individual contexts. For example, understanding the impact of SUs not receiving language and culturally appropriate services could be considered within the Biographical Sensitivity Trigger or the Recognising Challenges Trigger dependant on the context of the practitioner.

The following section provides a brief explanation of the *'Adapted Theory'*.

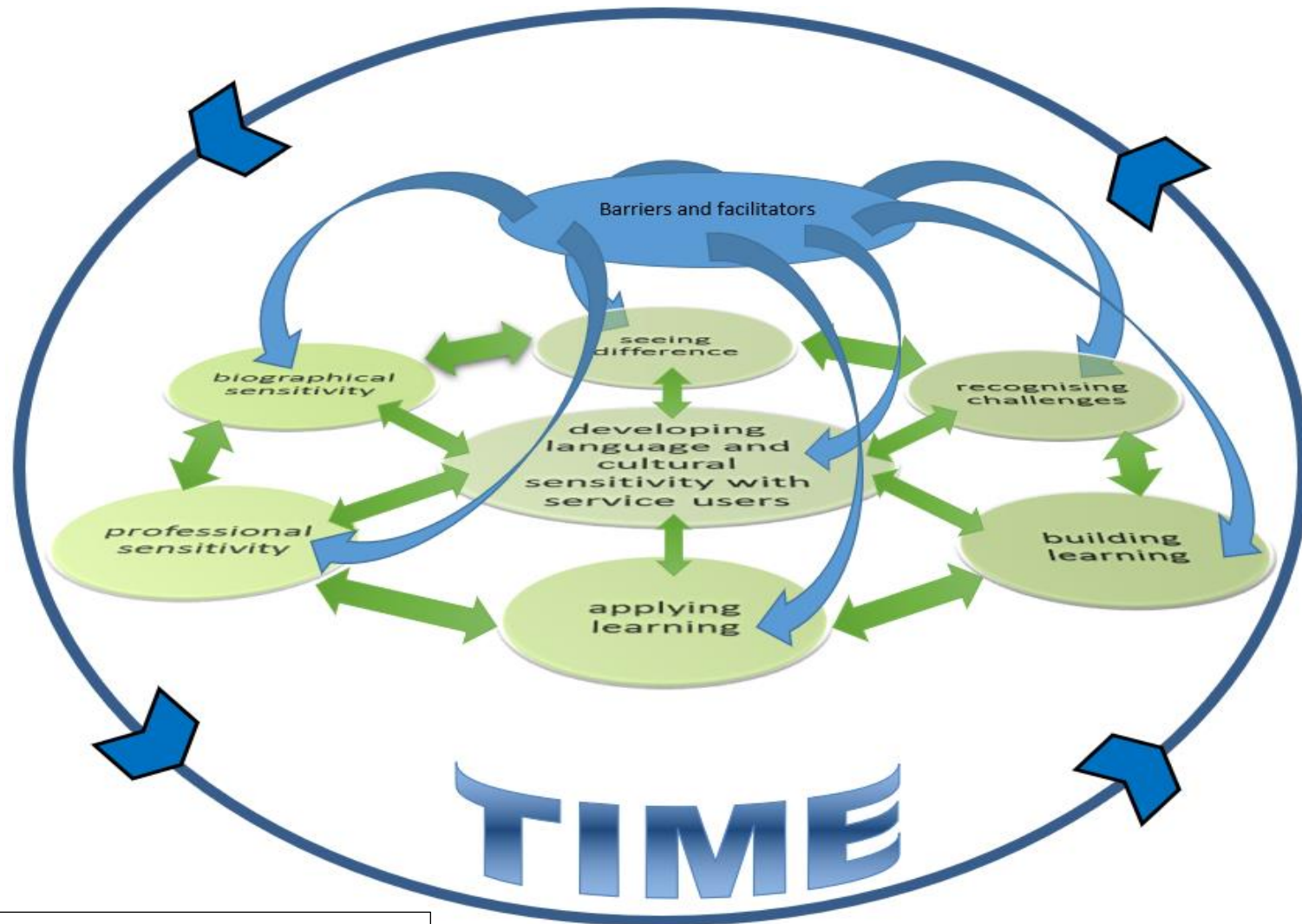


Figure 5.1 – Schematic representation of The Adapted Theory

TRIGGERS:

Biographical Sensitivity Trigger

This Trigger relates to the personal and professional belief systems centred on language and culture that evolves from life experiences during a practitioner's lifetime. For example, a practitioner who has had positive life experiences of language and culture will use insight from their own experiences to develop an understanding of working with bilingual SUs. A practitioner with negative or absent experiences of language and culture may have an underlying belief that bilingual services are not needed because they perceive that 'they all speak English anyway'.

Seeing Difference Trigger

This Trigger relates to practitioners learning by seeing for themselves the difference that receiving (or not receiving) a language and culturally appropriate service can have. For example, understanding the experiences of SUs can be motivation for facilitating change in the Practice Domain. Similarly, peers of bilingual students on a bilingual programme may see the difference through observing the impact of bilingual pre-registration education, developing increased awareness of the importance of promoting language and culturally appropriate services through this observation of the impact on others in the Education Domain.

Recognising Challenges Trigger

This Trigger relates to how practitioners recognise and understand the challenges of delivering language and culturally appropriate services across the four domains. For example, understanding how difficult it can be to use the official minority language at work for learners, understanding the time requirement for translation when developing

bilingual materials or being aware of how to provide bilingual materials as part of everyday practice. A practitioner who does not recognise or understand such challenges may not be supportive of colleagues who are expected to engage with strategies such as translation on top of their everyday workload.

Building Learning Trigger

This Trigger relates to practitioners' developing the knowledge and skills to develop as LCAPs within different domains. For example, developing bilingual participant facing documents or following the principles of AO in the Research Domain. Practitioners can also build their learning through engaging with strategies for working with bilingual SUs such as learning the official minority language or learning about the obligations of the legal and policy context of official minority language populations.

Applying Learning Trigger

This Trigger relates to applying or using learning related to language and culturally appropriate practice in the four domains. For example, speaking in the official minority language to SUs and colleagues as a learner or making environmental changes such as bilingual signs within a work setting. Some practitioners have learned about language and culturally appropriate practice but find themselves unable to apply or use the learning gained for a variety of reasons such as lack of funding, confidence or support from local managers.

Professional Sensitivity Trigger

This Trigger relates to the wider, service and/or professional context of service delivery; it includes professional bodies and the service organisational and

management context. For example, whether language and culturally appropriate practice is embedded in professional standards or organisational plans. Consideration of the impact of legislation and policy on a service, regional, national or international level would be evident within this Trigger, for example whether service managers follow the principles of AO.

BARRIERS AND FACILITATORS:

The '*Adapted Theory*' demonstrated that Barriers and Facilitators could have a significant impact on each Trigger separately or in combination, and also upon the central element of the individuals` development of language and cultural sensitivity. The '*Adapted Theory*' proposes an explanation about what encourages or discourages the workforce in health and social care from developing into LCAPs so that Barriers can be addressed, and Facilitators utilised.

Data Analysis showed a small number of primary headings which encompass the Barriers and Facilitators to developing as LCAPs which are outlined in Figure 5.2



Figure 5.2 – Barriers and Facilitators to the Development of LCAPs

THE INFLUENCE OF TIME:

The ‘*Adapted Theory*’ showed that practitioners can start to develop language and culturally appropriate practice at any time before or during their professional lives from pre-registration education through to senior management. Once practitioners start upon this process, consideration needs to be given to knowledge and skills evolving over time which introduces the concept of temporality to theory construction i.e. that developing as an LCAP involves a relationship with developing over time. It is a process that can happen if there is a facilitative environment and continued motivation through repeated exposure to the Triggers, however Barriers can also impact negatively on further development of knowledge and skills.

CRITICAL STARTING POINT:

The starting point can be one or more of the Triggers; being exposed to Triggers facilitates the development of skills and knowledge that encourage practitioners to become LCAPs. The starting point can also occur within any of the four identified domains.

5.5 Chapter Five Summary

Chapter five has outlined the development of the '*Adapted Theory*' which incorporated the more formal addition of the Research Domain and the Legislation and Practice Domain within theory construction. It also included consideration of a wider international perspective beyond Wales and the incorporation of the wider interdisciplinary perspective. These new elements ensured that the theory developed from this research would be applicable to wider contexts of health and social care.

Chapter Five outlined the further theory development and theory construction as well as clarifying the meaning of concepts on a general level with Phase Three participants. Chapter Six outlines the theoretical sampling that occurred with Phase Four participants.

CHAPTER SIX

THEORETICAL SAMPLING AND SYNTHESIS

6.1 Introduction to Chapter Six

Chapter Six provides an overview of the final phase of the research namely Phase Four which entailed theoretical sampling that was carried out with the qualified student participants that contributed to development of the '*Emergent Theory*'. It also outlines the Phase Five synthesis by the researcher which resulted in the definitive development of the definitive theory namely the '*7T Theory of the Development of Language and Culturally Appropriate Practice*' which is outlined fully in Chapter Seven.

This Chapter has three primary functions which are to:

1. Provide a detailed outline of the outcome of theoretical sampling with Phase Four participants and a summary and explanation of changes within theory development.
2. Provide an overview of the '*Emergent Theory*'.
3. Summarise Phase Five synthesis that resulted in construction of the final theory which is outlined in Chapter Seven.

Initial theoretical sampling started during Phase Three when the researcher outlined initial theory construction and emerging theoretical concepts to Phase Three participants. It was useful to commence initial theoretical sampling at that time because Phase Three participants provided feedback on early concepts of the '*Initial Theory*' within the Research and Legislation and Practice Domains given their professional backgrounds as clinicians, lecturers and researchers. Phase Four

participants primarily focussed on the Education Domain and Practice Domain within theoretical sampling (although some had experience of the Research and Legislation and Practice Domains but at an earlier stage of their careers). Overall, theoretical sampling with Phase Four participants enabled the researcher to identify how the theory could be used and implications for use within the four domains.

6.2 The Process of Theoretical Sampling

Phase Four participants were asked to reflect on the different elements of the '*Adapted Theory*' and its potential use in promoting the development of LCAPs based on their individual experiences and considering application to their colleagues. Abductive reasoning was used within theoretical sampling to clarify the reflections and inferences from Phase Four interviews in order to further develop the '*Adapted Theory*'. Charmaz (2014) defines abductive reasoning as a process whereby the researcher can develop useful explanation or new theoretical interpretation of any surprising data, for example in this study, the role of non official minority language practitioners as advocates of developing language and culturally appropriate services.

Theoretical sampling facilitated examination of areas that may have been unclear within the '*Adapted Theory*', for example what should be included within each of the Triggers. It also facilitated exploration of how the theory could be used across the four domains to explain how the workforce develop (or do not develop) as LCAPs.

Extracts from theoretical sampling with Phase Four participants are used to illustrate how the '*Emergent Theory*' was developed prior to final Phase Five synthesis and consolidation of the final iteration of the theory. Transcribing and coding of interviews

was undertaken in a looser manner than for previous phases for Phase Four, as it was the intention to reflect upon and refine the '*Adapted Theory*' rather than develop and construct new theory as had occurred for Phase One, Two and Three data analysis.

Participants outlined where the '*Adapted Theory*' had resonated with their experiences and reflected upon applicability to colleagues from a range of professions. They considered behaviour, knowledge and emotions in relation to becoming LCAPs or not and what would foster language and culturally appropriate practice in the workplace. For example, QS09 explored his motivation for becoming a LCAP was about "*Fitting in and respect towards the people who are there. I am an outsider coming into this place and I feel responsibility for me to be respectful of how things are done, how people communicate*". QS09(12).

Like Phase Three participants, none of the Phase Four participants indicated that the theory contained anything that they disagreed with. They all agreed with the concepts outlined, for example the positive impact of receiving a bilingual education on their development as LCAPs as qualified practitioners. Prior to the interviews, participants were sent a leaflet outlining the theory and the schematic overview (Appendix 18). This was considered by QS11 when she reflected on how she became a LCAP:

The course in [location omitted for confidentiality] has really helped me with that, and it's just on reflection you realise that – during the time you're doing it, maybe not so, but when you look back, it had a massive influence on the way I am now, so it's been a massive positive thing.... For doing my OT job more thoroughly, I feel more confident and I feel that I've got so much more skills. So it's been brilliant really, I found it really interesting when you sent me this [participant information] I thought I'd love to be involved because I've come across 1st hand everything you've talked about in the model. I can relate everything, every aspect of it to my experience.
QS11(46)

Suggestions for improvements that were made in early interviews during Phase Four data gathering were included in subsequent interviews and developed further during Phase Five synthesis.

Participants identified that the theory was relevant to the development of LCAPs across all language abilities and for those who were, as well as for those who were not LCAPs already. QS09 stated that all elements of the theory linked together and had resonated with her experience of becoming a LCAP:

Mi oedd na elfennau ynddyn nhw i gyd rili. Tan i mi ddarllen drwyddo fo, mi oedd popeth yn edrych yn hollol ar wahân, ond tydyn nhw ddim, mae nhw i gyd yn lincio i fewn i'w gilydd.
QS09(40)

There were elements in them all really. Until I read through it, everything looked completely separate, but they're not, they all link in to each other.
QS09(40)

Time as a temporal dynamic was the only element that remained unchanged from the 'Adapted Theory'.

The remainder of this section outlines the outcome of the theoretical sampling and suggested changes that shaped the 'Emergent Theory'. The different elements of the 'Adapted Theory' are used to structure this section.

6.3 Use of Theory Across the Four Domains

Phase Four participants agreed with the views previously expressed during theory construction and development that the theory was useful for understanding how practitioners working in health and social care do or do not develop as LCAPs.

Through theoretical sampling, exploration of the applicability of the 'Adapted Theory' was undertaken with Phase Four participants which resulted in a better understanding of whether the theory was clear and highlighted what needed further shaping or consolidating during Phase Five synthesis. Theoretical sampling considered whether the theory had identified concepts that were accurate to practitioners' experiences across the four domains. For example, the concept that language and culturally appropriate practice develops over time rather than from one defining experience; this had been identified during theory construction LCAPs needing a 'drip feed' approach.

QS10 believed that becoming a LCAP was easier for Welsh speakers and as a result they did not necessarily understand the complexities for non-Welsh speakers to develop as LCAPs. This picked up the point made by CC01 who had outlined her frustration of working with Welsh speaking students who did not appear to value language and culturally appropriate practice as much as non-Welsh speaking students and Welsh learners. This was borne out by QS03 who believed that the principles outlined in the theory would be obvious for confident official minority language practitioners:

*I fi'n bersonol, di o ddim byd newydd, mae o'n gwneud sens, dwi'n cytuno efo fo. Dwi di gwneud 'notes' o enghreifftiau. Ond dwi ddim yn gweld o'n 'useful' i rhywun fel fi, yn siarad Cymraeg ac yn gweld y 'barriers'. Mi fedrai ista yn fan hyn yn cytuno efo fo, 'absolutely', does ddim 'doubt' am hynna.
QS03(30)*

*For me personally, it's nothing new, it makes sense, I agree with it. I have made notes of examples. But I don't see it as useful for someone like me, speaking Welsh and seeing the barriers. I can sit here and agree with it, absolutely, there is no doubt about that.
QS03(30)*

She also identified that the theory could be used for training purposes in the Legislation and Policy Domain within her role as a Welsh Language Champion to facilitate the development of language and culturally appropriate practice with non-Welsh speakers and related it to her current and previous work in health and social care:

‘Awareness training’, sa hwn yn ‘brilliant’, sa fo lot gwell na’r ‘Welsh Language Awareness’, dwi’n meddwl fod pobol yn dallt fod yr iaith Gymraeg yna, ond tasa nhw’n dallt mwy o’r ‘theory of it’ fel da chi di deud yn hwn [y theori], ella sa fo’n facilitatio i bobol gallu datblygu, a gallu gwella’r ffordd mae nhw’n ‘viewing it’ – dyna sut fyswn i’n gweld o’n cael ei ddefnyddio. Achos mi fasa hwn dwi’n meddwl yn rhywbeth da i bobl ddatblygu ei ‘approaches, opinions’.
QS03(34)

‘Awareness training’, that would be brilliant’, a lot better than the ‘Welsh Language Awareness’, I think people understand that the Welsh language is there, but if they could understand more from the theory of it as you say in this [theory], it may facilitate people to be able to develop, and be able to improve the way they are viewing it - that’s how I would we see it being used. Because I think this is a good thing for people to develop their ‘approaches, opinions’.
QS03(34)

Participants stated that the theory could be used to normalise the complexity of developing language and culturally appropriate practice and make it acceptable for practitioners to articulate that they are struggling with aspects such as using an official minority language with SUs. The theory was identified as explaining and normalising the development of language and culturally appropriate practice while also acknowledging the complexity of individuals becoming LCAPs. For example, participants identified that the theory would encourage understanding about the difficulty of learning and using an official minority language for practice which participants identified as being relevant to the Recognising Challenges, Building Challenges and Applying Learning Triggers.

In considering how the theory could be used in the Practice Domain, QS12 believed that it provided a basis for challenging non-LCAPs “*When people discounted the need for Service in Welsh. When they say, ‘they all speak English anyway’, I have challenged that a few times. The theory would be an useful way of doing it”* QS12(66). Through applying the ‘*Adapted Theory*’ to her own context, QS11 reflected on becoming a LCAP, she identified issues that had impacted upon her development over time which included the negative attitudes of colleagues:

It’s [being a LCAP] not important to them, even though the policy drives it, if the overall workforce is predominantly English, it’s a real negative and you’ve fighting a losing battle.
QS11(44)

6.3.1 Triggers

Participants identified with all the Triggers and identified that they had impacted upon their development as LCAPs to varying degrees, for example QS12 outlined her response to reading the ‘*Adapted Theory*’ leaflet:

It made sense to me I do agree that there are triggers that can happen at any time, and you sort of move further along by these little triggers and you do get options about whether to do something at the time or not. I did think it was really good actually!
QS12(40)

Theoretical sampling confirmed that the overlaps that occur between Triggers and other elements of theory can be beneficial to understanding the different routes by which practitioners develop into LCAPs. For example, QS09 outlined his view of the importance of using Welsh in the Education Domain and the Practice Domain, however also related the motivation to learn Welsh to the Biographical Sensitivity Trigger (where he attributed coming from a similar cultural context of being from an

official minority language population). He perceived using Welsh at work to be a way of showing respect and demonstrating to others that he was a LCAP:

For me it's simple ... I'm in Wales, that's how people talk so I would copy to try my best to fit in I suppose, more about trying to fit in really. So, I picked up Welsh words do the things that locals do so that I got accepted.
QS09(10)

Each Trigger is now explored in turn to clarify concepts that arose from theoretical sampling and application to the domains:

Biographical Sensitivity Trigger

Phase Four participants considered the impact of their individual biographies on their development as LCAPs which reinforced the importance of the Biographical Sensitivity Trigger. All Welsh speaking participants in Phase Four strongly identified themselves as having preference for engagement in the Practice and Education Domains in Welsh. Three stated that they had preferred engaging with assignments in the Education Domain in Welsh which provided a different perspective to the student participants in Phase One as none had engaged with formal assignment work in Welsh. Participants outlined the impact that the Biographical Sensitivity Trigger could have on the development of language and culturally appropriate practice but that multiple Triggers can impact upon each other. For example, QS11 identified friends with similar biographical experiences having very little or no interest in becoming LCAPs.

QS07 identified her interpretation of the Biographical Sensitivity Trigger being relevant to her feeling more comfortable in her first language due to her upbringing impacting on linguistic preferences in the Education Domain and subsequently on her practice

in the Practice Domain. She used the linguistic and cultural connection with SUs that she attributed to her biographical experiences:

Dwi'n ddwyieithog a dwi 'di byw yn Ngogledd Cymru erioed, dwi'n gweld siarad Cymraeg llawer haws na gorfod siarad Saesneg. Mae pobol yr ardal yn wahanol i bobl Saesneg, mae o'n bwysig bo' ni'n gallu gweithio efo pobol o'r un ardal.
QS07(2)

I'm bilingual and I've always lived in North Wales, I find speaking Welsh much easier than having to speak English. People in the area are different to English people, it is important that we can work with people from the same area.
QS07 (2)

QS09 identified his biographical sensitivity illustrating how he empathises with official minority language SUs in the Practice Domain

I am the same as Welsh people, I have cultural background struggle, conflict, mainland people invaded us where I come from, so I feel there is a bit of similarity within our history, so I think then I suppose Ok, if I were a Welsh person I would feel that I would appreciate or feel happier if someone tried to make an effort to learn. People make relationships by building trust.
QS09(14)

QS11 identified strongly with the Biographical Sensitivity Trigger and although she was a non-fluent Welsh learner, she identified her interest in her Welsh language family roots being a strong factor in her developing as a LCAP when she stated that *"It's always been an interest to me, it's always been important, and it makes you feel a bit more... more Welsh if you can speak the language and understand the area that you're from."* QS11(2). She also considered her grandparents who were Welsh speakers and made links to her own experiences of using this cultural awareness to develop rapport with SUs in the Practice Domain as a qualified therapist.

This trigger included the concept that recent past experiences were important in terms of linguistic choices in the present, for example QS04 considering why she preferred to see Welsh speaking tutors on her previous degree:

Pan oedden nhw [tiwtoriaid] yn Saesneg, mi oedd na fwy o 'fariers', mae'n siŵr nad oedd 'na ddim, ond bo' rhywun 'di teimlo fod 'na.... Bo' rhywun yn siarad fel bod 'na `instant connection` fel arfer yna de? Fatha fod nhw i fod i ddallt rhywsut lle da chi'n dod, ag os oedden nhw'n siarad Cymraeg, oedden nhw fel arfer yn gwybod cefndir.... dwi'n teimlo fel bod nhw'n mynd i ddeall chdi'n well hefyd.

QS04(8&10)

When they were [English] tutors, there were more barriers, I suppose there was none, but you felt that there was. When somebody speaks, there is an instant connection usually, like they somehow understand where you are coming from and if they spoke Welsh they would know your background, and I feel that they understand you better too.

QS04 (8 & 10)

Participants considered colleagues who had negative experiences and whose biographical sensitivity led them to have negative attitudes towards language and culturally appropriate practice:

The theory does explain it, but the people that are not sensitive, for some people they just don't care unfortunately. I suppose inwardly they're just lacking something.

QS09(74)

Seeing Difference Trigger

All participants in Phase Four believed themselves to be LCAPs and aligned the Seeing Difference Trigger to their experiences of observing SUs receiving language and culturally appropriate services leading them to identify this Trigger as being a significant factor in facilitating their development as LCAPs.

QS03 outlined her understanding of the Seeing Difference Trigger through considering the response from a SU who spoke about preferring to speak to a Welsh speaking practitioner and how this experience had impacted on her passion for ensuring she was a LCAP.

As a Welsh Language Champion, QS03 outlined her experiences of colleagues discussing their lack of understanding of language and culturally appropriate practice which could be facilitated to change by non-LCAPs observing SUs being offered a language and culturally appropriate service which she identified being encapsulated by the Seeing Difference Trigger:

'Colleagues' yn teimlo bod nhw ddim yn deall pam 'da ni'n cynnig o gymaint, 'so' rôl fi ydi i egluro'r sefyllfa, deud 'dwi'n gofyn i chi 'neud hyn oherwydd 'feedback' [gan SUs]. 'Feedback' yn ôl gan 'clients' Cymraeg yn gwneud gwahaniaeth.

QS03(26)

Colleagues feel they don't understand why we offer it so much, so my role is to explain the situation, say I am asking you to do this because of feedback [by SUs]. Feedback from Welsh clients making a difference.

QS03 (26)

QS09 also considered colleagues who do not recognise the difference that the provision of language and culturally appropriate practice could make, and his recognition of the impact on SUs of receiving more accurate assessments by a LCAP:

Sometimes when I observe that happening [receiving non-language and culturally appropriate service], you can see that patients are not telling the truth because they just want to finish the interview. That's then what's often perceived by those people who are insensitive is that 'oh that was quite a quick interview' because you know, they hear what they want to hear, so they wouldn't see it in the first place I don't think. For me when I worked in the physical setting, I need to know the truth otherwise [an] issue might come up after, and then it is better to get that first time isn't it?

QS09(46)

QS12 linked her experience working in Social Care prior to starting the OT programme as being relevant to understanding the Seeing Difference Trigger:

I noticed a lot of the bilingual students using what was available I worked in the Council for quite a while before doing OT and a lot of the bilingual side was it felt more like a token gesture really .. getting the letters translated was seen as a bit of a pain because it takes a while and everyone thought it was a delaying thing and no-one ever used them anyway, so it was quite nice to see that being taken advantage of on the course.

QS12(08)

QS12 related her experiences of working with SUs as a qualified OT where she had noticed the Seeing Difference Trigger having a powerful impact on her development as a LCAP:

I heard lots of Welsh spoken on wards and could see the difference for patients feeling more comfortable, but also saw the other end where things weren't quite so good. For instance, there was a gentleman who had dementia, some assessments were done in English which he didn't do particularly well on, and when I spoke to him afterwards, he said he was first language Welsh and he really struggled so that was one thing when you think 'hmmm, if that had been offered him in Welsh, things might have been different.'

QS12(12)

Recognising Challenges Trigger

Theoretical sampling revealed that experiences across the Education and Practice Domains enabled participants to recognise the multi-faceted challenges of providing language and culturally appropriate practice. Participants identified that this Trigger promoted understanding of why some people become LCAPs while others do not and why it was important to some and not to others. The Recognising Challenges Trigger prompted participants to reflect on shared understanding of linguistic challenges for SUs and bilingual colleagues but that non-LCAPs may not recognise how difficult it is for Welsh speakers to use English in the Education or Practice Domains. QS07

believed that group work in the Education Domain had been a better experience for bilinguals because Welsh speaking peers had a shared cultural understanding, this had been different during her first degree where there had not been Welsh speaking peers or many learning opportunities to engage in learning through the medium of Welsh.

Participants identified particular challenges faced by Welsh learners which potentially supersede accommodating SUs language choices. QS10 identified the challenges of speaking in Welsh despite being a fluent Welsh learner:

*I wish I could communicate and be me in Welsh, but they [SUs] need to get to know me and I need to know them, and they like me better if I'm speaking in English and it's very difficult to speak Welsh because I don't know what I've just said, I know what I think I've just said, but I can't understand exactly the inferences on those words because they've come out of a classroom.
QS10(28).*

Similarly, Welsh and French speaking participants in phase Three identified a similar issue relating to identity i.e. that they felt more like themselves when speaking in their first language than when working in English.

Participants identified feeling frustrated by non-language and culturally appropriate colleagues because of negative attitudes towards understanding the additional challenges of accommodating official minority language SU needs, such as language being secondary to other factors within service provision. This was evident when QS12 considered a Welsh speaking SU who did not receive a language and culturally appropriate service:

It's not priority, they wanted to work out whether he had capacity [which] was prioritised over the need for Welsh language, which really when you look at it

is silly isn't it? Because part of the capacity is being able to communicate with people and for them to understand and make decisions for themselves.
QS12(14)

QS03 outlined the challenge of normalising the expectation that all practitioners should be LCAPs:

Dwi'n meddwl fod hynna'n rhywbeth 'da ni yn trio gynnig, g'neud o'n normal, bod nhw'n glywed o. a mae hynna'n un or 'barriers' pendant ella bod nhw ddim yn deall – os 'dy nhw ddim yn clywed [Cymraeg]A mae hynna'n g'neud iddyn nhw feddwl fod y Cymru yn siarad Cymraeg achos bod nhw'n trio cadw cyfrinach – achos fod o ddim yn normal.
QS03(24)

I think that this is something we try offer, normalise it so that they hear it, that is one of the barriers, definitely... they might not understand it, but if they don't hear it [Welsh]....And that makes them think that Welsh people speak Welsh because they are trying to hide a secret, - because it is not normal.
QS03 (24)

Participants reported observing Welsh speaking peers benefitting from opportunities to learn in Welsh in the Education Domain which was accepted practice for the whole cohort on the bilingual programme. They recognised that this was partly because non-Welsh speakers had recognised the challenges for bilingual peers to engage in learning in their preferred language and that the bilingual programme created a culture where this was acceptable. As a Welsh learner, QS12 had recognised the challenges that Welsh speaking peers had faced “*It made me more aware of how useful it is for people who are bilingual to have that option, to have things available in their language, and people that they can talk to*”. QS12(06). She then outlined utilising that insight in her work as a qualified OT in the Practice Domain.

Participants who were Welsh learners identified strongly with the Recognising Challenges Trigger because of their personal experiences of how tiring and difficult it was to learn a language to use for practice (this overlapped within the Building Learning and Applying Learning Triggers). QS12 particularly identified with the Recognising Challenges Trigger but identified the barrier that Welsh speakers did not necessarily replicate by recognising the challenges of being a Welsh learner:

I think recognising the challenges was one that hit home I find that it is difficult to use Welsh when you are not first language Welsh, I feel that some of the Welsh speakers could actually help us more with that by encouraging it more in the workplace rather than kind of keeping it to themselves which they do. They have their own little conversations but are not that keen to encourage it in non-Welsh speakers, that's the way I find anyway - I don't have the confidence to kind of join in.

QS12(56)

QS07 identified the Recognising Challenges Trigger as having prompted her to reflect on difficulties in her current post in adhering to the policy of writing in either Welsh or English dependant on SUs preferences. She found this particularly challenging when there were non-Welsh speaking staff involved in a care package or if a Risk Assessment needed to be understood by all carers and family who may not have been Welsh speakers.

Building Learning Trigger

Participants identified with the Building Learning Trigger and acknowledged the learning activities that had enabled them and peers in the Education and Practice Domains to develop as LCAPs. Having numerous and ongoing opportunities to build their learning to become LCAPs in the Education Domain had normalised considering language and culture within OT which had carried over to the Practice Domain once qualified. For example, case studies within EBL had impacted on their development

when working with Welsh speaking SUs as qualified practitioners by building their knowledge of the importance of accommodating language and culture of the official minority language population further.

QS09 outlined experiences of building knowledge from the starting point of having no knowledge of the official minority language context of Wales (non-UK background) and so building learning for this participant was from a completely different starting point to others who all started with some knowledge of the cultural and linguistic context of Wales. This was relevant to the final synthesis of the theory as it emphasised the importance of not making assumptions about where practitioners starting points in developing as LCAPs may be.

I really didn't know there was a different language here, so when I arrived here there's different road signs and my [landlords] were talking a different language that didn't sound like English at all, so I was slightly confused and then when I said 'in England' she always corrected me 'in Wales'!
QS09(4)

Understanding her own motivation for becoming a LCAP and acknowledging that motivation changed over time was recognised by QS10 as being a factor in building learning.

Applying Learning Trigger

Participants identified that the Applying Learning Trigger was useful for explaining that Welsh speakers and Welsh learners could accommodate SUs linguistic choices by using Welsh at work but that not all are confident to do so. This concept was useful to consolidate within theoretical sampling because of the assumption that being LCAPs is the norm for all official minority language speakers or learners.

Gaining an insight from participants who were working in bilingual working environments was useful within theoretical sampling for developing this Trigger as it enabled the researcher to gain an insight into how the Applying Learning Trigger facilitated the development of language and culturally appropriate practice. Theoretical sampling endorsed the view of previous participants that developing as LCAPs was relevant to all language abilities and that it was not solely the responsibility or useful to official minority language practitioners. Welsh learners particularly identified with this trigger and found that using whatever Welsh they had (applying their learning) impacted positively on their practice and developing therapeutic relationships with SUs:

*I use it [Welsh] because.... I find that with patients and healthcare professionals, the power relationship is so unequal, healthcare professional equals being powerful, so what I find is that when the power is so unequal when you try to get the information from people, especially elderly people, they just won't bother you, they are very submissive. But by saying 'what's that in Welsh'? At work, they become the teacher then, so the power relationship becomes slightly [better] so they say things a little more truthfully.
QS09(30)*

The positive impact of the Applying Learning Trigger in the Practice Domain was shared by QS11 who as a proficient Welsh learner was happy to use Welsh at work.

"I was just accepted completely – I felt so different and if it makes you feel better in your day to day job, then it's well worth learning and putting in the time" QS11(18).

The concept of accurate communication with SUs as a Welsh learner was identified by participants as being relevant to the Applying Learning Trigger. QS10 identified strongly with the Applying Learning Trigger because she was the only Welsh learner in her workplace (where all staff were required use Welsh at work) *"I think it's the best thing about the job and the worst thing. So on a good day it's the best thing and it's also exhausting as well."* QS10(26).

QS10 also identified that in striving to apply learning by speaking Welsh, she struggled with the implications of whether to identify herself to SUs as a learner or not. For example, informing people that she was a learner could potentially result in them feeling uncomfortable to speak in Welsh but if she identified herself as a Welsh speaker, then she may struggle. This mirrors the points raised in the student focus groups in Phase One. Choosing which language to use in the Practice Domain was identified as being complex for proficient Welsh learners and, as illustrated by QS10 participants believed that the perspectives of Welsh learners should be considered as well as SUs needs. This also relates to the issue of patient safety that was raised by Phase Three participants.

I mix my assessments at the moment, so if someone has Dementia or Learning Disability then I definitely speak Welsh if they are first language, if they are very straightforward then I'll naturally speak Welsh, but if someone has a complicated disability, if they're a little bit aggressive in their nature or I really need to get to know then deeply, unfortunately I need to speak English because my level of Welsh isn't good enough to get that really good relationship.
QS10(28).

Participants identified the positive impact of non-Welsh speaking practitioners using any Welsh they know (applying learning) to make SUs feel more at ease in the Practice Domain as illustrated by QS04 who outlined some of the strategies she has seen used by non-Welsh speaking LCAPs:

Yn yr ysbyty, y rhai sydd wedi dysgu ychydig o Gymraeg ac yn g'neud dipyn bach, dangos bo' nhw medru, mae hynna'n helpu hefyd efo'r cleifion, deud petha' fel 'steddwch rŵan' neu 'sefwch rŵan' a pethau fel 'na, yn hytrach na dod i fewn a peidio meddwl am yr iaith o gwbl a 'just' siarad Saesneg.
QS04(20)

In the hospital, those who have learned a little Welsh and do a little bit, show that they can, that helps the patients, say things like 'steddwch rwan' [sit now] or 'sefwch rwan' [stand now] and such things, rather than coming in and not thinking about the language at all and just speaking English.

QS04(20)

QS03 believed that being a Health Board Local Champion for Welsh Language promoted her confidence to promote language and culturally appropriate practice which she attributed to her experiences of the Applying Learning Trigger (there is potential overlap with more recent biographical experiences that one could consider to be relevant to the Biographical Sensitivity Trigger). Through using her learning about language and culturally appropriate practice in the Education and Practice Domains, she provided opportunities for colleagues to become LCAPs by encouraging service managers to encourage staff build and apply knowledge rather than perceiving it as an unwelcome additional workload.

Lack of confidence in the standard of writing in an official minority language had been identified within theory construction as impacting negatively on the development of LCAPs. Theoretical sampling revealed that within the context of the Applying Learning Trigger, being required to write in the official minority language in the Practice Domain resulted in rapid development of confidence, with several participants identifying that they developed or regained skills of writing in the official minority language once it was required for a job:

Mae fy sillafu a ballu 'di cael cnoc - wedi 'sgwennu yn Saesneg am gyn hired yn y Brifysgol, ond mae o yn dod yn ôl achos os dwi efo 'client' Cymraeg dwi'n gwneud nodiadau a ballu yn y Gymraeg.

QS07(12)

My spelling and so on has been knocked – I've been writing in English for so long at University, but it is coming back, because if I'm with a Welsh client I make notes and write in Welsh.
QS07 (12)

Participants at all phases of the research had identified that an inhibitor to the Applying Learning Trigger had been lack of confidence in working through the official minority language. QS07 outlined her belief that official minority language practitioners feel they should be able to practice in both languages and are embarrassed to admit that they lack the confidence to use Welsh at work (i.e. apply the learning). She also believed that official minority language speakers expect themselves to be proficient in verbal and written aspects when using the official minority language but that these expectations are not for their English language practice.

Professional Sensitivity Trigger

The role of local managers and the differences in attitudes amongst managers in health and social care and higher-level service and workforce commissioning was identified by participants as impacting on developing language and culturally appropriate practice. QS04 had extensive experience of working as an OT for both health and social care and noted the differences in approach towards the development of LCAPs

Mi oeddwn i yn Cyngor [lleoliad] a mi oedd popeth yn Gymraeg a mi oedd y rheolwyr i gyd yn gorfod siarad Cymraeg i rhyw safon, ond dwi'n teimlo ers gweithio i'r NHS, yn enwedig fyswn i'n deud yn gwasanaeth OT. Es i gyfarfod oedd 'managers' [lleoliad – yn dweud], 'the language of the NHS is English, so you have to do your notes in English' a nes i just feddwl 'hold on, di hyn ddim yn iawn chwaith'! Achos yn Cyngor [lleoliad], mi oedd o'n dibynnu ar iaith yr unigolyn fel arfer.... so mae hynna yn 'Professional Sensitivity.'
QS04(26)

I was at Council [name of council] and everything was in Welsh and all the managers had to speak Welsh to some standard, but I feel since working for the NHS, especially I would say in the OT service. I went to a meeting... and the managers [at the location], 'the language of the NHS is English, so you have to do your notes in English' and I just thought 'hold on, this was not okay either! Because at the Council [name of council], it relied on the language of the individual this is 'Professional Sensitivity'. QS04 (26)

The custom and practice established by managers of promoting using the official minority language in the workplace was identified as being relevant to the Professional Sensitivity Trigger. For example, QS11 outlined the impact of working in a Social Services setting where Welsh was the working language used across the whole organisation. She described the impact of one manager who was insistent on everyone conforming to speaking Welsh at all times, which she identified as being a significant facilitator within the Professional Sensitivity Trigger. *"She forced us into it, but it was a cultural thing in the office that Welsh was the predominant language and you must speak Welsh here"* QS11(24). She returned to this later and recognised the positive impact of this individual as a language and culturally appropriate practice mentor *"I could do my job better - everyone needs a [name] if you're going to do well in developing your language and culture in a workplace"* QS11(34).

Participants identified that Professional Sensitivity on a local level included offering a language and culturally appropriate service, but due to lack of skills amongst the workforce it was not always possible to deliver services in the official minority language. This is particularly an issue in some areas where recruiting official minority language professionals is beyond the control of local managers because it is a national issue that needs national policy drivers to address.

Only two participants from a total of seven in Phase Four were aware of the AO, both had worked in a setting where it was very well promoted, and they related this to the Professional Sensitivity Trigger by highlighting the divide between national policy drivers and local implementation. Participants acknowledged the positive impact of the visibility of AO and the need to employ bilingual staff so that strategies for accommodating different linguistic demographic populations can be achieved.

I was able to offer my profession in Welsh for those people, even if it was 1% Welsh [population], I know that I can complete an OT assessment for that person because I am able to offer it in both languages, so that was a massive advantage of them employing me. It gives you confidence as a practitioner to know that you could assess anybody in the language that they wanted.

QS11(28)

Theoretical sampling confirmed a lack of clarity in the Professional Sensitivity Trigger with participants identifying that it contained too many elements such as local and national drivers which resulted in lack of clarity and participants had difficulty in grasping how it could be used and applied to the development of LCAPs. Theoretical sampling in this case was invaluable for clarifying what this trigger should include and writing a theoretical memo about this issue identified that it would be better to split this trigger into two separate triggers. This was mentioned to participants in later interviews during theoretical sampling and they concurred that the proposed change to divide the Professional Sensitivity Trigger into two would work better in terms of use of the theory. Participants identified that it did not distinguish between local environments and management and the wider national or international perspectives that drove the development of LCAPs. Two new triggers were therefore developed instead of the Professional Sensitivity Trigger to address this issue:

- Local Culture and Management Trigger
- National Professional Drivers Trigger

6.3.2 Barriers and Facilitators

During theoretical sampling, participants strongly identified with the concept of Barriers and Facilitators impacting upon Triggers and provided feedback that addressing the Barriers and utilising the Facilitators provided an explanation of the route to them becoming LCAPs. They believed that these concepts provided a tangible explanation as to what would work and what needs to be addressed to facilitate change and foster language and culturally appropriate practice in health and social care. Despite the apparent simplicity of the list of five primary categories, participants confirmed that they did represent the range of Barriers and Facilitators they believed impacted on developing as LCAPs. For instance, QS03 stated that all the examples she had considered fitted within the five categories and stated that addressing Barriers and utilising Facilitators across different Domains and at different levels of practice (such as newly qualified staff to higher service managers) was a key element to becoming a LCAP.

During the interviews, participants provided examples from their own experiences of the impact that Barriers and Facilitators had on their development as LCAPs and examples of these are given below or have been incorporated within the '*Emergent Theory*' during synthesis in Phase Five.

6.3.2.1 Barriers

- **Negative emotions and attitudes**

Participants outlined that a range of negative emotions and attitudes about language and culture effected the behaviour of practitioners in relation to becoming LCAPs. For example, QS03 identified that her work as a Welsh Language Champion had provided insight into colleagues belief that their workloads will increase if they identified themselves as Welsh speakers.

*Nes i ofyn i bawb adael i mi wybod os oeddau nhw yn barod i siarad Cymraeg efo Client, ond be' sydd wedyn yn digwydd ydi fod pobol sydd wedi cytuno i siarad Cymraeg efo 'clients' yn teimlo, fel – wel pam fod rhaid i mi wneud mwy o waith? gan ddeud bod nhw'n gallu siarad Cymraeg, mae nhw'n cael mwy o waith.
QS03(08)*

*I asked everyone to let me know if they were willing to speak Welsh with clients, but what happens next is that people who have agreed to speak Welsh with clients feel, like - well why do I have to do more work?... because they've said that they can speak Welsh, they get more work.
QS03 (08)*

Another example of negative attitudes identified as a barrier to becoming a LCAP was the belief by some colleagues that Welsh speaking SUs could be 'difficult' and practitioners are reluctant to take on SUs who are perceived as demanding. QS03 described a case where the Welsh speaking SU had insisted on having a service in Welsh and had been labelled as being difficult to communicate with.

QS07 outlined a different perspective to this barrier of non-bilingual SUs expressing negative attitudes towards bilingualism and AO, which led to some LCAPs being wary and frustrated by negative responses and needing to defend language and culturally appropriate practice to unsupportive SUs

Cleientiau sydd fel 'na i fod yn onest, 'why do you bother doing things bilingually?'. Cwyno fod pethau [eraill] ddim ar gael yng Nghymru Da chi'n clywed o gan cleientiau, mae hynna'n 'frustrating'. QS07(54)

Clients are like that to be honest, 'why do you bother doing things bilingually?'. Complaining that [other] things are not available in Wales. You hear it from clients and it's frustrating". QS07 (54)

- **Poor level of knowledge and understanding**

During theoretical sampling, poor understanding of bilingualism in the Practice Domain was identified as a barrier to the development of language and culturally appropriate practice, this was particularly evident to participants who had moved from a Social Service setting in a very bilingual area to work for a Health Board in a non official minority language geographical location:

Gweithio yn [lleoliad] a popeth yn ddwyieithog, wedyn NHS, ddim fel Social Services, [lle mae] lot o hybu'r iaith Gymraeg. NHS ddim yn 'encouragio' fo, licio rhoi yn 'job descriptions'. Does ganddyn nhw ddim syniad yn [location], ges i 'negative attitudes' yn gwaith oedden nhw yn gofyn... 'pam wyt ti yn siarad Cymraeg'? Pam bo chdi angen a tithau'n gallu siarad Saesneg? QS03(04)

Working on [location] and everything bilingually, then the NHS, is not like Social Services, [where] there is a lot of Welsh language promotion. The NHS does not encourage it, like putting it in job descriptions. They have no idea in [location], I've experienced negative attitudes... in work they asked ... 'why do you speak Welsh'? Why do you need to when you can speak English? QS03 (04)

Participants identified that some non-LCAPs would lack awareness that they are having difficulties in an official minority language geographical area because they

cannot understand that bilinguals are not willing to receive services in English as exemplified by QS09:

People that I know who are not necessarily sensitive Don't recognise that patients are struggling. So they wouldn't perceive that they are struggling to get a relationship with clients.
QS09(44)

Participants identified their experiences of a lack of inclusion of language and culturally appropriate practice within inductions to new posts in the Practice Domain contributing to poor knowledge and understanding and in their experience, if included at all, it had been from the perspective of multiculturalism rather than the official minority language. Participants linked this to similar issues in the Education Domain with non-bilingual programmes which resulted in some students not appreciating the difference between the official minority language or multicultural context from the beginning of their professional careers.

QS10 identified early experiences in a Welsh University research department prior to starting her professional programme leading to poor knowledge of bilingualism in the Research Domain because she worked in an environment where Welsh was not needed. She described working in an 'English Bubble' which led to limited understanding of the official minority language context through lack of connection with Welsh speakers.

Participants who were Welsh learners (QS09,10,11 and 12) all identified a barrier to becoming LCAPs being the perception that their standard of Welsh was not good enough (written Welsh in particular). This barrier was repeated throughout the research for participants of all linguistic abilities.

- **Negative experiences**

Theoretical sampling revealed that the Negative Experiences Barrier overlapped conceptually with the Biographical Sensitivity Trigger. This was because negative experiences (as barriers) could impact upon Triggers to inhibit the development of LCAP however, these experiences could also be included within Biographical Sensitivity Trigger. The theory needed to reflect that Barriers could impact on each Trigger as well as being considered by participants as biographical experiences, and so despite the overlap, it was decided to retain the concept of negative experiences in both aspects of the theory but that where they are attributed can be determined by the individual.

Participants identified specific barriers such as negative experiences by Welsh learners being criticised for practicing using Welsh with SUs which potentially had a negative impact on the Welsh learner's development as LCAPs as the criticism undermined their confidence. Other barriers included laughing at learners' pronunciation or not being willing to switch to the official minority language with learners. QS10 related this to her knowledge of a non-language and culturally appropriate colleague and her reluctant to speak Welsh in the Practice Domain being rooted in the impact of negative experiences in School:

There was an OT assistant – her Welsh was better than mine, but she wouldn't use it and I'd gone to learn it, and it was mad that she's got it but wasn't using it! But it was her story of school and who she felt she was that influences it.
QS10(52)

- **Negative environment (physical and people)**

Theoretical sampling revealed the impact of an English working environment leading to English being the only language of the workplace despite some staff being Welsh

Speakers. QS04 identified the non-bilingual environment within which she works since moving to a Health Board impacting on the attitudes and behaviour of colleagues:

Ers darllen hyn hefyd [y bamffled sy'n egluro'r theori] , mewn cyfarfodydd, ella fod pobol yn deall Cymraeg, ond bod nhw ddim yn siarad o, ond does na byth gydnabyddiaeth o'r Gymraeg, dechrau yn Saesneg a gwneud yr holl beth yn Saesneg – neith nhw ddim dechrau ddim byd yn Gymraeg, hyd yn oed cydnabod, ond fysa fo lot haws yn Saesneg, pawb yn mynd i ddallt a dyna ni.
QS04(36)

Since reading this [the pamphlet which explains the theory], in meetings, people may understand Welsh, but they don't speak it, but there is never recognition of Welsh, starting in English and doing everything in English - they won't start anything in Welsh, even acknowledging,it would be a lot easier in English, everyone is going to understand and that's it....
QS04 (36)

She identified a further barrier of SUs and colleagues being too polite to ask for what they really wanted in terms of linguistic choices within a non-bilingual environment which she identified as being a barrier to the Applying Learning Trigger:

Os fysa'r nyrs neu pwy bynnag yn gofyn 'fysa chi'n meindio i ni wneud o yn Saesneg'? A wedyn fel rheol mae rhywun yn dweud 'na ddim o gwbl', yn aml iawn da ni reit 'polite' tydan? Yn deud 'newn ni 'neud o'n Saesneg' - er bo chdi'n gallu deud go iawn mae pawb isio siarad Cymraeg de!
QS04(40)

If the nurse or whoever asked would you mind us doing it in English?And then usually someone says 'no, not at all ', quite often...we are quite polite aren't we? Saying we will do it in English, even when you really know that everyone wants to speak Welsh!
QS04 (40)

QS11 was expected to speak Welsh or to understand the context of the official minority language in her first post, but did not do so until she began the OT programme and understood how important it would be for SUs; there was no penalty for not following the language policy of the workplace.

- **Obstructive service considerations**

Obstruction within service development and service delivery was considered as being a barrier to the development of language and culturally appropriate practice. 'Service considerations' was utilised in this context as being relevant across all domains, although Phase Four participants primarily focused on their work as clinicians when considering examples.

Not having sufficient staff to be able to deliver language and culturally appropriate practice was confirmed by participants as being a major barrier within service planning and implementation on a national and local level. This was particularly relevant within theoretical sampling as it linked to the development of the new Trigger of National Professional Drivers as well as being relevant to understanding the challenges faced within the Legislation and Policy Domain.

QS04 identified examples of obstruction in compliance with policies (such as refusing to answer the phone bilingually) and while it had been evident during a recent audit, it was not day to day custom and practice therefore was not highlighted as an issue in her workplace. This aligned with the perspective of Phase Three participants who identified that monitoring of provision of language and culturally appropriate practice needed to be an ongoing process.

When considering why they might not have heard of policies such as the AO, QS07 explained how the emphasis on work with SU's took precedence over professional development which raised the issue within theory construction of how language and culturally appropriate practice could be facilitated across the domains. "*Dwi ddim yn ffan mawr o ddarllen – gen i well pethau i wneud – gweld clientau a ballu! Ddim yn darllen emails*" [*"I'm not a big fan of reading - I have better things to do - see clients and so on! I don't read emails"*]
QS07 (70)

QS09 identified developing as a LCAP on placements in the Education Domain despite not being a Welsh speaker, however, once qualified, struggled because of being placed in a very bilingual area with little support which was identified as being obstructive to further development as a LCAP. The desire to give SUs as best opportunity to communicate freely in an assessment facilitated becoming a LCAP:

I was trying to find somebody who [could] translate, sometimes [a] healthcare assistant or nursing staff, but nursing staff are often busy, I was anxious about whether what I was saying was translated accurately or not. If [SU is Welsh speaker] I often do assessment in Welsh if it's possible. It's more trying to give patient a fair chance to prove themselves, trying to provide the best setting for the patient. Often by having a translator in itself made it even more unfair.

QS09(26)

6.3.2.2 Facilitators

- **Positive emotions and attitudes**

Participants outlined positive experiences of becoming LCAPs and the impact of positive emotions and attitudes on facilitating their individual development as LCAPs. They believed that positive experiences in one domain impacts positively on other domains - for example for these participants, positive experiences and attitudes developed through studying on a bilingual OT programme had impacted positively on developing skills and knowledge as LCAPs once qualified.

- **Good level of knowledge and understanding**

During theoretical sampling, participants identified that their experience of the benefits of mixed linguistic groups on the bilingual pre-registration programme in the Education Domain had promoted knowledge and understanding that led them to become LCAPs.

QS11 identified having a different attitude towards speaking Welsh from School and recalled the impact of developing her understanding of the importance of speaking Welsh through playing sport with Welsh speakers which gave her an insight into the importance of official minority language and culture that she had not previously understood. The positive impact of this experience on her development as a LCAP when working as an OT enabled her to learn about the needs of official minority language families in rural areas and helped her to develop insight into their linguistic and cultural needs which she would use with SUs.

It did shock me, and I thought if you were working for the Council and you were going to visit these areas, and you have to be aware that they are there, and they are very different to how you are in [location], in that they have families that ALL speak Welsh. In a lot of farming areas, nobody really speaks English and they struggle to speak English.

QS11(04)

- **Positive experiences**

Participants with an assessed need such as dyslexia had positive experiences of bilingualism in the Education or Practice Domains through ease of access to language choices. Specific strategies in the delivery of bilingual teaching considered factors such as the benefits of consistency in presentation of written materials (side by side using the same format).

Theoretical sampling confirmed that positive experiences of using Welsh at work and home was a facilitator to development of LCAPs, participants identified positive experiences having a significant impact on their confidence to use Welsh at work, particularly if they had a positive response to speaking Welsh from SUs and their families.

Positive experiences and recognition for achievements in learning or speaking an official minority language (such as being nominated for an award) was a specific facilitator had been a positive experience for participants and promoted becoming LCAPs.

- **Positive environment (physical and people)**

Theoretical sampling confirmed the importance of a positive bilingual environment for facilitating LCAP which then impacted positively on the Triggers. QS03 outlined the empowering role of being a Welsh Language Champion and identified that it had facilitated her practice as a LCAP as well as that of other staff in her team. This was because the role allowed her to create an environment where she could facilitate the policies that promoted language and culturally appropriate practice for the benefit of SUs.

QS11 outlined a strong facilitator for her to become a LCAP had been to be accepted within the team in Social Services as a Welsh learner. She identified that this facilitator had particularly impacted on the Building Learning and Applying Learning Triggers relating to learning and using Welsh.

I had lot of motivation to be accepted, I wanted to feel accepted in the office. I wasn't from there, but from day one, it was clear where I wanted to get to, they liked my willingness to learn and motivation to learn and I gained.. they appreciated my effort then and I just felt part to the team.
QS11(34)

As a non-Welsh speaker, QS12 identified the positive cultural environment of the bilingual programme and believed that studying on a bilingual programme in the

Education Domain had enabled Welsh speaking peers to have an impact on her development as a LCAP:

I was aware of it and I liked it, I liked hearing the Welsh, I liked having people speaking around me but I know that perhaps some others perhaps found it a bit strange, people from England but because I've been born in Wales it didn't seem strange to me I liked the fact that there were a few people who were Welsh, who could have a bit more of an atmosphere I suppose, so it wasn't just one person feeling alienated, there were several people who could all speak Welsh together it felt like a bilingual culture.

QS12(04)

QS07 identified one of the facilitators to her developing as a LCAP in the Education Domain was the positive learning environment of the bilingual OT programme which enabled her to engage with different aspects of the programme in either Welsh or English as she preferred.

- **Facilitative service considerations**

Participants believed that service managers had a key role in facilitating the understanding of legislation and policy contexts relating to the official minority language and of delivering language and culturally appropriate services. They identified that enabling the workforce to follow the requirements of legislation and policy would facilitate a service where language and culturally appropriate practice was encouraged amongst the workforce and provided for SUs.

6.3.3 Time

Theoretical sampling confirmed the concept that the route to becoming a LCAP occurs over a long period of time, the variation in participants experiences of their individual development illustrated this with a common factor for all participants being that it was

not a linear process. For example, for the official minority language learners, a Trigger might motivate them to enrol for lessons, but becoming LCAPs was an ongoing project. Even fluent learners experienced doubts about their competence and worried about not being good enough and needing to spend more time learning or developing confidence to use the language at work.

Theoretical sampling confirmed that awareness of the importance of language proficiency and cultural awareness develops gradually within different domains, with factors such as age and experience over time playing a part in the development of language and culturally appropriate practice. Attending to one Trigger only would not appear to be sufficient to facilitate becoming a LCAP, it became obvious that there needs to be a short, medium and long-term plan to ensure continuing along the route to becoming a LCAP.

6.4 Summary of Changes

Theoretical sampling revealed several issues which needed to be addressed within the development of the '*Emergent Theory*'. During theoretical sampling, participants identified that there was an overlap between concepts and therefore the researcher reflected upon this repetition and decided that it was a useful concept to retain as it explained how practitioners can have different routes to developing as LCAPs.

Participants identified that the jargon used had been a challenge to understand the theory initially, however stated that once they had read the theory a few times, it did make sense, and the jargon was appropriate within what would be expected within a

conceptual theory. Participants stated that the schematic representation had been useful in developing their understanding of the relationships between the elements of the theory and suggested that a more detailed outline of the context for the theory might aid understanding. Several changes were made to the overall structure of the *'Adapted Theory'* and these are outlined below.

Following reflection on theoretical sampling during Supervision, it was identified that rather than using the concept of barriers and facilitators, it would be more appropriate within theory development to use the terms Accelerators and Inhibitors. Accelerators and Inhibitors were developed conceptually together to be two parts of a transactional processes which is considered as being more dynamic than stand-alone Barriers and Facilitators. The Accelerators and Inhibitors are represented on the new schematic diagram in Figure 6.1 as arrows that represent and impact on each of the Triggers individually.

The concept of the Triggers remained, but following reflection with participants during theoretical sampling, they were developed into seven rather than six in number. This was changed as a result of Phase Four participants having difficulty understanding the meaning and applicability of the Professional Sensitivity Trigger within developing as LCAPs. The higher-level legislation and policy context for the development of language and culturally appropriate practice as well as the overarching professional standards that guide practice on a national and international level were now articulated within the National Professional Drivers Trigger. The local culture and management that directly impacts upon practitioners and specific services on a day to day basis, was incorporated in the Local Culture and Management Trigger.

Although the concept of a Hub at the centre of the Triggers remained within the final theory, it was developed to become the Central Transformative LCAP Hub which gives a sense of potential for an individual to transform to become a LCAP.

The context within which practitioners develop LCAP on a personal and professional level was clarified and developed into the Trans-Contextual Influence that underpins the development of a LCAP (indicated by diamonds within a green background behind the Triggers and Hub shown in Figure 6.1). This new terminology indicated more strongly that the personal and professional context of where a practitioner lives and works surrounds and overlaps all elements of the development of language and culturally appropriate practice.

The final element of the theory to develop following theoretical sampling was the clarification of the existence of a Transitional Route within the development of language and culturally appropriate practice which is shown on the schematic representation in Figure 6.1 as a series of green two-way arrows. Previously this had been an under-developed concept that was expanded to clarify how the Triggers link and connect to each other as well as connecting through the Transformative Hub in a non-linear way.

Participants identified the importance of examples within explanation of the theory and therefore the outline of the final version of the theory in Chapter Seven provides examples to illustrate the elements that make up the theory and how they can be applied within all four domains.

QS03 suggested that it would be useful for individuals who use the theory to incorporate examples from their own individual contexts and suggested devising a reflective framework that could potentially be used within theory implementation (a framework has been developed and is shown in Chapter Seven). Within theoretical sampling, participants identified the importance of outlining from the start what the purpose of the theory was – what it could be used for and how it should be used across the four domains. This was a key aspect of synthesis following theoretical sampling because the researcher had discussed with participants how the theory could be used in a practical way. Participants had identified how they would potentially use the theory which shaped the final version of the theory following further synthesis of these ideas by the researcher and during supervision. For example, the theory was identified as being a tool for debate about the need to develop language and culturally appropriate practice.

Theoretical sampling identified that the theory provided an explanation as to how people could or do not develop as LCAPs as well as being a means of facilitating language and culturally appropriate practice to occur across different domains through clarifying expectations and actions needed as well as the context within which change can occur. For example, QS03 identified the theory as having provided her with a real sense of relief that she was not alone in how she felt as a LCAP:

Pan ti'n gweld rhywbeth fel hyn - y theori, ti'm mynd 'oh thank God, it's not just me! Di pawb yn erbyn fi, di pawb yn casáu yr iaith Gymraeg?! Mae o yn dda i gael y gwybodaeth da chi di hel, dwi'n cytuno efo. Sydd yn gwneud i mi deimlo 'it's not just me'.. ond mae hyn yn gwneud i bobol ddeall 'why are you going on about it' ydi? Gwneud theori allan ohono fo, achos heb model fel hyn sut mae'r 'attitudes' yn mynd i newid?
QS03(72)

*When you see something like this - the theory, you go 'oh thank God', it's not just me! Is everyone against me, does everyone hate the Welsh language?! It's good to get the information you've gathered, I agree with it. Which makes me feel it's not just me. This makes people understand 'why you are going on about it, doesn't it? Making a theory out of it, because without a model like how will attitudes change?
QS03(72)*

It was the researcher's intention to consider AO within theoretical sampling, however out of a total of seven participants, only two were aware of it and so it was only considered in more general terms within the Professional Sensitivity Trigger. It may be that several of the Phase Four participants worked in a bilingual service and therefore AO was not prominent because linguistic choice was offered to all SUs. Although AO was used where QS12 worked, it was not always successful because the service manager did not necessarily follow the principles, QS12 therefore believed that training about language and culturally appropriate practice should encompass all staff involved in services across all grades.

6.5 The Emergent Theory

The '*Emergent Theory*' is briefly outlined in this section to avoid repetition as a detailed overview is provided in Chapter Seven.

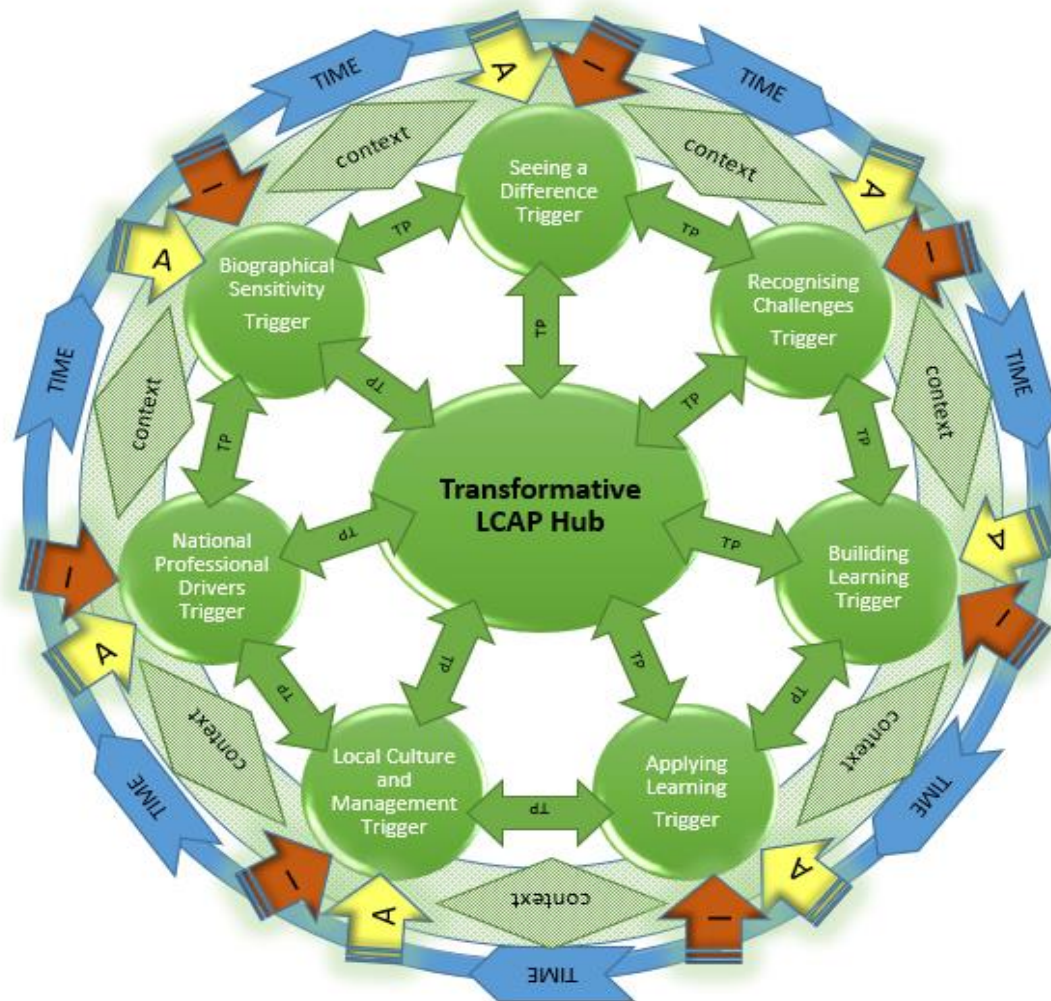
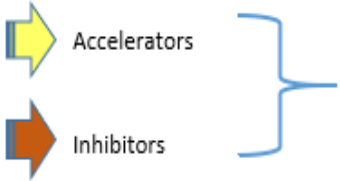







Figure 6.1 – Schematic Representation of the Emergent Theory

	TRANSACTIONAL PROCESSES (accelerators and Inhibitors acting on the Triggers)
	TRANS-CONTEXTUAL INFLUENCE (personal and professional context of a practitioner)
	TIME (timespan within which LCAP can develop)
	TRANSITIONAL Pathway (potential pathway for development of LCAP for practitioners)
	TRANSFORMATIVE HUB (central focal point for a practitioner)
	TRIGGERS (7 triggers of critical starting points for developing LCAP)

Key to Figure 6.1

TRANSFORMATIVE HUB

The Transformative Hub was developed as a more distinct element within the theory following theoretical sampling. It represents the central hub of development of an individual to potentially transform to become a LCAP.

TRIGGERS

Theoretical sampling confirmed the existence of seven Triggers that facilitate the potential to become a LCAP. There was no order of importance of the Triggers

established because any one, or a combination of Triggers can prompt the development of LCAP.

TRANSACTIONAL PROCESS

Formerly referred to as Barriers and Facilitators, the grouping of a balanced set of five categories remain. Following theoretical sampling, this element was developed to become a Transactional Process with Accelerators and Inhibitors influencing the behaviour, knowledge and emotions of practitioners through impacting on one or more of the Triggers.

TRANS-CONTEXTUAL INFLUENCE

The Trans-contextual Influence was developed as a distinct element of the theory which relates to the individual personal and professional circumstance within which practitioners develop as LCAPs. The context within which people work and live surrounds and influences the potential to become a LCAP.

TRANSITIONAL PATHWAY

Following theoretical sampling, the pathway by which practitioners can become LCAPs was clarified with the development of the Transitional Pathway becoming more evident. This refers to how all elements of the theory relate together through the central Hub and shows the complexity of how the different elements are connected.

TIME

Time remains unchanged within the development of the theory and relates to the temporal dynamic of time impacting upon the potential to develop as a LCAP and

indicates that despite being able to start to develop language and culturally appropriate practice at any point in time prior to or during becoming a Health or Social Care practitioner, there can be changes over time that impact on the route to become a LCAP or not.

6.6 Chapter Six Summary

This chapter provided a summary of changes in the penultimate iteration of the theory constructed namely the '*Emergent Theory*'. The next chapter provides a detailed overview of the final iteration of the theory following synthesis in Phase Five. The final iteration of the theory was developed and is referred to as the 'Theory of the Development of LCAPs' (The 7T Theory) is now outlined in full in Chapter Seven.

CHAPTER SEVEN

MAPPING THE 7T THEORY

7.1 Introduction to Chapter Seven

Chapter Seven summarises the CGT (Charmaz, 2014) that is the outcome of this research study. Data analysis and synthesis regarding how the definitive theory was developed was previously outlined in results Chapters Four, Five and Six (summarised in Figure 7.1). Figure 7.2 outlines the theory development that occurred after each phase of the study.

A schematic representation of the final iteration of the theory, '*The 7T Theory of the Development of Language and Culturally Appropriate Practice*' is shown in Figure 7.3. Detailed consideration of each of the elements that make up the theory is given in this Chapter. Examples of how the final iteration of the theory could be used across the four Theoretical Domains is provided to illustrate how practitioners potentially become LCAPs and how the theory could be used to promote and deliver language and culturally appropriate practice on individual, service and policy level within health and social care.

7.2 Developing the Final Theory

Following theoretical sampling with Phase Four participants, the research entered a final phase of synthesis where the researcher reflected on the theory; final changes were made which were driven by focusing on how the theory could be used within the four domains. The process of synthesis consisted of re-looking and reflecting on the

development of the theory and identifying which elements needed further clarification. There was also development through the process of rendering through writing in refining Chapters Four and Five and the theoretical sampling in Chapter Six. The researcher also continued with rendering through writing via the process of memo writing and developing participant journeys to show how participants became LCAPs which was invaluable in reflecting on how the theory could be used across the four domains and across micro to mega levels.

The outcome of Phase Five synthesis was that it is proposed that the theory could be used for two primary purposes:

1. To provide an explanation of how practitioners working in health and social care develop as LCAPs or not
2. To develop a framework that can be used to facilitate the development of LCAPs or language and culturally appropriate practice across all four domains

Following synthesis, several changes were made that shaped the final iteration of the theory (outlined in full in Chapter Seven) which are summarised below:

- Clarification of what is acceptable as overlapping concepts to provide flexibility within the complex route to becoming LCAPs versus what could be perceived as lack of clarity. Overlaps are acceptable within the 7T Theory as they accommodate individual variation and reflect the complexity of becoming a LCAP. The researcher considered whether to show the concept of overlap

within the schematic diagram, however, attempts to do so caused confusion and made the schematic representation too complex, therefore the decision was made in supervision to clarify this point in the text.

- Theoretical sampling confirmed that the theory contained no gaps and that all sections were relevant to show the route by which practitioners have the potential to become LCAPs.
- Although overall, the theory does relate to promoting language and culturally appropriate practice, during synthesis it became evident that the theory is primarily about the development of an individual and as a result the concept of a central hub was amended to reflect this.
- Consideration was given as to the terminology of 'Accelerator' within the Transactional Process. The researcher considered whether the term 'Facilitator' might be better suited because an Accelerator could be suggestive of speed of development within becoming a LCAP. However, it was decided to keep the term 'Accelerator' as it suggests movement and momentum.
- Synthesis clarified and refined the remit of each of the seven Triggers which was necessary because of the overlapping concepts between different elements of the theory. For example, that the physical and social environment is included within Local Culture and Management Trigger despite also being relevant to the element of Trans-Contextual Influence.
- Clarification of what was included within the Transactional Process (Accelerators and Inhibitors) was addressed during Phase Five Synthesis. The five negative and positive headings were retained but due to overlaps in the different elements of the theory, aspects such as culture which contributed to the development of a LCAP as both an Accelerator or Inhibitor as well as being

considered within the Trans-Contextual Influence dependant on where an individual considers it to be the most relevant.

- Synthesis in Phase Five revealed a more central role to the four domains within theory construction and as a result they were specifically included within the 7T Theory with consideration given to how they fit into the schematic representation more formally. The outcome was the concept of viewing the four domains as drivers that impact on and are impacted by language and culturally appropriate practice and are placed on the schematic representation as a band that sits alongside time at the outer rim of the schematic representation.
- Discussion took place in supervision regarding the metaphor of the theory being considered as a Route rather than a Pathway and therefore the Transitional Pathway was changed to the new title of the Transitional Route.

The impact of the Domains acting as drivers for the development of LCAPs was useful to integrate concepts within building a social construct and was the final 'piece of the jigsaw' within this CGT (Charmaz, 2014) research. This clarified the concept of applicability of theory within different domains that explain how staff at all levels of health and social care can become LCAPs and how language and culturally appropriate practice can be facilitated across all four domains which is shown in Figure 7.2.

The Oxford Dictionary (2018) defines an influence as something 'having the capacity to have an effect on the character or behavior of someone or something or the effect itself' while impact is defined as 'the action of one object forcibly coming into contact with another' or 'to have a strong effect on'. Within the 7T Theory, it is postulated that

the Accelerators and Inhibitors have a marked influence and impact on the Triggers; which means that the Transactional Process (action of the Accelerators and Inhibitors on the Triggers) have the capacity to influence behaviors in relation to a person becoming a LCAP through the Transitional Route. For example, a non-Welsh speaking student could recognise the positive outcome of a SU receiving a Care Plan in Welsh from the Placement Educator and this experience would have facilitated their development as a LCAP prior to qualifying as an OT (influence of an Accelerator as a Transactional Process on the Seeing a Difference Trigger). It could also be the case that having first-hand experience of the Seeing a Difference Trigger in turn impacts by inspiring them to learn Welsh to use with SUs (Building Learning Trigger). However, the employer may not provide financial support or study time to learn Welsh because there are few Welsh speaking SUs in the setting (the Trans-Contextual Influence) which results in this being an Inhibitor on the Building Learning Trigger which has a detrimental impact on the Transformative Hub of developing as a LCAP.

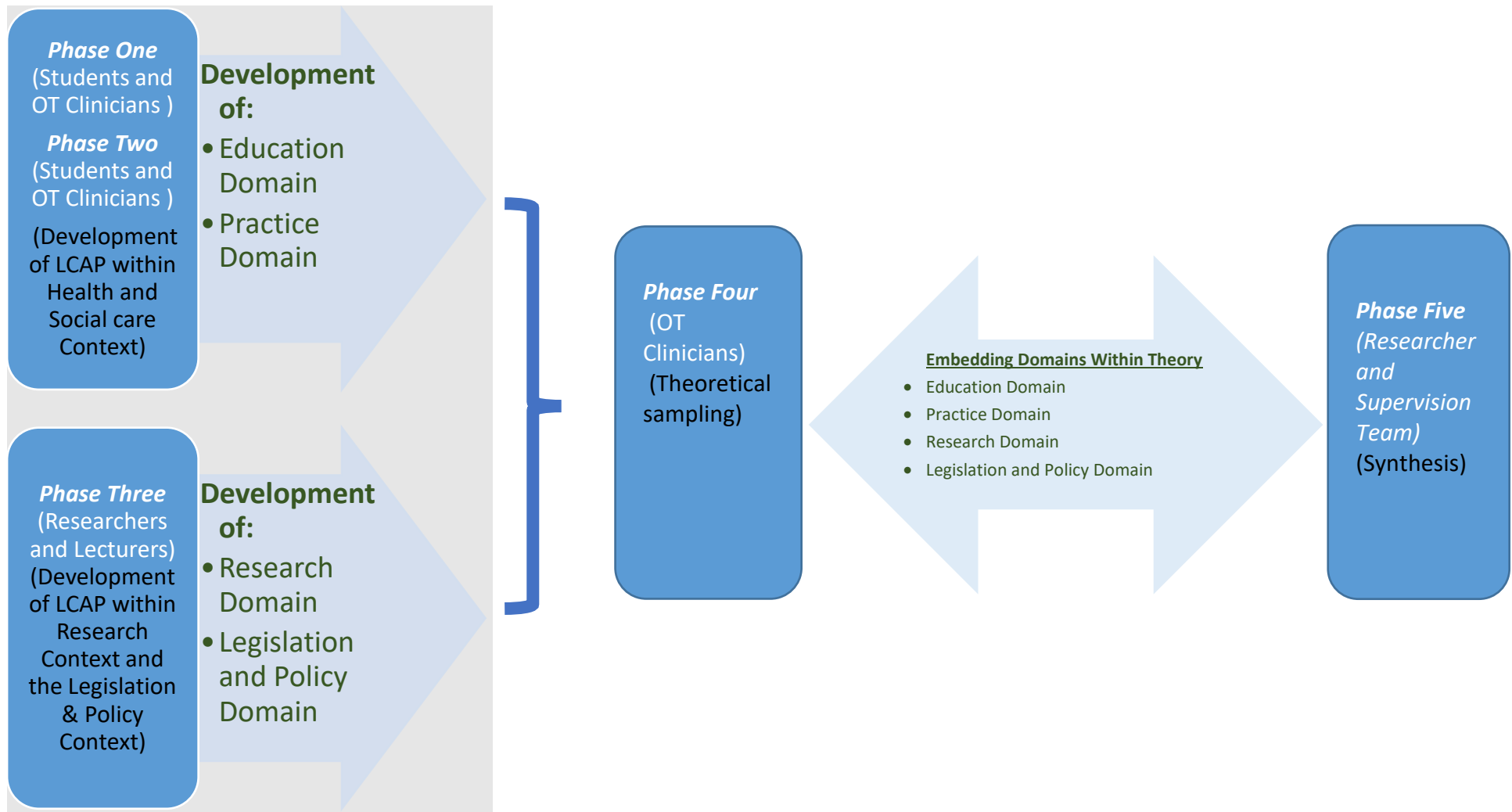


Figure 7.1 Embedding the Domains Within Theory Construction

Synthesis in Phase Five clarified the three main roles of the four domains within the theory:

1. Domains impact on development and provision of language and culturally appropriate practice, for example:
 - Legislation and policy such as AO should drive language and culturally appropriate practice
 - Culture and environment within the Education and Practice Domains potentially promotes language and culturally appropriate practice
 - Students using learning from a pre-registration bilingual course as a foundation to develop their practice once qualified

2. Domains are impacted upon by LCAPs or language and culturally appropriate practice, for example:
 - LCAP students lobbying for changes to legislation and policy
 - SUs and staff from language and culturally appropriate services in health and social care demanding language and culturally appropriate practice implementation of policies in the Education Domain or Practice Domain
 - Research into positive impacts of providing language and culturally appropriate practice for SUs drives provision of language and culturally appropriate practice in the Practice, Education and Legislation and Policy Domains

3. Domains impact on each other, for example:

- The Research Domain driving the development of new policies that promote language and culturally appropriate practice which are taught in the Education Domain and implemented in the Practice Domain

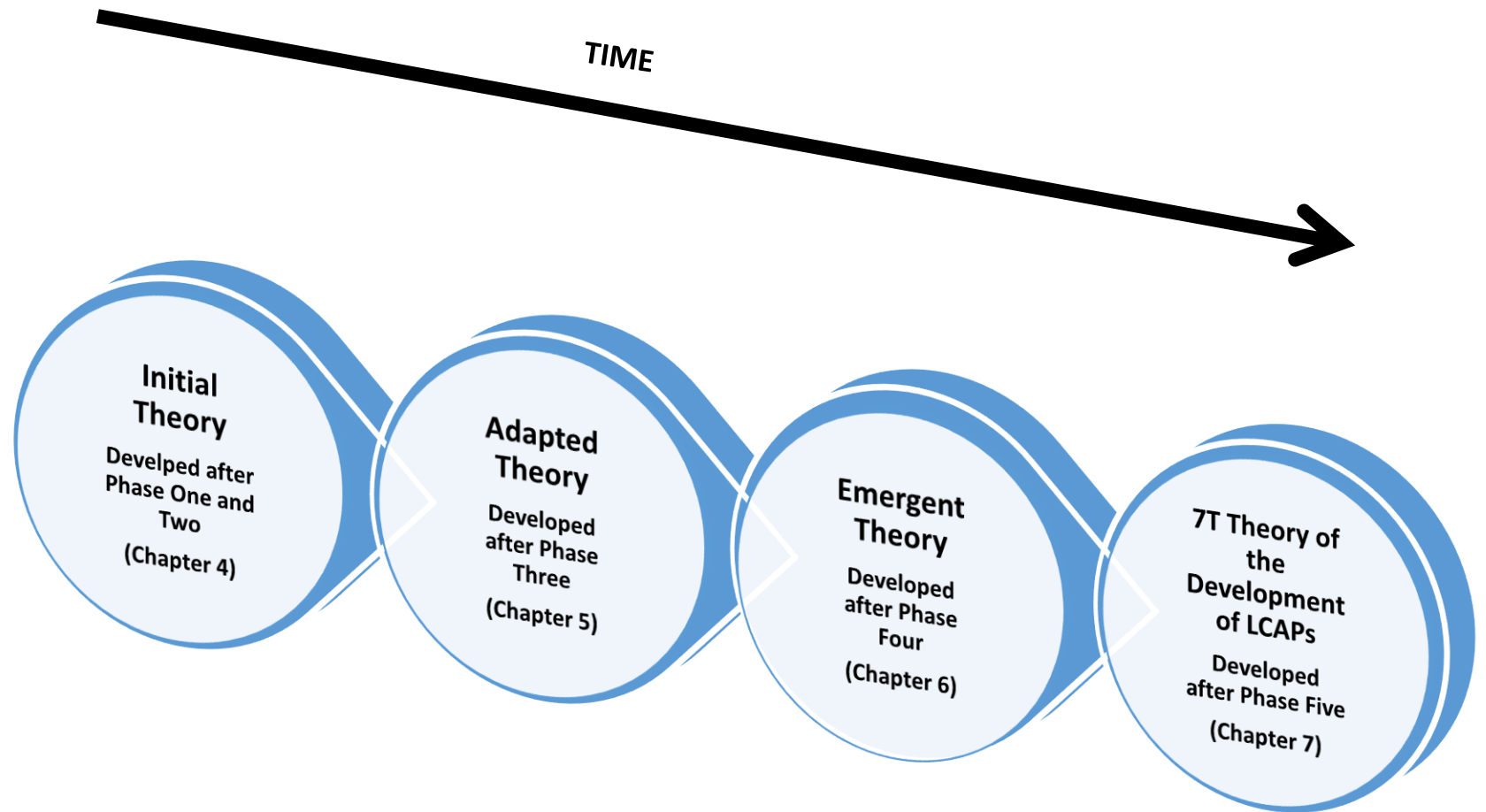


Figure 7.2 – Theory Development Following Each Phase of the Study

Developing the '*Initial Theory*' was a turning point in establishing the impact and relevance to implementation of this research. The theory subsequently underwent numerous cycles of change and development as the research progressed, this was particularly evident during Phase Three because participants from the Cymru/Canada Research Network had a particular interest and expertise in how official minority languages and cultures are accommodated (or not) in health and social care from a MDT and international perspective. In addition, theoretical sampling during Phase Four further developed the theory and schematic representation which embedded and grounded the theory further to ensure that it continued to be constructed from data analysis. The final version of the schematic representation of the theory is shown in Figure 7.3.

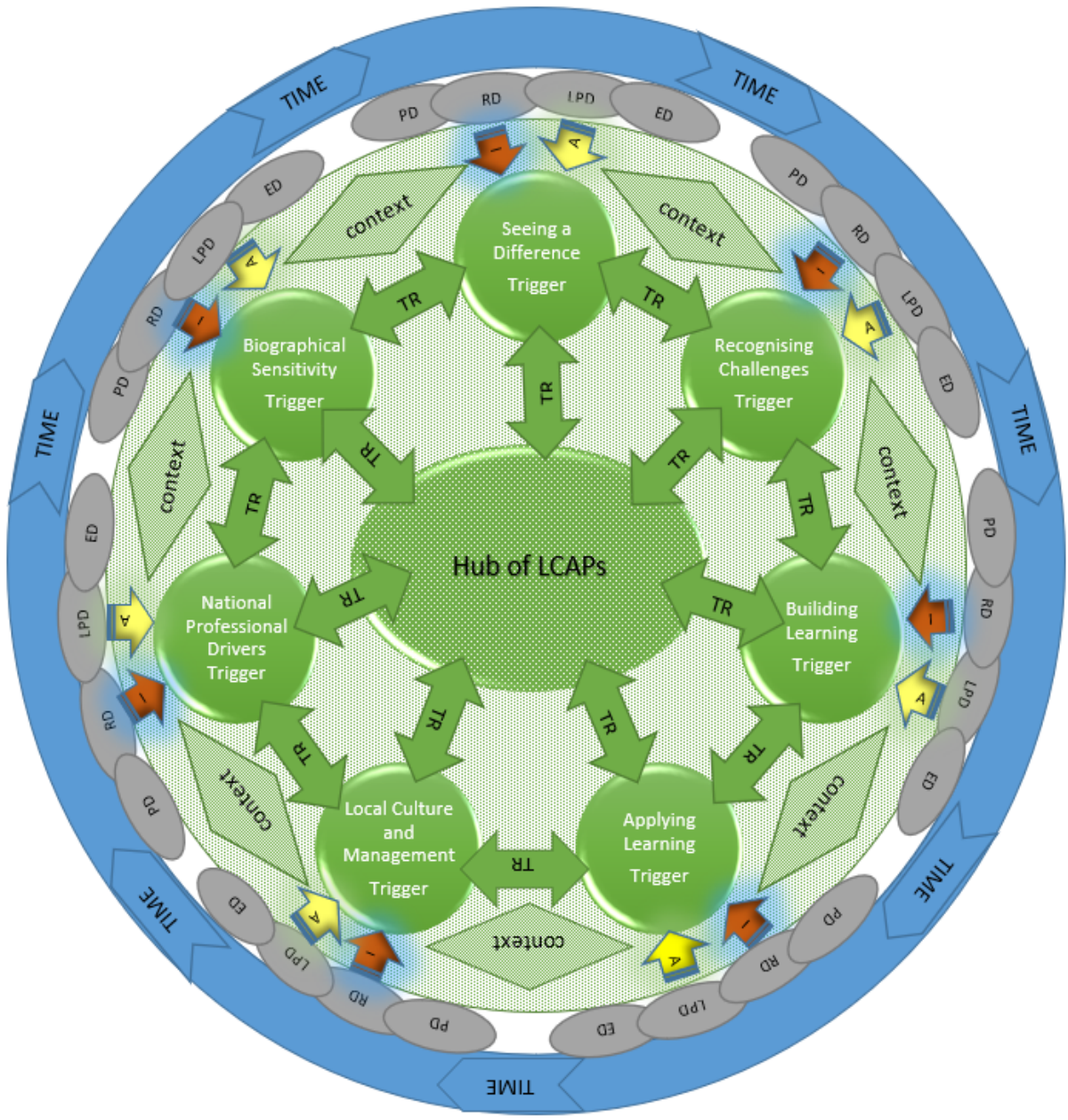


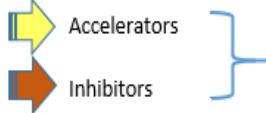






Figure 7.3 Schematic Overview of the 7T Theory of the Development of Language and Culturally Appropriate Practitioners

Key to Figure 7.3

	HUB of LCAPs (central focal point for a practitioner)
	TRIGGERS (7 Triggers of critical starting points for developing as LCAPs)
	TRANSACTIONAL PROCESSES (Accelerators and Inhibitors acting on the Triggers)
	CONTEXTUAL INFLUENCE (personal and professional context of a practitioner)
	TRANSITIONAL ROUTE (potential route for development of LCAP for practitioners)
	TIME (timespan for developing as a LCAP)
	THEORETICAL DOMAINS ED - Education Domain, PD - Practice Domain, RD - Research Domain, LPD - Legislation and Policy Domain

7.3 The Final Conceptual Theory (The 7T Theory of Developing Language and Culturally Appropriate Practice)

There are seven distinct elements within the 7T Theory that contribute to the route by which health and social care practitioners become LCAPs. The sequence in which they are presented below does not relate to any notion of order of importance as each practitioner will experience their own route which is linked to their individual potential to develop as LCAPs. The term practitioner is used here to encompass students and clinicians unless specified differently as well as researchers and service and education commissioners and policy makers.

The theory utilises the concept of a central **Hub** which is the pivotal point of an individual becoming a LCAP with all the other elements impacting upon this central Hub. Any of the 7 **Triggers (7T)** can impact on practitioners' understanding, knowledge and skills with regard to language and culturally appropriate practice singularly or in conjunction with each other. The **Transactional Process** indicates that the Accelerators and Inhibitors can act on one or more of the Triggers and explains why some practitioners develop language and culturally appropriate practice while others do not appear to do so. The personal or professional context within which the development of language and culturally appropriate practice does (or does not) develop is described as the **Contextual Influence**. Practitioners have the capacity to become language and culturally appropriate in their practice through engaging with a flexible **Transitional Route**; this Transitional Route can be different for different people and is dependent on aspects such as the impact of one or more of the Triggers, the Transactional Process and the unique context of the individual. **Time** is considered within the theory as a temporal notion with practitioners engaging with language and

culture over time and can develop language and culturally appropriate practice (or not) at any point in time. There are four **Theoretical Domains** that primarily reflect the spheres of activity that can impact upon the development of LCAPs.

Unfortunately, practitioners in health and social care can also follow a transitional route that takes them away from becoming LCAPs. A practitioner can become less language and culturally appropriate over time given the impact of the Trans-Contextual Influence and the Triggers and therefore for some practitioners, their Transitional Route can take them further away from developing into LCAPs.

How the theory could be utilised for an individual practitioner is specified in the participant journey at the end of this chapter. The participant journey provides an example of what could be considered under each of the sections of the 7T Theory. Each element of the final theory is now outlined in detail as the final iteration:

7.3.1 Hub

The Hub is the central, pivotal point to the 7T Theory and is the point at which all other elements come together to impact upon a practitioners' development. It is considered conceptually as transformative to demonstrate how practitioners have the capacity to transform or change their attitudes, beliefs and behaviour through their experiences, knowledge and skill development impacting on their capacity to develop as LCAPs. There is potential for positive or negative transformation, for example, rather than developing as LCAPs, some practitioners may become more entrenched in their negative attitudes, beliefs or behaviours, moving further away from becoming LCAPs.

7.3.2 Triggers

The Triggers are a collection of sometimes overlapping factors that have the capacity to trigger the development of LCAPs. During theoretical sampling, Phase Four participants identified with the content of each of the Triggers and the only change made was that the Professional Sensitivity Trigger was divided into two separate Triggers and felt that they provided an accurate representation of what had triggered their development as LCAPs. During theory construction, each Trigger was considered carefully and developed as the theory was refined. For example, although Building Learning and Applying Learning are similar and are possibly sequential, keeping them as separate and distinct Triggers in their own right reflected that a practitioner could 'Build Learning', e.g. learn the official minority language; but then not feel confident to use that skill successfully in the workplace – 'Apply Learning'. Another example might be a practitioner Building Learning by learning some key official minority language phrases and then Applying Learning through using the phrases confidently with SUs before being aware of Seeing Difference of understanding the positive impact of using the official minority language at work with SUs. This demonstrates that one Trigger does not necessarily occur before another in a sequential way.

Each Trigger is explored separately to clarify meaning and consider how it links to developing LCAPs within the four Theoretical Domains.

7.3.2.1 Biographical Sensitivity Trigger

This Trigger relates to the personal and/or professional attitudes and belief systems about language and culture that develops from experiences in a persons' life in the past or the present. Biographical sensitivity is developed through life experiences

linked to family and friends as well as professional experiences which are relevant across the four domains. Biographical experiences can be rooted in past or more recent experiences such as a bilingual pre-registration programme.

Biographical sensitivity influences the ability of individuals to understand SUs linguistic and cultural needs as recipients of health and social care across all four domains. In essence, this Trigger relates to personal and professional attitudes and beliefs that have been shaped by experiences of language and culture. For example, a practitioner who is a Welsh speaker might use insight from their family experiences of receiving language and culturally appropriate services themselves to inform their attitudes, beliefs and behaviour in relation to their own development as a LCAP when delivering services to official minority language SUs. Conversely, a practitioner with negative or absent experiences relating to language and culture may develop an underlying belief that bilingual services are not needed or are a waste of precious resources because they perceive that official minority language populations all speak English. This could lead to lack of understanding of the negative implications for service delivery such as SU safety linked to poor communication.

Biographical sensitivity can lead to increased insight through biographical experiences mirroring experiences of SUs; for example, official minority language students receiving a language and culturally appropriate education in the Education Domain leads to them having greater empathy with the official minority language SU perspective in the Practice Domain.

In the Research Domain, a researcher might use their biographical sensitivity to understand the importance of embedding language and culturally appropriate research practices within study designs. In the Legislation and Practice Domain, policy makers may use their biographical sensitivity to develop their insight into the importance of embedding language and culture within legislation and policies in health and social care.

7.3.2.2 Seeing a Difference Trigger

This Trigger relates to individuals developing as LCAPs by seeing for themselves the difference that receiving language and culturally appropriate services or education can have on official minority language populations; be they SUs and/or carers, colleagues or peers across the four domains. Seeing the difference fosters an increased awareness of the importance of promoting language and culturally appropriate practice across all four domains.

Seeing and understanding the difference that receiving a language and culturally appropriate service can have on bilingual SUs such as better communication in the Practice Domain or Research Domain can facilitate individuals in becoming LCAPs. For example, in the Research Domain, researchers who see the difference through understanding the impact of effective communication on accuracy of data gathering when official minority language research participants can engage with research studies in their preferred language. Another example from the Practice Domain might be when a child or elderly SU is unable to express themselves accurately through their second language within an assessment which leads to errors in accuracy of

intervention provided.

Practitioners who have little or no understanding of the impact on SUs and/or carers of receiving (or not receiving) a language and culturally appropriate service may remain unable to see the difference that providing language and culturally appropriate practice makes. Similarly, in the Legislation and Practice Domain, it can be difficult for legislation and policy makers to experience seeing the difference themselves if they have had little contact with official minority language populations or if bilinguals are not employed at that level of Government or at senior levels within organisations.

Peers on a bilingual programme may see the difference to bilingual students through observing the positive impact of being recipients of bilingual pre-registration education. Non official minority language lecturers can also see the difference to students of providing a curriculum where language and culture is embedded for students of all language abilities such as development of language and culturally appropriate practice across the whole cohort which may motivate them to continue to develop and deliver a bilingual curriculum.

7.3.2.3 Recognising Challenges Trigger

This Trigger relates to recognising and understanding the challenges of becoming a LCAP or of delivering language and culturally appropriate practice across the four domains of health and social care. For example, on a basic level, understanding how challenging it can be to use a new language at work for official minority language learners, understanding the time requirement for translation when developing bilingual

materials or being aware of how to go about providing bilingual materials for SUs. There are challenges that may be difficult to recognise to when exploring provision for accommodating language and culture on a superficial level such as the official minority language populations' reluctance to engage due to lack of linguistic confidence. There may be subtle variation in relation to accommodation of preferences such as some SU's having a strong preference for services in the official minority language while others prefer an English service because they perceive the official minority language used within statutory services being too formal or unfamiliar. An example of this could be understanding that students in the Education Domain may want to produce written assignments in English due to lack of confidence to write in the official minority language.

Another issue relevant to the Recognising Challenges Trigger is challenge of the lack of a skilled workforce who can deliver language and culturally appropriate practice across all four domains. Isolation as the only official minority language practitioner in a workplace can result in individuals finding it easier not to disclose that they are bilingual or experiencing fatigue as they are the only team member raising the issue of language and culturally appropriate practice as a service priority. For official minority language learners, they can feel that others may not understand how hard it can be to learn and use the official minority language at work.

A service commissioner, colleague or manager who does not recognise or understand such challenges may not be supportive to those who are expected to work in both languages on top of a normal workload. Recognising challenges makes it more likely that a better understanding will be developed of what needs to be done to enable

implementation of policies such as AO in the workplace.

When the challenges of developing language and culturally appropriate practice are recognised, it can act as an agent for change because of facilitating changes in working practices. For example, in the Practice Domain, accommodating the time required for bilingual practice such as writing bilingual care plans when allocating caseloads. A service manager who recognises the challenge may be better disposed to empower staff to engage with other Triggers such as Building Learning or Applying Learning.

7.3.2.4 Building Learning Trigger

This Trigger relates to developing knowledge and skills in a practical way to build capacity to develop language and culturally appropriate practice across the four domains. The health and social care workforce have potential to build learning through engaging with specific strategies such as learning the language or learning about the obligations of the legal and policy context that underpins investing in language and culturally appropriate practice. This might involve investigating or learning about strategies such as simultaneous translation and then knowing how to organise this provision to increase capacity to develop and deliver language and culturally appropriate practice across the four domains. For example, practitioners in the Practice Domain need to develop strategies for working with bilingual SUs such as knowing when and how to refer on to bilingual practitioner or learners developing confidence to speak in the official minority language with SUs when carrying out assessments. Another example may be using official minority language practice

terminology to develop bilingual paperwork and promoting its use.

In the Education Domain, this Trigger relates to building in strategies that ensure that the curriculum creates opportunities for consideration of language and culturally appropriate practice. For example, lecturing staff developing confidence to teach in both languages and promoting accommodating the needs of mixed language ability groups. It could also relate to opportunities for embedding the potential for bilingual students to participate in learning in their language of choice within curriculum delivery. Bilingual students may feel awkward about speaking their first language in-front of peers because of social conditioning not to do so and this Trigger could relate to strategies that enable staff and student peers knowing about and being comfortable with normalising the use of the language within a programme from the beginning.

7.3.2.5 Applying Learning Trigger

This Trigger relates to applying skills and knowledge about language and culturally appropriate practice and using them across the four domains; individuals may be aware of the importance of language and culture but may have difficulty utilising their knowledge and/or skills. Examples of applying learning could be learners having the confidence to speak in the official minority language at work, creating an enabling social and physical environment to promote a facilitative environment for the delivery of language and culturally appropriate practice (such as bilingual signage within service settings or using the official minority language terminology in the Education Domain or Practice Domain).

Applying learning can normalise the use of both languages within different domains as the official minority language becomes common knowledge and practice, normalising its use makes it less likely that official minority language speakers will feel that they are being rude to use their preferred language in front of others and therefore use of both languages becomes normalised and acceptable. An example may be in the Education Domain where delivering a bilingual pre-registration programme provides students with a language choice which entails the whole teaching team being committed to applying their learning whether they are bilingual or not. For example, if a lecturer is not an official minority language speaker, they can apply their learning about how to teach bilingually by utilising strategies such as using bilingual Power Point presentations or using simultaneous translation to facilitate students or groups to present work in their preferred language.

7.3.2.6 Local Culture and Management Trigger

This trigger relates to the local context and environment within the four domains; it includes the local organisational and management context as well as the physical, social and cultural environments. The local culture and management of an organisation influences the attitude and behaviour of the workforce regarding consideration of language and culture of an organisation, team or service. A manager may influence what is acceptable for the workforce to apply their learning by encouraging the use of both languages in the office by creating a bilingual working environment where use of both languages is acceptable. This could also ensure that consideration of language is embedded within recruitment and retention strategies within an organisation. How the team operates on a day to day basis can impact

positively upon the whole service delivery through facilitating the whole workforce to develop as LCAPs.

In the Education Domain, the culture and management within the educational establishment or a pre-registration programme can impact upon the support for the creation and delivery of bilingual or specific official minority language programmes and the drive to enhance the student experience of bilingual learning through the commitment to fostering a bilingual learning environment. The attitudes and actions of service management or Head of School within higher education can have a significant impact through the incentives they use to enable staff to create and facilitate a bilingual service or learning environment.

7.3.2.7 National Professional Drivers Trigger

This Trigger relates to the wider, national and international drivers for promoting the development of LCAPs as well as national professional drivers. Consideration of a profession wide context, including professional bodies such as the HCPC or NMC in the UK is an important factor in driving the development of LCAPs. This is because of the impact on individuals of professional standards which include consideration of the language and culture of SUs and/or carers.

Development and implementation of legislation and policies relating to language and culturally appropriate practice on a national or international level would also be evident within this Trigger. For example, whether consideration of language and culture is

embedded within professional standards or legislation that guides health and social care provision for official minority language populations.

Despite the existence of robust legislation and policy on a national or professional level, the delivery of language and culturally appropriate practice can be patchy and variable and therefore this Trigger concerns issues such as SU safety and security as well as SU experiences if legislation and policy is not implemented and monitored consistently. This Trigger also relates to the role of Commissioners of Education and Services at a higher national or organisational level who would have a key role to play to promote the development of LCAPs or the provision of language and culturally appropriate practice. An example of how this could be done is the provision of financial incentives to students to learn in the official minority language on pre-registration programmes or for Universities to provide linguistic choices for official minority language students.

7.3.3 Transactional Processes

The element of Transactional Process within the theory refers to an exchange or interchange between the Hub, the Accelerators or Inhibitors and the Triggers. Accelerators or Inhibitors influence behaviour, knowledge and emotions of practitioners through impacting on a Trigger. A Transactional Process actively drives through or prevents a change that has been instigated by a Trigger and the impact of the Accelerators and Inhibitors on each of the Triggers is known within the theory as a Transactional Process. The theory reveals that Accelerators and Inhibitors can each

have a different impact on an individual Trigger which reflects the complexity of becoming LCAPs.

The meaning of Accelerators and Inhibitors was achieved through grouping what participants identified as facilitating or inhibiting their development as LCAPs into a specific set of categories (Figure 7.4). The explanation of meaning for each group of Accelerators and Inhibitors provide examples rather than being a definitive list, however, during theoretical sampling participants all agreed that the main categories of the Accelerators and Inhibitors were sufficiently broad to encompass the factors that they had encountered across all Domains.

The Transactional Process is divided into a list of corresponding factors which contribute to accelerating or inhibiting the development of language and culturally appropriate practice (Figure 7.4).

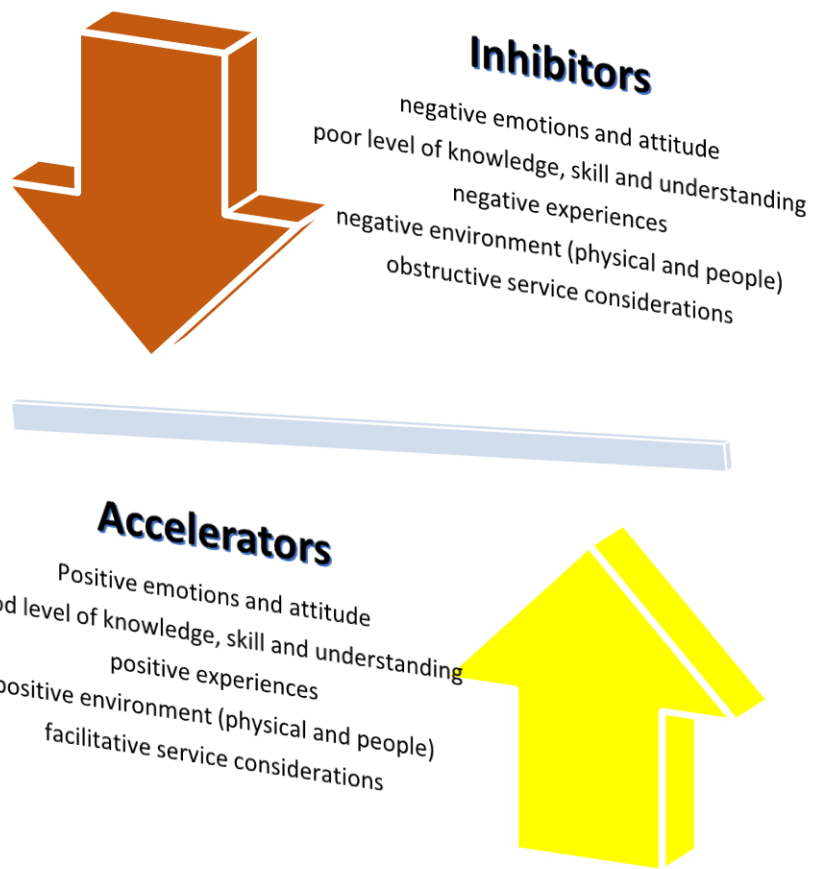


Figure 7.4 Transactional Processes – Categories of Inhibitors and Accelerators to Developing Language and Culturally Appropriate Practice

Table 7.1 Examples of Inhibitors and Accelerators

Inhibitors	Accelerators
<p><u>Negative emotions and attitude</u> For example:</p> <ul style="list-style-type: none"> • resistance to change • poor motivation to change • emotional toll (feeling inadequate, scared, insecure, fear of ridicule) <p>Some practitioners may have had negative experiences of practicing speaking Welsh as learners which impacts upon their confidence to speak with service users</p>	<p><u>Positive emotions and attitude</u> For example:</p> <ul style="list-style-type: none"> • embraces change • high motivation • emotional gains (satisfaction, achievement, success) <p>Having positive feedback from service users of the difference it makes to have their linguistic needs acknowledged makes practitioners more likely to continue to use the Welsh language skills they have acquired.</p>
<p><u>Poor level of knowledge, skill and understanding</u> For example:</p> <ul style="list-style-type: none"> • insufficient knowledge • poor understanding of bilingual context <p>If clinicians have not encountered many Welsh speakers and therefore have limited understanding of the impact to service users of receiving a service in their second language.</p>	<p><u>Good level of knowledge, skill and understanding</u> For example:</p> <ul style="list-style-type: none"> • good level of knowledge • good level of understanding of issues <p>Practitioners who were taught on a bilingual pre-registration programme will have encountered peers who engaged in bilingual education and will have an enhanced understanding of the impact of English being a second language in education.</p>

<p><u>Negative experiences</u></p> <p>For example:</p> <ul style="list-style-type: none"> • difficulty in learning languages • poor experiences from past (personal and or education) <p>Practitioners may have experienced feelings of frustration if they were not able understand Welsh being spoken by peers at school and still feel resentful when colleagues speak Welsh around them.</p>	<p><u>Positive experiences</u></p> <p>For example:</p> <ul style="list-style-type: none"> • positive educational experiences • positive personal experiences (e.g. learning and using Welsh with SU) <p>Students and practitioners have first-hand experience of learning and using Welsh with service users and had positive feedback from them of the difference it makes to establish a positive relationship.</p>
<p><u>Negative environment (physical and people)</u></p> <p>For example:</p> <ul style="list-style-type: none"> • poor cultural & linguistic environment within department • no physical prompts (eg Welsh badges, bilingual signage) • insufficient contact with Welsh speakers SU & Peers • few WS in geographical area <p>Service Users may not be aware that staff speak Welsh and therefore may not be aware that staff speak Welsh and so the culture becomes monolingual English which further reinforces that bilingual services are not perceived to be important</p>	<p><u>Positive environment (physical and people)</u></p> <p>For example:</p> <ul style="list-style-type: none"> • first hand experience of learning in a bilingual environment • first hand experience of a positive bilingual clinical environment - staff wearing badges to identify them as a Welsh speaker, bilingual signs and paperwork • contact with bilingual peers / Service Users • positive environment that promotes cultural understanding for bilinguals <p>Students who received a bilingual education will have learnt that a bilingual working environment encourages people to expect their language and cultural choices to be accommodated.</p>

Obstructive service considerations

- demographics appearing to drive no need for provision
- lack of opportunity to learn / engage in CPD
- workforce planning taking no consideration of bilingual provision
- lack of monitoring of bilingual service provision
- prioritising SU casework over all other aspects such as language and culture

Service management does not encourage or promote bilingual provision in the workplace, lack of knowledge about AO

Facilitative service considerations

- language and cultural demographics of service users / students drive provision
- good learning opportunities / engaging in CPD
- workforce planning includes linguistic or cultural needs of Service Users and staff
- good monitoring of bilingual provision
- balancing of professional development and SU casework

Service managers actively encourage staff to use Welsh and structure services to ensure that bilingual provision is available to service users through using the principles of AO

7.3.4 Contextual Influence

The Contextual Influence is shown on the schematic representation of the Theory in Figure 7.3. as the green background and diamond shapes between each Trigger that surrounds the Hub. The personal and professional circumstances and environmental contexts within which individuals work can have a significant impact upon their understanding and potential engagement with language and culturally appropriate practice in health and social care. For example, team attitudes towards providing a bilingual environment may determine whether language and culturally appropriate practice is facilitated or not in a specific workplace. The impact of policies pertaining to language and culture can establish or promote the context for development of language and culturally appropriate practice. Creating an environment or a culture where language choice for official minority language SUs is facilitated promotes language and culturally appropriate practice because it embeds language and culture within the workplace across the four domains.

A practitioner's workplace can be an area of overlap within the theory, for example, a context of practice that impacts on the development of LCAPs could be considered under the Contextual Influence or be an Accelerator or Inhibitor as well as be relevant to the Local Culture and Management Trigger. Acceptance of overlaps such as this is key because flexibility needs to be promoted within the use of the 7T Theory, with LCAPs deciding for themselves where aspects such as context best fits within their route to becoming LCAPs – they may also include or consider it within several elements of the theory. Individual differences and experiences mean that there is no definitive pathway to developing as LCAPs that fits all and so flexibility in understanding the route by which individuals become LCAPs or not is acceptable.

7.3.5 Transitional Route

The Transitional Route that is established around and through the central Hub is characterised within the schematic representation of the theory in Figure 7.3 by a series of green arrows. These are representative of the route by which change in behaviours, knowledge and emotions occur if Triggers are impacted upon by Accelerators and/or Inhibitors. The arrows are representative of the Transitional Route to becoming a language and culturally appropriate practitioner (or not) being flexible and different for different people dependant on the experiences of individuals.

The Transitional Route provides an opportunity for interchange between the Triggers and the Hub and each arrow within the Transitional Route suggests links between multiple Triggers which interact directly with each other through the Hub.

7.3.6 Time as a Temporal Dynamic

The transition to becoming LCAPs develops over a timespan that varies from person to person, with some being LCAPs from the very start of their professional careers while others may not achieve any significant degree of language and culturally appropriate practice throughout their working lives (if at all). The timeline for developing as LCAPs can be any time before starting a professional programme of pre-registration learning to the other end of the spectrum of a very experienced practitioner at the end of their career.

Transition Over Time

Once practitioners start upon the process of developing as a LCAP, consideration needs to be given to the process of adapting and changing attitudes, beliefs and behaviours over time within different environments. Figure 7.5. shows how developing as a LCAP has potential to evolve over time given a facilitative environment and continued motivation to change through repeated exposure to Triggers and the positive influence of Accelerators and opportunities to address the Inhibitors outlined above. Practitioners could be said to ‘dip’ in and out of developing LCAP over the timespan of their careers. Developing as a LCAP is not chronological or sequential, but rather related to or impacted upon by opportunities that are available to practitioners over a timespan.

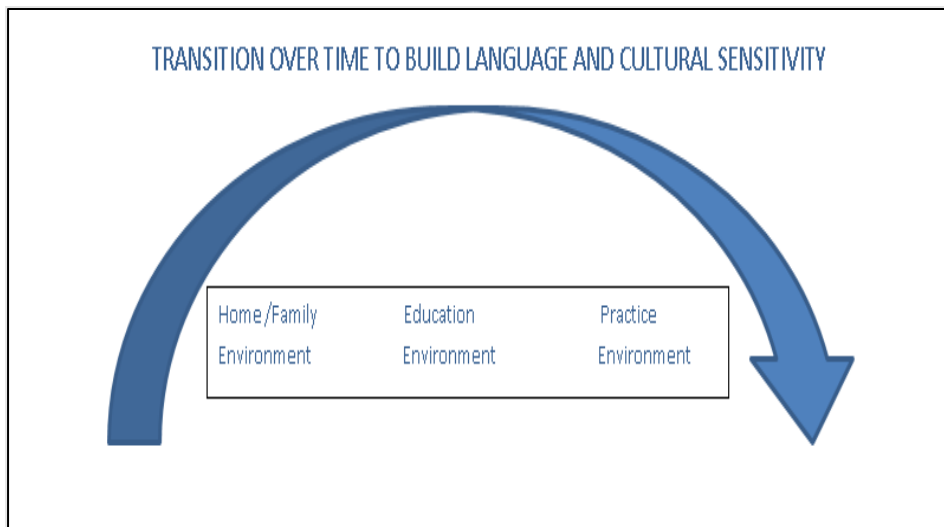


Figure 7.5 Transition Over Time Impacting on Different Environments

7.3.7. Theoretical Domains

The four Theoretical Domains are integral elements of the theory that are shown on the schematic representation in Figure 7.3. as a series of grey oval shapes that surround each Trigger within the context of developing as a LCAP inside the boundary of Time.

The four domains are the:

- Practice Domain
- Education Domain
- Legislation and Policy Domain
- Research Domain

They have three primary functions in their relevance to the Theory namely that Theoretical Domains:

1. Act in the capacity of drivers for development of LCAPs
2. Can be impacted upon by language and culturally appropriate practice in health and social care
3. Can impact upon each other

7.4 Critical Starting Point

The critical starting point of developing into a LCAP (or not) is the point in time where a person is exposed to a Trigger and a given set of circumstances (such as the positive influence of an Accelerator within the Transitional Route). Participants in this study

identified that such exposure results in changes of attitude, beliefs or behaviours from that point in time onwards that could potentially enable them to become more language and culturally appropriate. Conversely, being exposed to an Inhibitor within the Transitional Route could impact negatively to inhibit the action of the Trigger and this inhibits the development of language and culturally appropriate practice.

7.5 Use of the 7T Theory

The 7T Theory can be used to facilitate understanding of the potential for individuals to develop the necessary skills, knowledge, behaviour and attitudes to develop as LCAPs within health and social care for all four Theoretical Domains. It provides an explanation of why some practitioners develop an understanding of the importance of language and culture for official minority language SUs while others do not appear to do so. Aspects such as the timescales within which individuals can become LCAPs are clarified, whilst also accounting for flexibility based on the environmental and experiential variations found amongst the health and social care workforce on a local, national and international level. The 7T Theory clarifies that not all people develop from the same starting point and that for some, language and culture is not considered to be important within the delivery of health and social care.

There is no established or sequential pattern evident within the theory as to how an individual would develop into a LCAP. Any Trigger or combination of Triggers can be starting points for the development of LCAPs at any stage of professional development such as students, senior managers or service commissioners. All Triggers are interconnected, for example the theory reflects the education and/or practice environment and the wide range of experiences that practitioners in health and social

care are exposed to. The 7T Theory enables individuals, service managers and policy makers to develop strategies to promote the development of LCAPs within the four domains. For example, the seven Triggers facilitate understanding of the individuality within the process of developing as LCAPs. Implementation and application of understanding of the principles of personal and professional development on a local, national and international level would have a positive impact upon the development of practical strategies that can be utilised to promote language and culturally appropriate practice in health and social care.

Good practice can be promoted through identifying and implementing strategies to foster an environment that is conducive to developing a workforce who have the required skills and knowledge to deliver language and culturally appropriate services and thus ensure improved service experiences for SUs and/or carers as well as the official minority language workforce at all levels.

The 7T Theory also has impact because it provides a focal point for discussion of individual practice (individuals can be reluctant to discuss language and culturally appropriate practice because of sensitivity around the subject). For example, it can be a starting point for discussion within annual staff reviews, with practitioners who are not LCAPs to explore how and why they could potentially change. A framework has been used below to illustrate how the 7T Theory could be developed into a participant journey to illustrate how the theory could be used. Appendix 20 provides an early participant journey for information.

Table 7.2 Participant Journey OTP01

Participant OTP01 summarised her journey to learning and using Welsh at work with reference to the impact on SUs and colleagues which is summarised using the 7T Theory as a framework:

HEADINGS FROM THE 7T THEORY	PARTICIPANT OTP1 INFORMATION TAKEN FROM THE INTERVIEW AND CODING ACTIVITY (paragraph number in the transcript indicated in Brackets)	RELEVANCE TO THEORETICAL DOMAIN*
<p>TRANSITIONAL ROUTE (potential route for development of LCAP for practitioners)</p>	<ul style="list-style-type: none"> • Utilised formal and informal education, personal experiences, work colleagues, family and friends. • Route was primarily through Triggers related to her personal and professional experiences with SUs rather than Managerial or National Policy Drivers • Clear impact of the accelerators as motivators to make her want to continue to develop as a LCAP <p><i>it probably stems back to the OT training and wanting to be client centred and client led and wanting to be holistic and then, acknowledging that I can't do this, I can't actually carry out the role that I was trained to do, the way I want to carry it out because I'm struggling with the language and I'm in another country and I haven't even thought about that (29)</i></p>	
<p>TIME (timespan for developing as a LCAP)</p>	<ul style="list-style-type: none"> • Timespan for development as an LCAP originated primarily during pre-registration education and subsequently working as an OT • Identified developing as consciously becoming a LCAP for XX years since qualifying as an OT 	<p>PD, ED</p>
<p>HUB (central focal point for a practitioner)</p>	<ul style="list-style-type: none"> • Identified client centred practice as being a central aspect of her practice as an OT • Had a very clear vision of the language <u>and</u> culture of the SU at the centre of her practice. <p><i>it is more than the language, it is the culture, it is the way of thinking, ... it's also an acknowledgement of the way people accept or reject services because of their</i></p>	<p>PD</p>

	<p><i>values it is broader than the language, but the language is a very good tool to break the initial barriers (41)</i></p>	
	<ul style="list-style-type: none"> • Very focussed on using strategies to continue to develop as a LCAP as an ongoing process <i>Wanting to be part of the community that I was working in. be able to do what I was trained to do, wanting to provide the best service possible.... wanting to be more relaxed around that rather than feeling as if you're a pop in stranger because a lot of the people we work with have long term conditions you're going to be a face that's there over quite a lengthy period of time and, you want it to be one that they're glad to see! (47)</i> 	PD
	<ul style="list-style-type: none"> • Expressed a strong sense of injustice for SUs who do not get a service in their language of choice 	PD, LPD
<p>CONTEXTUAL INFLUENCE (personal and professional context of a practitioner)</p>	<ul style="list-style-type: none"> • Expressed frustration for SU having to undertake assessments in their second language, particularly when she was assessing communication skills <i>it was very difficult to assess people's communication skills and their level of understanding and for me to be trying to do that in their 2nd language just seemed very unjust. (27)</i> 	PD, LPD
	<ul style="list-style-type: none"> • Understood the importance of cultural references in a SUs house which was utilised when developing a rapport with SUs <i>You think more widely when you're more culturally aware, when you're carrying out your assessment and you're engaging with the person you are thinking more broadly, about their possibilities within this cultural society and then even things that you can pick up that you've seen (39)</i> 	PD
<p>TRIGGERS (7 Triggers of critical starting points for developing as LCAPs)</p>	<p>Biographical Sensitivity</p>	
	<ul style="list-style-type: none"> • Identified the impact of pre-registration education on her development as a client centred practitioner, but not as an LCAP <i>It probably stems back to the OT training and wanting to be client centred and client led and wanting to be holistic and then, acknowledging that I can't do this, I can't actually carry out the role that I was trained to do the way I want to carry it out because I'm struggling with the language and I'm in another country and I haven't even thought about that (29)</i> 	ED

	<ul style="list-style-type: none"> • She was not from the UK originally, but comes from a country with an official minority language which provided some insight, however had not realised that Welsh was such a prevalent language that would impact on day to day practice (not the same as the context of the minority language where she came from) 	PD
	<ul style="list-style-type: none"> • She moved to Wales for her first post as an OT and was unaware of the impact of the Welsh language and culture on OT practice prior to starting her post <i>It was just the shock that I was surrounded by staff speaking Welsh, by patients speaking Welsh to each other, it was more of a cultural shock for me, than the actual, culture in itself. But it was only after living here for years that you realise that there's a different way of thinking, and it just takes time to sort of immerse yourself in that really.</i> OTP01(7) 	PD
	<ul style="list-style-type: none"> • Feeling shocked that the people she would be working with did not have English as their first language (staff and SUs) 	PD
	<ul style="list-style-type: none"> • She had contact with Welsh language and culture through her Welsh speaking husband's family. Her children are fluent Welsh speakers and the family home was bilingual <i>My family grown up here, and they've grown up teaching me more about Welsh culture, but that has had a knock-on effect for me in my service provision because there's lots of certificates on the wall of other people's places that I can identify how important that is to someone,a picture of somebody in a choir (40)</i> 	PD
	<ul style="list-style-type: none"> • Using the Welsh had resulted in a more equal relationship with SUs who she identified as feeling that they are helping her with learning Welsh as well as her helping them as an OT 	PD
	<ul style="list-style-type: none"> • She undertook Welsh classes and completed exams but identified most learning occurring through informal situations at home and work. 	PD
	<p>Seeing a Difference</p>	
	<ul style="list-style-type: none"> • Seeing the difference that language and culturally appropriate practice made to SUs was strongly identified as a catalyst to her developing as a LCAP due to her focus on the experiences of service users. She recognised that SUs appreciate her using her Welsh with them, even for the 1st non-technical bit of the assessment. 	PD

	<p><i>I'm the person's guest in their home.... being able to speak some Welsh and even if it is the social bit at the beginning and then we're mixing in as much as possible on the, technical side, it does break down barriers, I think people appreciate that you're trying to fully understand where they're coming from, and then it becomes more of a two-way communication rather than <u>them</u> struggling to speak English and me not struggling, just sitting delivering what I have to deliver. it helps a lot with developing rapport, it helps a lot even if I struggle and put in some English (39)</i></p>	
	<ul style="list-style-type: none"> • She recognised the impact of using Welsh with SUs from a very early stage of her first post as an OT <i>Especially being with older people, it wasn't possible to actually assess properly and have developed an in-depth rapport in a second language for people, so that became highlighted straight away, and there's also other cultural differences that are, are more subtle (7)</i> 	PD
	<ul style="list-style-type: none"> • Understanding the cultural context of the SU helped her develop therapeutic relationships 	PD
	<p>Recognising Challenges</p>	
	<ul style="list-style-type: none"> • Understanding the links between client centredness and the language for communication for OTs was useful to deepen understanding of bilingual SUs perspectives <i>I don't think you can be fully client centred if you can't communicate in someone's first language (23)</i> 	PD
	<ul style="list-style-type: none"> • Identifying her previous experiences in pre-registration education was of a different model of bilingualism (in the community she trained in) and understanding the impact of communication on particular aspects of her role as an OT <i>how can you not acknowledge that this is a problem? There are probably some aspects of the job - absolutely fine, you could do it in a second language, you could work out if somebody has pain or whatever, but because we're looking at more the emotional side and psychological impact of disability, then that's at a different level, that, demands different communication skills and that's where you sort of loose the ability to carry on and be as holistic (33)</i> 	ED, PD

	<ul style="list-style-type: none"> • Learning Welsh provided her with a better insight to the SUs perspectives on their linguistic and cultural needs through her own personal learning and development. She identified this as a strong message to give to SUs, even through a few words of greeting 	PD
	<ul style="list-style-type: none"> • Developed skills differently - initially focussed on verbal, then later on as more proficient in the language, her development as an LCAP became about developing writing and reading skills too. 	ED, PD
	<ul style="list-style-type: none"> • Understood that using even a little bit of Welsh contributed towards developing rapport with SU and this develops a connection between therapist and SU 	PD
	Building Learning	
	<ul style="list-style-type: none"> • She identified taking positive steps to learn Welsh to a level of proficiency to be able to use it at work as an OT which included formal and informal learning <i>I did O level Welsh and subsequently did further courses but a lot of the Welsh that I have acquired after that has been through using it at the School gate, in work immersing myself in office conversations and picking up what you can and getting the gist of things and then jig-sawing it together (43)</i> 	ED, PD
	<ul style="list-style-type: none"> • The employer supported her to learn Welsh and providing opportunities to use the language at work was significant to becoming a LCAP, she used what she learned at all opportunities <i>It was my move from Health to Social Services that gave me the opportunity to actually and promoted learning Welsh and allowed time to learn it and were very good in terms of being very supportive. Not just in allowing the time, but also in using the language and making sure that whatever I learned, to have the opportunity to use (13)</i> 	PD
	Applying Learning	
	<ul style="list-style-type: none"> • The impact of her employer supporting her to learn Welsh and providing opportunities to use the language at work was important and facilitated her to use what she had learned at work using various strategies <i>Trying to opt out of translating equipment so that I'll concentrate more on the Welsh just taking every opportunity really to use it and not be afraid of making mistakes which isn't the easiest thing (43)</i> 	PD

	<ul style="list-style-type: none"> • Identifying the positive response from SUs and appreciating SUs patience enabled her to apply the learning she had <i>It's probably easier to use it with SUs who are so pleased that you're are trying, than sometimes poor colleagues... there isn't time, frustrated with a lack of flow and might turn to English quicker than SUs really; SUs are very patient. (43)</i> <i>'are you happy for me to just discuss this bit in English?' or especially if I start struggling, which happens on a regular basis!.... it just seems to open up doors, it seems to open up a flow, it seems as though people are more open and then maybe that's a two-way thing? (45)</i> 	PD
	<ul style="list-style-type: none"> • Acknowledgement of Welsh identity in the Local Authority was a factor in applying learning at work. The bilingual working environment facilitated applying learning with SU and colleagues 	PD
	<ul style="list-style-type: none"> • Identifying that Welsh speakers get to the crux of assessments quicker and that she feels envious of this ability was motivator for wanting to apply learning quicker to become fluent <i>I envy the Welsh speakers because I feel they can get to the crux of the assessment, to the bottom of the problem.... quicker (57)</i> 	PD
	<p>Local Culture and Management</p>	
	<ul style="list-style-type: none"> • Health services had been much less prepared to support her development as an LCAPs compared to Social Care in her experiences 	PD
	<ul style="list-style-type: none"> • She really valued the support of Welsh speaking colleagues and managers and identified them as being very patient while she developed fluency in her ability to use Welsh at work 	PD
	<ul style="list-style-type: none"> • Working in a variety of settings across specialities in health and social care had exposed her to different cultures and attitudes towards language and culturally appropriate practice 	PD
	<ul style="list-style-type: none"> • Welsh language and culture had not been mentioned in her first job interview which she felt in retrospect that it should have been as she was new to the bilingual context of North Wales. The interview process had not highlighted or prepared her for the different language and cultural differences in her new place of work 	PD

	<p><i>Not even in the interview was there any indication that you know, you'll be working with people whose first language isn't English - which came as a bit of a shock! It was just the shock that I was surrounded by staff speaking Welsh, patients speaking Welsh to each other, that was more of a cultural shock than...for me, than the actual, culture in itself (11)</i></p>	
	<ul style="list-style-type: none"> • Identifying the need to 'immerse' herself in the culture to understand it <i>But it was only after living here for years that you realise that there are other, there's a different way of thinking, and it just takes time, to sort of immerse yourself in that really.(11)</i> 	PD
	<ul style="list-style-type: none"> • She believed that there was an important role for written materials to be provided bilingually and that this has an impact on promoting bilingualism within the service on a wider level <i>If all the documents came through as Wels on the left or Welsh first and the English was the second, that it would even further heighten that this is important, this is important to the majority of people (65)</i> <i>it actually raises your acknowledgement of the existence whereas otherwise it's kind of lip service; we need to acknowledge this cultural thing and then on the other hand we're being fed all this information in English only – so it's almost like dumbing down the importance, unless it's up there with on parity. A subtle subconscious thing, you don't realise how watered down it gets if it's not there! If it's not there, and other people aren't giving precedence to it then, subconsciously, you're thinking maybe it's not as importance as you thought it was (67)</i> 	PD
	<p>National Professional Drivers</p>	
	<ul style="list-style-type: none"> • She acknowledged the importance of professional bodies having a role in promoting the development of language and culturally appropriate practice <i>with clinicians being spread so thinly; that acknowledgement needs to be coming from higher up valuing you cornering a piece of your time to look at the language and the culture and it needs to be valued because otherwise it's going to be the bit that gets pushed out (71).</i> 	PD, LPD
	<ul style="list-style-type: none"> • She identified that locally trained therapists were more likely to meet the language and cultural requirements of the local SUs 	ED, LPD

	<ul style="list-style-type: none"> • In her professional education, it had been highlighted that SU could have a cultural and language difference, but not that she would actively need to do anything about it which she felt should have been included more within the curriculum (by the professional body?) 	ED, LPD
	<ul style="list-style-type: none"> • She identified the impact of the current financial climate on reducing the ability to provide language and culturally appropriate service to SU's. Developing the 'gold standard' of language and culturally appropriate practice was not always the top priority for commissioners and managers given current financial restrictions 	PD, LPD
	<ul style="list-style-type: none"> • She believed that service managers needed to acknowledge the impact on the workloads of learning Welsh for work otherwise it could be seen by practitioners as an added burden to become a LCAPs 	PD, LPD
TRANSACTIONAL PROCESSES (Accelerators and Inhibitors acting on the Triggers)	Accelerators	
	<ul style="list-style-type: none"> • Working in the Local authority's bilingual working environment has enabled her to learn and use Welsh with SU and colleagues 	PD
	<ul style="list-style-type: none"> • She has used the feeling of being uncomfortable with letting the SUs down and being dependant on WS colleagues when carrying out Assessments as a motivation to learn and use Welsh at work 	PD
	<ul style="list-style-type: none"> • Her emotional response of frustration with being unable to do what she was trained to do because she could not speak Welsh with SUs has been a facilitator to developing as a LCAP <i>I found terribly frustrating; especially as a Basic Grade and even more so as I became a senior therapist, because you set these high ideals of what a competent therapist you want to be and I just found that I couldn't do it. (29)</i> 	PD
	<ul style="list-style-type: none"> • Regularly takes students on placement and finds this promotes her to continue to want to develop as a LCAP <i>When I have Welsh speaking students and I always make sure that before we go on a visit, explain that if the SU is Welsh speaking, then please feel free to carry on in Welsh (59)</i> 	PD
<ul style="list-style-type: none"> • Experiences of seeing the difference being recipients of language and culturally appropriate practice made to SUs during her first clinical post had a very strong influence on promoting her to become a LCAP 	PD	

	<ul style="list-style-type: none"> • She uses her understanding of the importance of developing rapport with bilingual SUs by speaking in Welsh as much as possible to obtain a more accurate assessment 	PD
	<p>Inhibitors</p>	
	<ul style="list-style-type: none"> • She sometimes feels bad that her ability in Welsh is not as good as she would like it to be which makes her reluctant to use it with colleagues and SUs <p><i>My language is probably not at the level I'd like it to be OTP01(39)</i></p>	PD
	<ul style="list-style-type: none"> • She was at great pains to state that she did not want to make herself sound superior to colleagues who were not LCAPs <p><i>It might sound as though you risk sounding superior in some way that you're acknowledging this cultural difference and that those who don't speak Welsh don't do that; I know that, that English speaking colleagues have been frustrated with their own lack of, of language ability; but whether or not they let that stop them from doing what they can and maybe somehow saying that's good enough and I'm not being, I don't want to sound judgmental (37)</i></p>	ED, PD

SUMMARY

CC01 has a strong leaning towards having developed as a LCAP through interactions in the Practice Domains. Due to her work role, she has little contact with Legislation and Policy Domain or the Research Domain.

Analysis using the 7T Theory could show that if she wanted to develop further, then involvement on these two Domains may be something to consider.

The Framework shows that she has very strong motivation to develop as a LCAP through her experiences with SUs and this has spurred her development to implement and utilise her learning for many years and to be continually striving to improve her skills and Knowledge, the framework reveals that a very strong motivator for her is the impact of practice on SUs.

Because she identifies as an LCAP, there are few inhibitors to her development.

*(ED Education Domain, PD Practice Domain, RD Research Domain, LPD Legislation and Policy Domain)

7.6 Chapter Seven Summary

This chapter outlined the final iteration of the 7T Theory and its implications for use within all domains to promote improved service planning and delivery in health and social care. The final chapter of this thesis (Chapter Eight) draws together the concepts relating to implementation of the theory and concludes the thesis.

CHAPTER EIGHT

DISCUSSION AND RECOMMENDATIONS

8.1 Introduction to Chapter Eight

This Chapter details the original contribution that the Theory of the Development of Language and Culturally Appropriate Practice (7T Theory) makes to the official minority language population within health and social care. Links are established between the use of the 7T Theory and contemporary literature. Three main areas of original contribution of the 7T Theory are considered. Chapter Eight concludes with a reflection about how the study was undertaken alongside an outline of the strengths and limitations and the final recommendations.

8.2 Original Contribution of the 7T Theory

The original contribution of this study has been to develop theory that explains the complexity of the individual routes whereby practitioners become LCAPs (or not) across four domains. The theory can be used to promote language and culturally appropriate practice across the four domains at all system levels (micro, meso, macro and mega specified in Figure 2.1). Previous studies into accommodating the linguistic and cultural needs of official minority language populations such as Bouchard et al. (2012) and Drolet et al. (2014) have focussed on the impact of language and culturally appropriate services on SUs rather than how language and culturally appropriate services can be achieved or understanding how and why clinicians become LCAPs or not as is evident in the 7T Theory.

The original contribution of the 7T Theory can be categorised into three distinct areas which are shown in Figure 8.1

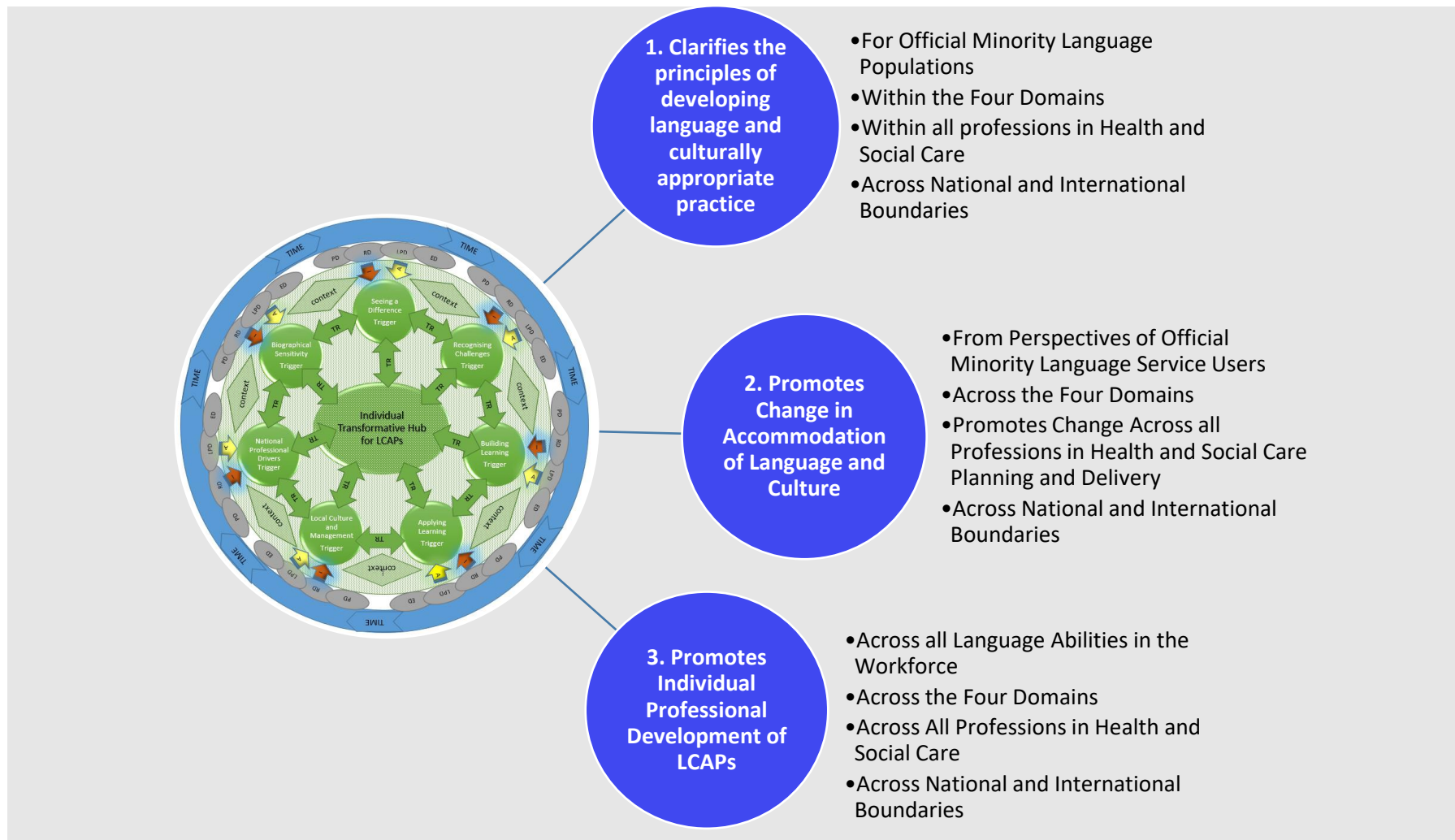


Figure 8.1 Original Contribution of the 7T Theory

8.2.1 Clarifying the Principles of Developing Language and Culturally

Appropriate Practice

Clarifying the principles surrounding developing language and culturally appropriate practice in all domains from micro to mega levels is an original contribution of the 7T Theory. According to Roberts et al. (2006b), accommodation of language and culture for official minority language populations in health and social care is a complex and multifaceted issue which is often ill-defined in literature and confusing or ill-understood in practice. Lack of clarity on a conceptual level and variation in understanding and interpretation of what action needs to be taken to achieve language and culturally appropriate practice within health and social care can lead to poor experiences for the workforce and SUs from official minority language populations (Drolet et al., 2014). The 7T Theory clarifies key principles for individuals and organisations to promote greater understanding of language and culturally appropriate practice which may stimulate service improvements.

The 7T Theory is applicable to a range of disciplines from national and international contexts; it promotes understanding of the basic principles of accommodating the linguistic and cultural needs of official minority language populations across health and social care. Drolet et al. (2014) draw comparisons between the bilingual context of Wales and Canada, however this study has shown similarities and differences in attitudes and beliefs that the 7T Theory needed to accommodate. For example, Canadian participants stated that Francophones are uncomfortable being called bilinguals due to negative historical connotations of oppression CNFS (2012). The study revealed that for some non-LCAPs in Canada, 'bilingual' is interpreted to mean that they should be ready to accept services in English as they speak both languages.

In the researcher's experience, this belief is not shared in Wales where bilingualism is perceived positively as it supports the accommodation of linguistic choices for SUs. The 7T Theory accommodates these differences through including flexibility of individual experiences and perceptions in its application to multiple contexts across the four domains (even amongst similar groups of practitioners).

The 7T Theory ensures that language and culturally appropriate practice is not only considered within the education and practice contexts, but by inclusion of legislation and policy as well as research; service planning and the evidence base from research is included. Identifying and including the four domains that impact on the development of language and culturally appropriate practice was key to theory construction. The 7T Theory promotes the importance of language and culturally appropriate practice being understood and integrated across all domains to ensure that linguistic and cultural needs of minority language SUs and members of the workforce is considered and embedded at all levels of planning and provision.

The ethos of the 7T Theory is that provision of language and culturally appropriate practice not the sole responsibility of members of the workforce who are official minority language speakers but includes the workforce of all language abilities. Health Canada (2001) stresses the importance of all staff recognising the cultural and linguistic backgrounds of SUs and their families which has been emphasised by participants in this study during theory construction. However, most studies focus on the members of the workforce who are the official minority language speakers with an assumption that people who do not speak the language cannot provide language and culturally appropriate services as they do not speak the language. Participants for this

study identified that the workforce in countries where there is an official minority language need to be comprised of staff who can practice in both languages because lack of bilingual human resources was a major factor in SUs not asking to have language preferences accommodated. Participants in this study who understood these issues in depth through their practice or research have biographical sensitivity to this because they have struggled to have their own language preferences accommodated.

The 7T Theory proposes that all members of the workforce should be language and culturally appropriate in their workplaces. The Centre for Culture, Ethnicity and Health in Australia (2012) produced a series of tip sheets that promote their framework for cultural competence. While they are not specifically targeted to the official minority language population, they do bring up a range of useful strategies and emphasise that all members of the health workforce have a responsibility to provide language and culturally appropriate services to all service users which is in line with the 7T Theory. This study encompassed all language abilities and developed the central notion that all staff have potential to become LCAPs as well as providing a framework to encourage them to do so.

Williams (2019) identifies geographical variation based on different professions and geographical areas that she links back to the Welsh Language Schemes where organisations set their own Language Scheme under the Welsh Language Act (1993). However, studies such as Makvandi et al. (2013) illustrate the difficulty of gathering robust research data specifically about small populations such as the official minority language populations which the researcher has found challenging in identifying

supporting literature within this study. The Welsh Language (Wales) Measure (2011) strengthened a Wales wide standard with further expectation of ongoing monitoring and enforcement which is in line with the findings of this study. The 7T Theory can be used to promote service improvement and delivery for official minority language populations and will contribute to enabling change at a macro meso and micro level across countries where there are official minority language populations. This is because it provides a tool for implementing and monitoring change and promotes a greater understanding of the why individuals within the workforce at all levels do or do not practice in a way that accommodates the linguistic and cultural needs of the official minority language population. Provision of language and culturally appropriate practice should be provided across the whole geographical area where an official minority language exists and not just where there is a dense population that speak the language. In order to achieve this aspiration, the 7T Theory advocates that all members of the workforce should be LCAPs even though they do not speak the language

8.2.2 Promoting Change in Accommodation of Language and Culture in Health and Social Care

The second main area of original contribution for the 7T Theory is identifying a range of strategies that can be implemented to stimulate change at a meso, macro and mega level to promote that the needs the linguistic and cultural of official minority language populations in health and social care are met. A range of strategies that promote best practice was highlighted by participants (Appendix 19). Strategies that relate to SU linguistic rights alone have been shown to be less effective (CNFS, 2012; Welsh

Government 2012a). The 7T Theory sits well alongside contemporary approaches to promote changes in accommodation of linguistic rights for official minority language populations such as that advocated by Drolet, et al. (2017a); Drolet et al. (2014) and Forgues et al. (2017).

In line with Drolet et al. (2014), multiple strategies that promote change across the four domains is a positive principle inherent in the 7T Theory and targeting resources and effort to where it has most impact is a key element within change management. The 7T Theory promotes changes across all system levels from micro to mega data analysis revealed the multifaceted and complex nature of official minority language populations, and this understanding turn allows more focussed targeting of resources or strategies to promote change. Forgues et al. (2017) considers the importance of political, social and professional actors influencing the context of health and social care linguistic provision. Utilising robust research studies as the evidence base for promoting strategies such as those advocated in this study in all four domains will promote language and culture to be promoted as a core part of health and social care provision across the system levels. This is a key factor to address the dearth of evidence identified by the Welsh Government (2012b) around promoting official minority language as an equal language for use in the workplace. An example may be that in Wales, Cymraeg 2015 strategy strongly advocates the use of Welsh in the workplace (Welsh Government, 2017a; Welsh Government 2017b) at a mega level.

Clarification of how to accommodate the complexity of different individual SU and members of the health and social care workforce linguistic preferences is a strength of the 7T Theory. Erroneous assumptions can be made for service planning and

delivery such as that all bilinguals are equally fluent in both languages (Drolet et al. 2014). Bouchard et al. (2012) explore the reasons why elderly Francophones may choose to receive services in English due to assimilation of only knowing English terminology for healthcare and propose some practical suggestions to bring about change which would be supported by the findings of this study. There are differences between verbal and written modalities which can impact negatively on service development and linguistic planning for the workforce in health and social care. In line with Williams (2019) and the Welsh Language Commissioner (2014b), the 7T Theory highlights the importance of not making assumptions about accommodating official minority language population preferences across all system levels.

Recruitment and retention of bilingual staff should ensure that the linguistic needs of official minority language populations can be accommodated across the whole country and not just for pockets of populations (Société Santé En Français Et Réseau Franco-Santé Du Sud De L'ontario, 2015). This is supported by Drolet et al., (2014) who states that the workforce should include bilingual staff so that there is a shared cultural experience between SUs and their health professional. However, there are unanticipated challenges in provision that go beyond numbers of official minority language speakers in the workforce. For example, Timony, Gauthier, Hogenbirk and Wenghofer (2013) explored the challenges of recruiting physicians to French speaking areas and found that as the Francophone population increased in Ontario, the availability of French speaking GPs decreased. This was compounded by French speakers not being located where the majority of French speaking SUs were located. Beauchamp, Belanger, Schofield, Bordage, Donovan and Landry (2013) explored similar challenges in their research which they state is comparable to other similar

studies, but focussed on the rural areas and found that community of origin from a rural area makes it more likely for physicians to return there to work which has an implication for student recruitment for appointing and retaining health professionals.

The 7T Theory identified the importance of recruiting staff who are LCAPs despite not being able to speak both languages as they can influence the development of services and promote a culture of accommodation of SU linguistic needs at all levels in line with the findings of Forgues et al. (2017) who explore the complexities of language versus clinical competence. The original contribution of the 7T Theory relates to realistic implementation of policies such as the AO that promote change by advocating a workforce where all staff should be LCAPs while acknowledging that the whole workforce will not be able to speak the language of the official minority language SUs (Office of the Commissioner of Official Languages, 2019b; Welsh Government, 2012a).

The promotion of services in both languages entails addressing numerous complex issues and the examples from Canada and Wales in this study suggests a gap in provision where aspiration of policy and legislation is not matched by provision. This is supported by Drolet et al, (2014) and Premji and Etowa (2014). Although Premji and Etowa (2014) considers a populations that are not official minority language in their research, there are valuable points raised in their paper regarding micro and macro level initiatives that could be applicable in implementing the 7T Theory. The linguistic configuration of the workforce needs to be more openly acknowledged by staff in all domains so that the framework proposed by the 7T Theory can be used to address issues in a practical way through implementation of specific strategies across all levels

from micro to mega (Figure 2.1). This should promote improvements in health and social care planning and delivery for official minority language populations.

Data analysis revealed practical steps that target specific Triggers, for example on a micro level educating non-LCAPs who have a gap in their Biographical Sensitivity and lack understanding of the historical linguistic oppression that contributes to SUs accepting English only services when they prefer to communicate in the official minority language. The 7T Theory provides a direct and targeted route to tackling the barriers to non-LCAPs understanding of the importance of language and culture within and across the domains.

Confidence to use the official minority language in the workplace can be a barrier with research such as the Welsh Government (2015) and Forgues et al. (2017) providing insight into possible reasons why less fluent official minority language speakers or learners are reluctant to use the official minority language at work. The 7T Theory promotes openly tackling these issues directly with the workforce with a range of targeted strategies which include those identified by participants in Appendix 19.

Dubouloz et al. (2017) specify that professional competence is a key factor in promoting change in accommodating the linguistic and cultural needs of official minority language populations which needs to be promoted across all domains. For example, the attitudes and linguistic skill which is modelled by teaching staff on pre-registration programmes who are considered to be key actors in promoting AO. Students on pre-registration programmes can be influenced positively to develop as LCAPs through using an AO toolbox of resources (CNFS, 2012) this would promote

integrating AO in the pre-registration curriculum. LeBlanc (2008, as cited in Bouchard et al., 2017b) outlines the importance of creating a workforce who have undergone their pre-registration education in French and have practiced in French so that they can ultimately impact on governance and decision making at a higher level. The researcher believes that this is one solution to the issue of recruiting a workforce who have the linguistic skills to practice in both languages, however participants from Wales believed that bilingual pre-registration education is a method of ensuring that all staff have the opportunity to become LCAPs. The 7T Theory provides a theory and Framework that could be used to promote the implementation of AO across all four domains but fosters and encourages variation in practical strategies that should be developed to fit local or individual needs.

8.2.3 Promoting Individual Professional Development of LCAPs

The final area of original contribution that emerges from this study is the promotion of understanding regarding how some practitioners become LCAPs while others do not, despite similar pre-registration educational or practice experiences. Although this links primarily to the micro level where individual members of the workforce take personal responsibility for becoming LCAPs, it is also relevant to other levels as there need to be action at mega (government and regulatory bodies), macro (organisational) and meso (service) levels to ensure that there is a culture and opportunity for the workforce to develop. For example, professional bodies and commissioners at the mega level should take greater responsibility for ensuring that being LCAPs is a requirement of the health and social care workforce who work with official minority language SUs.

The unique contribution of the 7T Theory is that it provides an insight into factors that need to be in place on all levels across all domains to support the growth and development of language and culturally appropriate practice and promote the development of a workforce that are LCAPs. For example, the aspiration of Welsh Government (2017a) to create the conditions to realise their aim of achieving a million Welsh speakers who use Welsh within their daily lives including education, workplace and social environments could be a driving force for implementation of the principles of the 7T Theory.

Strategies that impact on individual practitioners to encourage them to become LCAPs enables exploration of why some practitioners are not LCAPs despite being exposed to similar Triggers to those who do. This provides a unique understanding about the route to becoming a LCAP (or not) which is one of the main contributions of the 7T Theory to contemporary understanding of developing a workforce that can meet the needs of SUs from an official minority language population. Specific strategies such as language-awareness training advocated by Roberts et al. (2006b) have been shown to increase positive attitudes towards the Welsh language amongst the workforce (Welsh Government, 2012b), however, they also identify a lack of evidence of the impact of such strategies for all members of the workforce.

Promoting facilitators and addressing Inhibitors such as lack of confidence in their ability to speak the official minority language is vital. For example, Drolet et al. (2014) outlines the importance of accommodating the variation in proficiency by SUs from the official minority language who perhaps use everyday French rather than what is perceived to be 'professional French' (p 299). It is therefore important to promote the

notion amongst the workforce that practitioners do not need to have what they might perceive as perfect language abilities to communicate with SUs who might be intimidated by overly-professional vernacular which can lead to them preferring to have services delivered in English. However, Roberts, Gathercole, Thomas, Roberts, Rees, Williams and Robinson (2006a) also address the issue of linguistic competence and outline that the majority of participants in their research were confident with social interactions in the official minority language but that opportunities were scarce for higher level clinical related interactions. Research such as Chartier et al. (2014) clearly emphasise the importance of addressing the barriers to accommodation of language and culture within healthcare. This supports the concept outlined by Welsh Government (2012b) of promoting increased confidence amongst Welsh speakers to use Welsh at work which are identified in this study via articulation of the Inhibitors to developing language and culturally appropriate practice.

8.3 How the 7T Theory Could be Used

Providing language and culturally appropriate health and social care should be achievable given the existence of facilitative legislation and policy in countries with an official minority language such as Wales and Canada. However, research that supports this study such as Chartier et al. (2014) and de Moissac and Bowen (2017) emphasise that that the linguistic and cultural needs of many official minority language SUs remains unmet. Implementation of the 7T Theory has potential to impact positively on facilitating the aspirations of legislation and policy relating to provision of language and culturally appropriate health and social care services for official minority language populations. Legislation such as the Regulation and Inspection of Social

Care (Wales) Act, 2016 fosters accommodation of linguistic needs of SUs in Section 24 through specifying that reasonable steps must be taken. However a definition of reasonable steps is not given which leads to lack of clarity across all system levels that are outlined in Figure 2.1. The 7T Theory facilitates a deep understanding of what needs to be in place across the four domains that would enable a positive and facilitative culture to be established to stimulate the development of services that are language and culturally appropriate. The Welsh Language Commissioner (2014b) outlines the “*need to adopt positive and proactive attitudes*” (p.11) to ensure that the linguistic needs of Welsh speakers are central to meeting their health and social care needs and that language awareness training is a core aspiration to achieve this. The 7T Theory advocates that the whole workforce in health and social care should be aware of and undertake language and culturally appropriate practice to SUs from official minority language populations.

The 7T theory can be used as a framework for promoting professional development for individuals across all domains as well as being a framework that facilitates understanding of the factors that contribute to the development of language and culturally appropriate services. It could promote action for service development within health and social care through facilitating the use of Accelerators and addressing Inhibitors to foster service improvement to benefit SUs. This has potential to address the findings of reports such as the Alzheimer’s Society (2018) who asked that the ‘*language skills of the workforce needs to be implemented fully and promptly in relation to delivering dementia services*’ (p.56). They further call for collaboration on a macro level between Health Commissioners and educational establishments to ensure that the workforce is aware of and implement the principles of AO and that official minority

language skills are integral to workforce development as is fostered by the use of the 7T Theory. Inhibitors such as outdated attitudes that legislation and policy guiding accommodation of official minority language SUs are less important than other aspects of service delivery need to be addressed. The negative beliefs that individuals do not need to accommodate linguistic choice by some staff (who are not LCAPs) identified by participants in this study still prevail and are recognised in contemporary research such as de Moissac and Bowen (2017) who identified similar negative attitudes “*we don’t take it seriously because [we believe that] all Francophones speak English*”. (p.209).

8.3.1 Using the 7T Theory as a Framework to Promote the Workforce to Become LCAPs

Accommodating SUs preferences of linguistic engagement with health and social care services was a major influence on theory development. The 7T Theory advocates flexibility and taking an individual approach to addressing the complexity of developing language and culturally appropriate practice on all levels from micro to mega. For example, the ethical issues relating to the linguistic needs of SUs versus the linguistic needs of practitioners who are learning the language. Taking a pragmatic approach is recommended for implementation of the 7T Theory such as openly discussing individual preferences rather than making assumptions or glossing over challenges of linguistic provision.

Promoting effective professional development / CPD that is inclusive of language and culture is relevant to the development of LCAPs, particularly where practitioners may

lack insight in relation to the need to accommodate the language and culture of SUs from official minority language populations. For example, signposting the Triggers to staff across all domains to encourage individuals to embark on the Transitional Route or creating a culture whereby Accelerators can be utilised, and Inhibitors addressed to facilitate language and culturally appropriate services within the four domains. CPD across the four domains can be utilised as a method to implement the 7T Theory by using the framework illustrated by the participant journeys would facilitate reflection and discussion about why all staff should be LCAPs in order to meet bilingual SUs preferences. The Welsh Language Commissioner (2014a) advocates that SUs take a more active role in not accepting services that do not meet the statutory standards. She encourages bilingual SUs to take greater responsibility for not accepting services in English when their preference would be the official minority language. The 7T Theory demonstrates the important role that SUs have in enabling the health and social care workforce at the micro level in particular to see the difference it makes to them of receiving language and culturally appropriate services.

The 7T Theory provides a framework for managers to understand and challenge erroneous beliefs amongst non-LCAPs about the linguistic preferences of people from official minority populations, whether they be students, colleagues or SUs, which has the potential to promote a deep level of understanding amongst the whole workforce. The 7T Theory advocates embedding language and culturally appropriate practice within all domains. For example, within the Research Domain, evidence about SU safety arising from accurate assessments where language preferences of the official minority language population is accommodated can be used as evidence-based practice. This is in line with the principles of AO as outlined by the CNFS (2012) who

state that *“if you cannot communicate with your patient, your patient is not safe”* (p.6). Research that explores the context of official minority language population health needs should be facilitated in line with the findings of the 7T Theory. For example, studies such as Statistics Canada (2019) that explores the proportional representation of the workforce alongside the official minority language population can be utilised to underpin best practice in commissioning and recruiting the workforce from the official minority language population.

This study revealed that consideration of language and culture can be hidden with practitioners being embarrassed by any perceived lack of ability with some preferring to avoid using the official minority language rather than tackling potential linguistic failings or addressing cultural taboos which was highlighted by Pugh (1994) twenty five years ago but still remains an issue today according to study participants. The 7T theory provides a framework that highlights specific areas that need to be addressed to promote best practice when considering SU linguistic preferences. For example, Pugh and Williams (2006) explore the impact of poor provision of linguistic choices for official minority language SUs in social care settings in England and Wales that is underpinned by the lack of the organisation having a language policy. Although in Wales this would now be addressed by the requirement of the Welsh Language (Wales) Measure (2011) and the introduction of AO, this study demonstrates that there remain issues of implementation of policy on the service implementation level.

Increasing the use of the official minority language by enabling the health and social care workforce to use whatever level of the language they have creates opportunities for SUs to be offered services in their language of choice rather than having to ask for

their preferences to be accommodated (Welsh Government, 2017a). This is in line with the principles of Active Offer in Canada and Wales (Bouchard et al., 2017a and CNFS, 2012).

Different opinions were evident amongst different linguistic groups in this study (such as the value of practicing language skills with SUs amongst learners versus first language speakers) which highlights the complexity of the problem as well as the solution. Using the 7T Theory within clinical supervision or professional development reviews would enable a more open and honest discussion of the topic of language and culturally appropriate practice. The 7T participant journey framework could provide an overview of the issues that may need to be considered and identify what changes may need to be made (such as by working towards using Facilitators and tackling Inhibitors). This needs to be explored across all 4 domains and at all levels.

Arguably, it could be questioned whether it is acceptable for official minority language speaking staff to choose whether to use the official minority language in their professional roles or not due to potentially negative impact on the bilingual SU experiences. Drolet et al. (2017b) explore a potential explanation being that members of the workforce will have been assimilated to the majority language group to ensure that they have better opportunities for advancement in their professional roles. The 7T Theory could be used to explore why bilingual staff may prefer to speak English only and used to negotiate different working practices and culture. For example, it could be the issue of linguistic versus professional competence that was explored by participants for this study and outlined in Forgues et al, (2017). The 7T Theory advocates a facilitative approach, with Inhibitors such as potential increased

workloads that might contribute to bilingual practitioners choosing to only work through the medium of English being acknowledged and addressed by employers / service commissioners / researchers etc.

Implementing the 7T Theory needs to consider the impact of complex emotional experiences relating to language use across the health and social care workforce. In data analysis and theory construction, this was linked for many participants to biographical experiences and implementation needs to remain true to the principle of providing individual choices. For example, official minority language speakers in this study identified being more like themselves and that speaking the official minority language led to them feeling more at ease and relaxed at work (this mirrored how they reported SUs responding when speaking in their first language). However, some official minority language learners reported not feeling as though they are being themselves when speaking in the official minority language and this contributes to them switching back to English.

8.3.2 Using the 7T Theory as a Framework to Enhance Service Planning and Provision

Implementing the principles of the 7T Theory across the four domains has potential to promote improved planning and provision of language and culturally appropriate services for official minority language populations in line with the aspirations of Welsh Government (2012b). A key element of implementation of the principles of the 7T Theory is that the whole workforce across all domains and across all levels from micro to mega should be involved in promoting language and culturally appropriate practice.

This is irrespective of their language abilities and is for what should be the common goal of service improvement for official minority language SUs through improvements in service planning and provision. The 7T Theory promotes a deep understanding of what promotes and inhibits the development of language and culturally appropriate practice and how practitioners become LCAPs. It provides specific directions for addressing the Inhibitors and promoting Facilitators for change.

The personal and professional Contextual Influence in the 7T Theory is embedded as an integral part of the theory; the working environment therefore has an impact as well as being highlighted in the Local Culture and Management Trigger.

The Canadian Language Commissioner (Office of the Commissioner of Official Languages, 2019b) stated that:

“Employees who are required to communicate with or serve the public in both official languages can perform their duties much better if their work environment is conducive to the effective use of both official languages. In other words, federal institutions that value the equality of English and French in their work environments are more likely to communicate with and provide quality services to the public in both official languages”

Flexibility that accommodates variation in official minority language populations’ linguistic and cultural preferences (such as verbal and written modalities) is built into the 7T Theory and impacts heavily on the implementation of the theory within the four domains on a macro and mega level. For example, regulatory bodies in the UK such

as the HCPC or NMC appear to lack understanding of the specific challenges of meeting the needs of the official minority language population in Wales. In the researcher's experience, they rarely specifically address the difference between official minority language in Wales and the multicultural context of the UK other than provision of written documents in Welsh. Professional or regulatory bodies may not understand the complexity or finer nuances of the official minority language context and therefore do not promote the workforce to specifically identify the importance of language and culture for official minority language populations. However, the CNFS (2012) are clear that the professional Code of Ethics for health and social care professions which are dictated by professional bodies in Canada should reflect the commitment to the workforce becoming LCAPs within the regulatory processes. This is a missed opportunity for promotion of best practice that could be addressed by adopting some of the principles specified in the 7T Theory such as LCAPs influencing policy making at a mega level. This would address some of the issues highlighted by the Welsh Language Commissioner who experienced resistance from some professional bodies during her inquiry into Welsh language provision in 2012 (Williams, 2019).

SUs have a role to play on a mega and macro level through influencing legislation and policy makers, for example by taking part in research that highlights the importance of language and culturally appropriate service planning and provision such as My Language, My Health (Welsh Language Commissioner (2014b)). LCAPs can use the 7T Theory to develop an in-depth understanding of the importance of involving SUs in lobbying within the Legislation and Policy Domain and could become advocates to support SUs to ask for the linguistic and culturally appropriate services they need. It

does need to be acknowledged that one of the key principles of AO is that SUs should be provided with services in their preferred language rather than be expected to ask for provision.

Data analysis revealed that current legislation and policy does not appear to be effective in how it is implemented, for example the Social Services and Well-being (Wales) Act (2014) requires the Welsh Language to be considered in provision of health and social care. However, participants identified that this does not happen, exemplified by how few of the QS participants were aware of the principles of AO during their interviews. In line with the CNFS (2012), the 7T Theory proposes taking a different approach, using multiple strategies to promote a culture of change to facilitate the development of services that are appropriate to meet the linguistic and cultural needs of official minority language SUs. A more pragmatic approach needs to be considered because legislation and policies alone were identified by participants in this study as not being sufficient when used in isolation. The 7T Theory illustrates the multifaceted and complex nature of providing language and culturally appropriate services therefore it could be postulated that one strategy such as robust legislation or policy is not sufficient to ensure appropriate provision for SUs.

A range of strategies needs to be employed within different domains, with responsibility for change being the remit of the whole workforce across health and social care, including SUs and non-official minority language speakers. For example, linking the development of language and culturally appropriate services to other aspects such as SU safety and cost savings as identified by participants in this study. This corresponds with the report by Williams (2019) who confirms the status of

language and culture should be equal alongside other priorities within health and social care. The Welsh Language Commissioner (2014b) clearly identified that receiving services in Welsh is a clinical need which failing to accommodate may result in jeopardising SU safety through poor service provision in terms of the dignity and respect afforded to SUs.

Inclusive strategies within research, education and practice that complement legislation and policies need to be utilised to bring about change in meeting the linguistic and cultural needs of official minority language SUs which is encapsulated in the 7T Theory by the inclusion of the four domains. For example, using the 7T Theory to showcase the positive impact on SUs of receiving language and culturally appropriate provision (Seeing a Difference Trigger) in conferences or education programmes in health and social care. Small but significant changes could have a significant impact across the four domains and across all system levels will enable commissioners, managers, practitioners and SUs to work towards developing multiple strategies to promote language and culturally appropriate practice in health and social care. Implementing the principles of the 7T Theory could foster change through highlighting how language and culturally appropriate practice can be promoted and achieved across the four domains on all system levels.

Pinpointing specific areas for change such as ensuring IT services work to facilitate identifying an official minority language preference for SUs rather than acting as a barrier to service development and delivery at an organisational level (Williams, 2019).

In the Education Domain, participants identified developing flexible strategies such as the initiatives in Canada for official minority language students on English courses to access distance learning options to promote the use of the language in practice. This is because exposure to official minority language populations to be able to learn experientially (Seeing a Difference Trigger) is not always possible to achieve in a geographical area with few SUs who are bilingual.

This study shows that monolinguals can be effective advocates of language and culturally appropriate practice at all levels from students to legislators, through promoting a facilitative environment and culture. However, at a micro level in interactions with SUs who prefer to speak in the official minority language, an official minority language practitioner must be available. This is problematic on a national basis across all disciplines given the challenges of availability of the official minority language workforce. Taking a team approach to service delivery can be helpful, with breaking down of traditional professional barriers as advocated by the introduction of roles such as Advanced Clinical Practice (National Leadership and Innovation Agency for Healthcare, 2011).

Participants identified the existence of fatigue with the agenda of SUs rights alone and believed that LCAPs were disheartened with the pace of progress of change despite innovations such as AO (Office of the Commissioner of Official Languages, 2019; Welsh Government, 2016a). Dissemination of the 7T Theory would promote consideration of linguistic and cultural needs being regarded in the same way as other elements that impact on service delivery in health and social care in a similar way to the equality agenda rather than the present approach of defence of linguistic rights

(Gates, 2010; the Council of Europe, 1992). Participants identified the importance of finding a driver for change that ensures promoting language and culturally appropriate practice is something that people want to do rather than feeling obliged to do it across the four domains. Roberts and Burton (2013) promote the concept of adopting a range of strategies to promote language sensitive strategies which includes evaluation so that there is an increased body of knowledge about the impact of strategies being implemented in different contexts as highlighted by participants in this study. The 7T Theory can be a catalyst for promoting and evaluating strategies that lead to organisational changes. It needs to be socially unacceptable to ignore language and culture in the same way as would be the case with ignoring racism.

Language and culturally appropriate practice need to be promoted as best practice rather than what was identified by participants for this study as an 'optional extra' within service development and delivery. Implementation of the 7T Theory would foster promoting a better level of understanding of this complex subject. For example, the Ontario Provincial Government website (Ontario, 2019) provides an example of how specific services that are provided bilingually are signposted to SUs so that they have clear expectations of receiving services in their preferred language. Appendix 19 summarises a range of strategies that participants identified as potential ways that the 7T Theory could be used in practice to enhance service planning and provision.

8.4 Reflexivity

This section provides a brief first-person reflection on how the study developed and how the researcher's experiences and perspectives shaped the study. Charmaz

(2014) outlines the importance of Reflexivity within CGT and how a researcher's reflections can be utilised within theory construction.

When the study needed to change because the OT programme was decommissioned, rather than being an end to the study, I used it as an opportunity to reflect upon the value of using a case example of one single bilingual programme, this enabled me to broaden the study beyond the OT programme in one University in Wales. Similarly, when I became involved in an international research group focussing on research of language and culture in health and social care across Canada and Wales, it became an opportunity to develop the study beyond Wales and beyond OT. I tried to see changes such as these as opportunities to reflect on the direction and purpose of the study and to use them to improve the study focus and direction which I believe significantly added to theory construction now that theory development is complete. Reflexivity and taking a flexible approach to the study development enabled me to adapt to circumstances, but also to maximise on unexpected opportunities that perhaps may not otherwise have happened if I had taken a more rigid approach to the study development.

Reflection through writing reflective field notes throughout the study enabled me to focus upon the overall value of the study and the importance of widening the scope beyond OT in Wales. My field notes and theoretical memos ranged from focusing on small events to large, more significant triggers that had significant impact on theory construction. For example, changing my role away from being the Course Director to becoming the Pathway Leader for a new MSc in Advanced Clinical Practice for Allied Health Professions promoted reflection on higher level workforce development and

leadership which was useful within clarification of the role of the four domains. Not being the OT Course Director when most of the theory construction occurred resulted in my developing more objectivity whilst retaining a level of expertise in the subject area. Rendering theory during writing the results and synthesis chapters also occurred after the OT programme had come to an end and so I did feel more removed from what participants said. I did not have as much emotional investment in the bilingual programme which further developed my sense of objectivity which was positive within theory construction at that point. However, there was also an emotional impact of some of the changes, particularly the bilingual OT programme being decommissioned. I experienced a profound sense of sadness and frustration that my research was showing a huge benefit to service provision while at the same time, the provision of the bilingual course in my profession had come to an end. At times this did impact on my motivation to continue with this research, however, new directions quickly provided the motivation to make changes and retain the positive aspects of the research.

My personal experience of being a bilingual and a LCAP continued to motivate me to develop and refine the 7T Theory. I continue to feel passionately about the subject based on my own personal and professional experiences. I am proud that the development of this 7T Theory will be used to impact positively upon the future development of LCAPs and language and culturally appropriate practice in Wales and beyond. I am excited by the potential for implementation and will look for opportunities to utilise the theory and ensure that it is disseminated and that it can be used. There have been connections established by undertaking the study that I am confident will continue so that I can share my theory widely within the official minority language community in health and social care on a national and international basis.

Using CGT by Charmaz (2014) has been a very positive experience for me as a novice researcher. My overall experience has been of experiencing flow within my research rather than feeling constrained by the study design. At times, I found CGT slow and a little frustrating which on reflection may have been due to undertaking my research on a part time basis while working full-time. This was balanced by other times when the theory seemed to fit into place as pieces of a jigsaw that I felt came from clear thinking when I devoted more time to research. I learned to trust the process of CGT (Charmaz, 2014) and through doing that, my experience was that theory came together and made sense in the end. This mirrors my experience of EBL as a tutor, I have often spoken to students about trusting the process and I believe that CGT has been the same for me as a researcher. I felt relieved when things flowed, such as when the constant comparison through focussed mapping was consistent with the initial and focussed coding when I reviewed the transcripts later on. Having now experienced CGT as a researcher, I continue to feel a connection and have taken it further by using it to construct the AHP Framework (Welsh Government, 2019) in response to the Welsh Government Health Plan for Wales (Welsh Government, 2018). I was commissioned as one of three authors for AHP Framework in September 2018 until April 2019 (Welsh Government, 2019) and would be keen to continue to use my expertise in the design for other projects beyond this research.

I experienced frustrations within data gathering such as when participants were modest and appeared reluctant to appear as though they considered themselves as being superior because they were LCAPs because of the impact this would have on my theory construction. There was also a reluctance to appear to criticise colleagues

about the negative impact of non-LCAPs on service delivery or the improved service they themselves provided to official minority language SUs as LCAPs could have included within theory development.

The complexity of the topic has felt rather overwhelming at times. Unpicking such a complex issue and constructing theory when there are so many variables in participant's experiences and attitudes has been challenging. However, at the end I do feel a sense of achievement that what felt like pieces of a jigsaw have come together to form a coherent whole.

8.5 Limitations and Strengths

8.5.1 Limitations

Participant recruitment

Participants for Phase One and Four had only experienced a bilingual pre-registration programme so were unable to consider experiences from the perspective of non-bilingual pre-registration programme, however all had previous degrees as PGDip students. Conversely, the Welsh-speaking students who expressed a preference for bilingual rather than Welsh only programmes had not experienced a Welsh only pre-registration programme so may not have had sufficient experience to express this preference.

Potential participants who were disinterested in language and culturally appropriate practice would probably not have volunteered to be participants as it is unlikely that

practitioners or students would openly admit to being non-LCAPs. This raises the potential for the theory to be constructed from the perspective of participants with a positive attitude towards the topic. No non-LCAPs were recruited at any stage therefore their perspective was only reported second hand by LCAPs based on their experiences across the four domains (particularly during Phase Two and Four). Non-LCAPs could have volunteered to be participants because apart from for Phase Two participants (who were purposely recruited because they were LCAPs) I did not state in participant recruitment that participants needed to be LCAPs. Further research could be carried out with non-LCAPs to understand the viewpoint of those who do not consider language and culture to be important. However, it may only add to understanding the Inhibitors from a non-LCAP position. It is also unlikely that participants would come forward to say that they are non-LCAP or discuss their beliefs that language and culture are less important in practice given the current climate of its recognition. They may also remain disinterested in the subject if they are non LCAPS and still not volunteer to become participants.

When providing feedback in theoretical sampling during Phase Four, the Qualified Students may not have felt able to be honest about any criticisms of the theory because of my previous role as the OT Course Director. It was positive that when the Phase Four interviews were conducted, I was no-longer in contact with these participants about pre-registration OT education (such as for practice placement visits) as the OT programme had ended and therefore that may have contributed to them feeling able to speak more openly.

Participant experience

There are some limitations related to the experience of participants which are outlined here. None of the Canadians had taught on a bilingual programme therefore I had to gather this perspective in Canada as the structure of pre-registration programmes are either in French or English. Utilising English only for Phase Three participant recruitment and data gathering was potentially detrimental to the study. It is also a limitation that Canadian participants in Phase Three were unable to participate in interviews through the medium of French, it is acknowledged that this may have impacted on their ability to express themselves freely.

Many Phase Four participants had worked in Social Services where there was a strong bilingual or Welsh language policy than other geographical locations in Wales, therefore their perspectives may not be representative of the whole of Wales where practitioners may not have the opportunity to work in a bilingual or Welsh medium service (however, this was reflected by Canadian participants).

The perspective of official minority language learners is limited due to the number of participants recruited. However, overall it is considered by the researcher that there was sufficient data to consider the perspective of different language proficiency participants in theory development across the phases.

Procedural limitations

During Phase Three recruitment, due to time constraints, it was not feasible to translate the participant recruitment pack into French, Welsh and English and

therefore, with the agreement of the Cymru/Canada Research Network conveners, information was given to participants in English only. Despite this being approved through the additional Ethical Review process undertaken prior to participant recruitment and data gathering for Phase Three, I believe that this had a negative impact on participant recruitment and as a researcher, I feel that the decision to provide English only information was incorrect given the topic of language and cultural awareness.

The Audit Tool used with Phase One participants was overly complex and few participants engaged with this method of data gathering, therefore little information was gained. In retrospect, I do not believe that it added any worth to data gathering and theory construction.

The researcher was experienced interviewer within context of therapy and education, but not research. A limitation of this study is therefore that the researcher participated too much in the initial discussions for both focus groups and interviews. This was compounded by the researcher being very interested in the topic area and previous experiences of being a tutor in EBL groups with participants who had attended the OT pre-registration programme.

8.5.2 Strengths

The Theory

The most important strength of this research is that it has achieved the aim of constructing a tangible theory that theoretical sampling with Phase Four participants demonstrated that it addressed the two areas that were the focus of the study, namely:

- How the skills and knowledge of the health and social care workforce can be developed to accommodate the linguistic and cultural needs of official minority language populations.
- How language and cultural provision for official minority language Service Users (SUs) can be facilitated to stimulate safe and effective service planning and delivery in health and social care.

The 7T Theory is a mechanism for normalising and simplifying the complex concepts surrounding planning and provision of services for official minority language populations in health and social care. The theory constructed can be used as a framework for promoting best practice which has been demonstrated by the use of participant journeys. The perception of right and wrong answers has been shown to be over-simplistic for example that all official minority language populations SUs prefer services in the minority language. The importance of a flexible theory that can be applied on an individual basis based on accommodating individual preferences of SUs and members of the workforce in health and social care has been demonstrated.

The researcher believes that the study design facilitated achievement of the aims and objectives of the study. Reflexivity within the study design over time resulted in further expansion of the original parameters of the research which resulted in the 7T Theory

being broader than originally anticipated whilst retaining the original conceptual framework. For example, the theory is applicable to an interdisciplinary and international audience and encompasses research and legislation and policy context (which includes service and education planning and commissioning which was beyond the original focus on education and practice).

The theory enables non-LCAPs to be challenged by the participant journey framework providing a non-threatening tool to open discussion about a potentially sensitive subject. The 7T Theory is inclusive of all language abilities and has the potential to promote change from a micro, meso, macro and mega perspective which reflects the challenges of provision of language and culturally appropriate practice for official minority language populations.

The Welsh Language Commissioner launched a campaign to raise awareness that Welsh speakers have a right to Welsh services (Mae gen i hawl annual campaign, 6th December 2019). The Welsh Language Commissioner is also encouraging the public to “use their Welsh” in all kinds of situations including health and social care. The issue of language and cultural awareness is becoming an even bigger issue in Wales and the 7T Theory is part of the evidence base for commissioners and providers to address the un-met needs in terms of health communication and health literacy. However, the 7T Theory is not simply Welsh-centric and can be utilised by other official minority language communities internationally.

In developing in the final theory, especially during undertaking theoretical sensitivity, participants believed that the 7T Theory could be used as a framework to promote

language and culturally appropriate practice – this was tested out successfully by the researcher in refining the participant journeys. The 7T Theory provides a specific direction for change through providing new insights into complex areas such as the understanding that being bilingual outside of the context of the official minority language potentially facilitates practitioners to be LCAPs.

Timeliness

Developing the 7T Theory in the current legislative and policy climate has resulted in this research being very timely as it fits with contemporary theory of development in the field of accommodating linguistic and cultural needs of the official minority language population in health and social care. For example, the principles of AO and work of the Official Minority Language Commissioners mean that it is timely to make the changes in service delivery and planning promoted by the 7T Theory. The 7T Theory can be developed further as a framework to be used in a very practical way to foster language and culturally appropriate practice.

CGT Research Design

This research provided opportunities to develop innovations in CGT design. For example, using electronic journals to gather data and a specific method of constant comparison via clustering focussed mapping and diagramming.

The CGT study design proved to be a robust method of constructing theory which makes the researcher confident that it is relevant and appropriate to use through dissemination to promote changes in health and social care across the four domains at all system levels.

8.6 Recommendations

This section provides a summary of the recommendations of this research study. There are a number of general recommendations that are outlined here followed by a number of specific recommendations that are listed for each of the system levels.

Responsibility for promoting language and culturally appropriate practice needs to be considered as the responsibility of all members of the health and social care workforce across the four domains rather than being considered as the concern of official minority language speakers only. Staff who are LCAPs (irrespective of language ability) can influence and drive changes in relation to promoting language and culturally appropriate practice. However, in order to provide linguistic choice for official minority language SUs, staff who are official minority language speakers should be employed where they will come into contact with SUs.

Official minority languages need to be embedded in all activity across all domains rather than being regarded as a separate stand-alone issue that is the responsibility of specific groups or individuals. Networks should be established to share and normalise strategies for promoting good practice in relation to accommodating the linguistic and cultural needs of official minority language populations (SUs and the workforce) that are highlighted by the 7T Theory.

The principles developed within 7T Theory should be used to promote the development of language and culturally appropriate practice and promote the development of LCAPs across all domains. Becoming LCAPs and promoting language

and culturally appropriate practice should be promoted across all system levels from mega to micro.

Research and research funding for official minority language populations should be explored further in order to promote language and culturally appropriate practice.

Mega Level Recommendations (external organisations such as professional bodies, government level)

Language and culturally appropriate practice should be promoted, implemented and evaluated by government / provincial level health and social care and professional bodies. These bodies should monitor provision on a macro, meso and micro level with specific consequences put in place if the requirements of legislation and policy are not adhered to.

SUs from the official minority language population should be enabled to be more active within service planning levels to promote raising awareness and to promote best practice.

Macro Level Recommendations (organisation and management)

Specific workplace strategies should be developed that could utilise the principles of the 7T Theory to promote the use of the official minority language in the workplace. Staff who are official minority language learners or reluctant official minority language speakers need to be actively encouraged to use whatever linguistic skills they have with SUs. All members of the health and social care workforce need to have ongoing education about the impact of language and culturally appropriate practice. Promoting

development of language and culturally appropriate services needs to be promoted by organisations via setting short, medium and long-term goals which are linked to service improvements and strategies that promote members of the workforce to become LCAPs.

Meso Level Recommendations (services within health and social care)

Health and social care employers need to give further consideration of designation of posts and take language and cultural requirements into account when deciding job specifications. This could be done by developing more overt consideration of the linguistic configuration of the overall workforce (for example staff can be LCAPs but not official minority language speakers). Flexibility within specific job roles in health and social care teams (such as advanced clinical practitioner) need to be evaluated to ensure that SUs have access to a health professional who can provide services in the language of their choice.

A framework based on the 7T theory should be used with students and the health and social care workforce to promote the development of language and culturally appropriate practice through exploring and developing positive attitudes and behaviours in the workplace.

Micro Level Recommendations (individual members of the workforce)

All members of the health and social care workforce should be aware of their responsibility for promoting language and culturally appropriate practice. Resources

that enable the workforce to become LCAPs that are highlighted in the 7T Theory need to be more visible and accessible to the workforce.

A mechanism needs to be developed to identify the practitioners who can speak the official minority language but chose not to use it at work so that they can be supported to develop confidence to use the official minority language at work (however individual choice needs to be respected).

Recommendations for further research:

A CPD framework should be developed which is based on the 7T Theory in order to evaluate and test out how the 7T Theory can be used to promote the development of LCAPs for all language ability staff working with SUs

A follow up project should be developed where the 7T Theory is used in specific locations to develop an understanding and evaluate how it can facilitate change across the four domains. The project would focus upon whether the diagrammatic representation can be used as a framework to promote understanding of professional development and whether it can be used as a tool for enhancing service provision. Additional research needs to be carried out to gain insight from non-LCAPs for potentially developing the 7T Theory further from their first-hand perspectives.

Language preference requires further research evidence to promote best practice; although someone might report in a research studies that they can speak an official minority language, they might prefer to receive a service in English or have no

preference. Research should avoid making assumptions about linguistic preferences of official minority language SUs and practitioners.

8.7 Conclusion

The 7T Theory provides a framework for understanding the complex elements that underpin developing language and culturally appropriate practice which can be used across all four domains to promote the multiple opportunities to deepen knowledge which should impact positively on changing attitudes and behaviours. The 7T Theory is not linear or hierarchical and ensures that flexibility is accommodated by endorsing the development of services that promote language and culturally appropriate practice.

The positive outcomes of providing language and culturally sensitive practice by using the theory as a framework would demonstrate the role of language and culture within service improvement from SU perspectives. Benefits such as financial savings achieved by greater accuracy and engagement with assessments will result in achieving the aspirations outlined in legislation that promote language and culturally appropriate practice. SUs, practitioners, students, lecturers, researchers, managers and policy makers need to be made aware of the importance of language and culture within health and social care planning and delivery for official minority language populations to change expectations and strategies to ensure provision is achieved. Existing studies have demonstrated the difference that adequate provision can make, however implementing the principles of the 7T Theory would promote a deeper level of understanding and action. The 7T Theory provides a framework for development of knowledge and skills for the health and social care workforce at all levels of service planning and delivery nationally and internationally.

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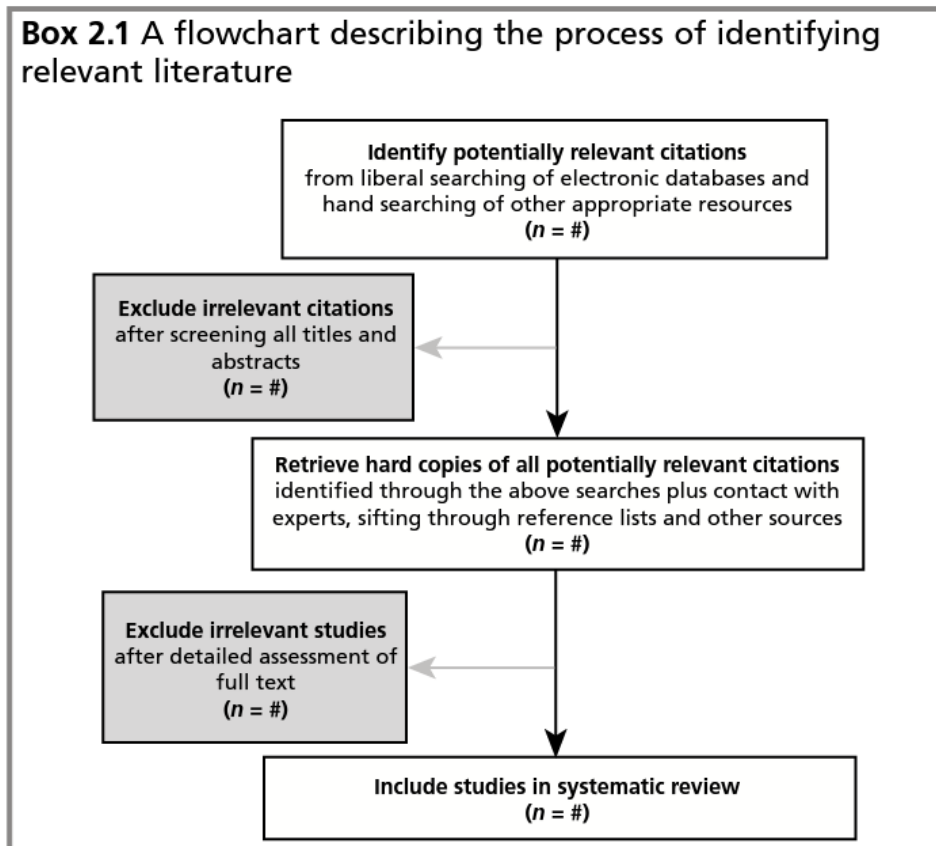
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Appendix 1 - Principles for Identifying Relevant Literature



Khan (2011)

Appendix 2 – Literature Searching

POTENTIAL DATABASES:

Medline – EBSC Host
 ProQuest (includes PsychInfo)
 PubMed CENTRAL
 CINAHL
 ASSIA
 JSTOR
 ERIC

Inclusion Criteria	Exclusion Criteria
Published in English or Welsh	Any language other than Welsh or English
Published in the last 5 years (2014 to 2019)	Published before 2014 or after 2019
Concerns an Official Minority Language (recognised by legislation in the country of origin)	Does not concern an Official Minority Language (no recognition in legislation in the country of origin)
Links to health and social care provision	Is not linked to health and social care provision
Any study designs	No exclusion based on study designs
Official minority language population	Migrant, ethnic minority population, native or first nation populations
Official minority language	Bilingual, multicultural outside of the official minority language population
Peer reviewed journals	Anything other than peer-reviewed journals

Used adapted* SPICE & Boolean Operators for searches for each database:

SETTING	POPULATION	INTERVENTION	EVALUATION
Health and social care	Service Users and the health and social care Workforce from Official Minority Language populations / communities	Provision of language and culturally appropriate practice	LCAP available to the Official Minority Language population
SYNONYMS & TRUNCATIONS			
<ul style="list-style-type: none"> • Health and social care • Health • Healthcare • Social care • Social services Boolean operator - AND	<ul style="list-style-type: none"> • Staff • Workforce • Personnel • Employee* • Professional* • Practitioner* • Clinician* Boolean operator - OR	<ul style="list-style-type: none"> • language and/or cultural sensitivity • language and/or cultural appropriat* 	
	<ul style="list-style-type: none"> • Doctor* • Nurse* • Social worker* • Psychologist* • AHP* • "Allied health professional*" Boolean operator - OR		
	<ul style="list-style-type: none"> • Researcher* • Investigator* Boolean operator - OR		
	<ul style="list-style-type: none"> • "Service Commissioner" • "Education Commissioner" Boolean operator - OR		
	<ul style="list-style-type: none"> • Lecturer* • Tutor* • Educator* • Professor* Boolean operator - OR		
	<ul style="list-style-type: none"> • Patient* • Service user* • Client* 		

*COMPARISON omitted on the advice of the librarian as not relevant to this study

Example of Results - CINAHL Plus with Full Text

Additional Filters – research article, peer reviewed, academic journals

S1	health and social care or health or healthcare or social care or social services	
S2	Staff or Workforce or Personnel or Employee* or Professional* or Practitioner* or Clinician*	
S3	Doctor* or Nurse* or Social worker* or Psychologist* or AHP* or “allied health professional”	
S4	Researcher* or Investigator*	
S5	“Service Commissioner” or “Education Commissioner”	
S6	Lecturer* or Tutor* or Educator* or Professor*	
S7	Patient* or Service user* or Client*	
S8	Combination of S2 or S3 or S4 or S5 or S6 or S7	
S9	S1 or S8 AND “Official Minority Language”	

Appendix 3 – Cymru Canada Research Network

A scoping exercise was carried out prior to the inaugural meeting of the Cymru/Canada Research Network. These reviews from Wales and Canada were used as one of the cornerstones of gathering relevant literature for this study. The review result for Wales is given below as an example.

Rhwydwaith Ymchwil Cymru-Canada ar Ymwybyddiaeth Iaith a Dwyieithrwydd mewn Iechyd a Gofal Cymdeithasol

Papurau a adolygwyd gan Gyfoedion

Hybu Iaith a Diwilliant	<p>Roberts G & Burton C (2013) Implementing the evidence for language appropriate healthcare systems: the Welsh context. <i>Canadian Journal of Public Health</i> 104(6)(Suppl.1):S88-S90. http://journal.cpha.ca/index.php/cjph/article/viewFile/3496/2821</p> <p>Tranter S, Irvine F, Roberts G, Spencer L, Jones P (2010) The role of midwives and health visitors in promoting intergenerational language maintenance in the bilingual setting: perceptions of parents and health professionals. <i>Journal of Clinical Nursing</i> 20, 1/2, 204-213.</p> <p>Roberts G, Irvine F, Jones P, Spencer L, Baker C & Williams C (2007) Language awareness in the bilingual healthcare setting: a national survey. <i>International Journal of Nursing Studies</i> 44, 1177-1186.</p> <p>Roberts G, Irvine F, Richardson J, Earles C, Gareth E & Prys R (2007) Report of a scoping study of language awareness in health and social care setting. <i>Scripta Scientifica Medica</i> 39, 89-93.</p> <p>Irvine F, Roberts G, Jones P, Spencer L, Baker C & Williams C (2006) Communicative sensitivity in the bilingual healthcare setting: A qualitative study of language awareness. <i>Journal of Advanced Nursing</i> 53, 4, 1-13.</p> <p>Roberts G, Kent B, Prys D & Lewis R (2003) Describing chronic pain: towards Bilingual practice. <i>International Journal of Nursing Studies</i> 40, 889-902.</p>
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	<p>Prys M, Deuchar M & Roberts G (2012) Measuring speech accommodation in rural Welsh pharmacies. In Braunmüller K, Gabriel C and Hänel-Faulhaber B (Eds.) <i>HSM 13: Multilingual Individuals – Multilingual Societies</i>. Amsterdam: Benjamins Publishing Company. Pp 419-435.</p> <p>Madoc-Jones, I. (2004). Linguistic sensitivity, indigenous peoples and the mental health system in Wales. <i>International Journal of Mental Health Nursing</i> 13, 216-224.</p> <p>Owen, H.D. a Morris. S. (2012). Effaith iaith ar adsefydlu corfforol: astudiaeth o ddylanwad iaith ar effeithiolrwydd therapi mewn cymuned Gymraeg. <i>Gwerddon</i> 10/11:83-112. http://www.gwerddon.org/en/media/main/gwerddon/rhifynnau/Gwerddon_10%28low-res%29.pdf</p> <p>Madoc-Jones, I. and Dubberley, S. (2005). Language and the provision of health and social care in Wales. <i>Diversity in Health and Social Care</i> 2(2), 127-134.</p> <p>Madoc-Jones, I., Parry, O. and Hughes, C. (2012). Minority language non-use in service settings: what we know, how we know it and what we might not know. <i>Current Issues in Language Planning</i> 13(3), 249-262.</p> <p>Prys. C. (2010). Use of Welsh in the third sector in Wales. <i>Contemporary Wales</i>. 23(1), 184-200.</p>
Mesur canlyniadau	<p>Roberts G, Roberts S, Whitaker R, Tranter S, Prys D, Owen H, Tranter R, Sylvestre Y & Bedson E (2012) Enhancing rigour in the validation of patient reported outcome measures (PROMs): bridging linguistic and psychometric testing. <i>Health and Quality of Life Outcomes</i> 10:64.</p> <p>Muntz R, Prys C, Tudor Edwards R & Roberts G (2006) Development of a Welsh language version of the EQ-5D health-related quality of life measure: stage one: translation. <i>The Psychologist in Wales</i>. Issue 18, 21-25.</p>
Addysg	<p>Roberts G, Irvine F, Tranter S & Spencer L (2010) Identifying priorities for establishing bilingual provision in nurse education: A scoping study. <i>Nurse Education Today</i> 30, 623-630.</p>

	<p>Irvine F, Roberts G, Tranter S, Williams L & Jones P (2008) Using the critical incident technique to explore student nurses' perceptions of language awareness. <i>Nurse Education Today</i> 28, 1, 39-47.</p> <p>Roberts G & Paden L (2000) Identifying the factors influencing minority language use in healthcare education: a European perspective. <i>Journal of Advanced Nursing</i> 32, 1, 75-83.</p>
Polisi	<p>Pugh, R (1994). Language Policy and social work. <i>Social Work: Journal of the American National Association of Social Workers</i> 39(4), 432-437.</p>

Adroddiadau a Gomisynwyd

Roberts G, Burton C, Jones J, Moore B, Hobson L, Hunt S, Williams M, Whale Z, Rycroft-Malone J (2013) *ELAN: Embedding Language Awareness in NISCHR CRC*. Caerdydd: Llywodraeth Cymru.

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Appendix 4 – Measure of Language Proficiency

Level 1-5 below is taken directly from the Welsh Language Skills in Your Work - Using Them Effectively (The Care Council for Wales, 2014)

Participants identified that there is another level of **Poor / Absent Understanding and Knowledge** which incorporates practitioners who have very little or absent understanding of the importance of language and cultural sensitivity within their practice. It is a framework for practitioners to evaluate what level they are which can be used by service providers and education commissioners to gain clarity of what is required to have a workforce that is fit for purpose in delivering policies such as Mwy Na Geiriau / More Than Just Words and the principles of Active Offer

POOR / Absent

little or no knowledge

little or no awareness

lacks understanding of language and culturally appropriate practice

Level 1

- "Can understand basic everyday phrases if the speaker talks slowly and clearly and is willing to help. Can introduce yourself and others and can ask and answer questions regarding basic information, e.g. where someone lives; what they like doing. Can pass on a simple message or make a straightforward request, e.g. via e-mail"

Level 2

- "Can understand sentences when people talk about everyday situations, e.g. simple personal and family information. Can hold a basic conversation with someone to obtain or exchange straightforward information, e.g. discuss how a person is feeling; something which has happened; a simple plan for the future. Can write and understand messages in letters or e-mails describing familiar issues and written in short sentences."

Level 3

- "Can understand the main points when an individual or colleague is talking about familiar subjects, e.g. during a conversation or small group meeting. Can hold extended conversations with fluent speakers about familiar subjects involving everyday work. Can describe experiences and events and provide concise explanations and reasons for opinions and plans. Can read articles, letters or e-mails about general subjects. Can write letters or e-mails about most subjects, e.g. requesting something; providing information; inviting somebody or organising an event."

Level 4

- "Can usually follow most conversations or discussions, even on unfamiliar topics, unless the speaker has a strong or unfamiliar accent. Can talk confidently with fluent speakers about familiar subjects relating to work, and can express an opinion, take part in discussion, and talk extensively about general topics, e.g. in meetings or one-to-one situations with individuals or carers. Can understand most correspondence, newspaper articles and reports intended for fluent speakers with the aid of a dictionary and can scan long texts to find details. Can complete forms and write reports relating to work and respond accurately"

Level 5

- "Can easily understand everything that is being said, including carrying out
- assessments or undertaking detailed and intensive work with individuals and their families.
- Can talk extensively about complex issues, presenting difficult information or information of an emotional nature; can facilitate and summarise extended or complex discussions.
- Can summarise information from different sources (orally and in writing) and present it in a cohesive way.
- Can express themselves spontaneously, fluently and in detail, adapting the language register to suit the audience."

Appendix 5 –Focussed Mapping Table (Example from Phase One Data Analysis)

Example of C12 & M12 Welsh Speakers and Learners - Data Analysis Focussed Mapping Table

Welsh Language Categories (amalgamation of ALL Welsh group interviews, journals and audits; clinician interviews and researcher field notes) Amalgamated and refined as I go along to avoid repetition here then cross-referenced back to data for location. Starting point was the flipchart of codes/ issues taken from the interviews then amalgamated and added to from other locations

Main Category	Sub Categories
Impact of the programme being delivered bilingually from WS & learner perspective	Positive impact of bilingual programme delivery (this links to emotional responses): <ul style="list-style-type: none"> • Influences practice of <u>all</u> language ability groups to become language and culturally aware • Provides a shared sense of language and cultural understanding amongst WS and a deep sense of shared meaning & understanding amongst the WS student peers • Develops confidence to speak in your language of choice and reduces the likelihood of WS feeling the need to apologise for using their preferred language – more so as course went on • Opportunity to experience strategies such as simultaneous translation leads to more engagement with bilingualism and student knowledge of what’s feasible • Some students apply specifically because of bilingual delivery, bilingual delivery does not discourage applications
	Negative impact of bilingual programme delivery (this links to emotional responses): <ul style="list-style-type: none"> • WS think that non-WS may not be able to see the relevance, particularly if they do not intend to work in Wales • Initially embarrassed to speak in Welsh in front of non WS, then as confidence grew to do so, coping with conflict of the right to speak in Welsh vs feeling of potential rudeness in doing so. • Practice in both languages takes more time and may have implication of expecting WS students to translate as well as practical implications such as listening twice, more photocopying • Not always given a Welsh version of the paperwork and were expecting more to be available in Welsh • Doing things in English on the course was more of an effort as more comfortable in Welsh
	Using bilingual resources and learning opportunities <ul style="list-style-type: none"> • Not necessarily need to be used • It promotes awareness and a real choice • They are there if you need them- want more available in year 2 in particular

	<ul style="list-style-type: none"> • Students creating Welsh learning opportunities within programme • See your WS peers as resources, so would be good to have more of them • Not aware of what support is available to develop Welsh writing skills <p>Identifying the programme structure that contains awareness of language and culturally appropriate practice</p> <ul style="list-style-type: none"> • Language and culture is integrated into spiral curriculum • Bilingual learning is there right from the start • Strong emphasis on experiential learning about bilingualism • Something you pick up like other professional skills and knowledge • At the end of the course WS students regretted not engaging with more in Welsh <p>Believe that it has more impact on non WS because as WS they are bilingual practitioners naturally Bilingual programme is a positive experience for all language abilities Non WS students are accommodated Nothing bad will come of having a bilingual programme Being a bilingual student makes you more language and culturally sensitive anyway</p>
Bilingual learning impacting on professional development and client centred practice	<p>Becoming a bilingual practitioner</p> <ul style="list-style-type: none"> • Bilingual education makes you a bilingual practitioner • Bilingual learning environment promotes using the Welsh you have at whatever level • You learn to practice as a bilingual OT from the start on a bilingual course • Encourages awareness of the importance of developing rapport • Bilingual programme has a direct impact on recognising and increased awareness of the importance of language within client centeredness • Bilingual prog materials promotes Welsh as a professional language for practice in OT • Makes you more culturally sensitive in practice because you have experienced bilingual provision • Impact of remembering what you learnt once qualified • You know the terminology for practice in <u>both</u> languages • Has a positive impact on your practice • Makes WS more confident to use Welsh for practice • Developing understanding that other WS do not have the same level of skills of being bilingual practitioners if they have not studied on a Bilingual programme • Would now feel confident to put in a job application as a skill that they can practice in both languages • able to challenge negative attitudes and poor biographical sensitivity of others e.g. 'thy all speak English anyway' <p>Developing language and culturally appropriate practice</p> <ul style="list-style-type: none"> • Peers support you to use whatever level of Welsh you have • WS influencing peers & MDT understanding, attitudes and experiences

	<ul style="list-style-type: none"> • Becoming more language and culturally sensitive because of personal experience of bilingual provision for learning • Providing language choice aides developing rapport and has positive clinical impact • Not being able to deliver assessments in the SU language of choice has a negative impact on assessment reliability • Not all WS are able to speak in English • More client centered to respect the SU choice of language to engage in • Not always realistic that there would be a language choice, lots of grey areas in service provision. • Difference of opinion and experience in both Uni and placement • You understand the S perspective based on your own experiences as a bilingual person <p>Understanding the Impact on non-WS peers' practice</p> <ul style="list-style-type: none"> • WS identify that non-WS will develop language & cultural sensitivity and can transfer this to their client centred practice • Identifying the impact on non WS practice • WS are more honest with non-WS about what they think & feel because of bilingual programme • Non WS gain insight to SU experiences from WS peers • WS do engage in English to avoid rudeness to non WS • Some enrolled on the billing programme in order to learn Welsh for practice
Impact of choices whether to engage in studying Welsh or English	<p>Giving a real choice of engagement in study</p> <ul style="list-style-type: none"> • Identifying that there is a real choice due to structure of the curriculum • Relaxed attitude of the programme being about real student choice makes them feel more relaxed about actually making a choice – enabling choice • Understanding that when you study in English you practice in English – vs learning in English and adapting your practice because you have the ability to do so as a bilingual- you just speak to Su in Welsh naturally if they prefer – (not everyone though!!) • learning style for whole group should be bilingual • makes you more likely to ask for Welsh versions of things in the future • some chose to come on this programme because it was bilingual so that they could develop their practice in both languages at University and placement • if it were either Welsh or English resources rather than bilingual, then would ignore the Welsh versions • bilingual delivery allows clarification of terminology in both languages • recognising a positive impact on job prospects <p>Student centred approach to language choices</p> <ul style="list-style-type: none"> • Not feeling pushed into having to decide to use one language or another • Really like having a choice of language for different parts of the programme • Despite liking a choice, self-selected into Welsh group to work with anyway

	<ul style="list-style-type: none"> Using Welsh for practice with SU is more important than writing in Welsh
Emotional impact of the bilingual programme (academic and placement learning)	<p>Negative perceptions of a non-bilingual programme</p> <ul style="list-style-type: none"> Being strongly against the concept of a Welsh only programme Having to choose either Welsh OR English would create divisions in the group Negative impact on learning if you were forced to be in a language category group and didn't like your peers Prefer having a choice rather than Welsh only option <p>Exploring positive emotional responses to the bilingual programme</p> <ul style="list-style-type: none"> Feeling emotionally safe and comfortable to make language choices on this programme Feeling more relaxed when engaging in learning in Welsh Feeling of comfort More at ease doing group work in Welsh Feeling comfortable to speak Welsh to your Welsh peers – automatic response Feeling OK to support non WS peers to practice their Welsh Emotionally difficult NOT to use Welsh on placement Positive emotional impact to use Welsh on placement – better student experience Feel relieved to be able to speak in Welsh & feel more at ease when speaking to staff in Welsh Course has given confidence in Written and verbal abilities MDT and educators asking them to speak in Welsh to Su was a positive experience Educators giving feedback that their practice was good BECAUSE they were able to participate bilingually Participating in Welsh feels informal even if it's an assessment Not feeling guilty about speaking Welsh in a group (different to other situation where you wouldn't feel comfortable doing this) Feel more relaxed doing some aspects in Welsh Brings about the same feelings as though you were speaking to friends and family when you speak in Welsh on the course Feeling that you are more like your true self when using Welsh so more relaxed – particularly on placement More yourself when interacting with others in Welsh Impacts on what she thinks others think of her Developing more awareness that there is no need to apologise for speaking in Welsh Feel more confident to challenge other people when they do not use LCAP or display poor practice in terms of LCAP Feeling that learning is easier when done in Welsh Feel more likely to be able to ask for help if asking in Welsh because you are more relaxed when discussing problems in Welsh <p>Exploring negative emotional responses to the bilingual programme</p>

	<ul style="list-style-type: none"> • Worrying about not knowing the OT terminology for placement • Being on a bilingual programme highlights that your Welsh might not be good enough for practice • Speaking more English as XX LOCATION is more English than where they come from • Identifying that they struggle when they speak English • Becoming upset, annoyed or angry if resources are NOT available (even if they don't use them) Being angry or upset if things are not available bilingually – even if you don't use them • Absence of bilingual resources on the course has a negative impact • Identifying negative emotions e.g. being awkward when speaking Welsh in front of non WS • Feeling shame and guilt about not writing in Welsh • Feeling ashamed and guilty about not using the written materials available <ul style="list-style-type: none"> 1. Programme materials 2. Official docs from other sources HCPC and COT • Feel worried if they are not going to be able to speak Welsh on placement • Feel guilty if you are the only one who wants things in Welsh – such as simultaneous translation • Initially reluctant to speak in Welsh in front of AS peers • Emotional response if someone asks you to say things in English because they do not understand • They feel uncomfortable if people make a fuss about wanting to have LCAP
	<p>Identifying the outcome of the emotional response to bilingual participation in learning</p> <ul style="list-style-type: none"> • The culture of a bilingual programme Increases confidence to not turn to English • Feel more confident o at Uni & placement when speaking in Welsh • Feeling more confident in ability to speak Welsh • More likely to succeed on placement when you have a language choice (i.e. can chose to speak in Welsh) • Recognising an additional effort to participate in learning in English • Developing close friendships & strong bond with other WS peers – lot of emotional support • Friendships impact on selection into Welsh language groups for learning, not conscious choice • Would be happy to engage only in Welsh if there were no non WS peers but feel that they perceived that they would in time get used to it if only available in Welsh despite initial lack of confidence so if only in Welsh, it would not have put them off
	<p>Identifying a non-judgmental learning environment</p> <ul style="list-style-type: none"> • Feeling safe to use whatever level of Welsh you have (don't need to be of a high standard) • Recognising the safe environment to be make a language choices • Not feeling pushed into one language or another
Identifying differences	<p>Identifying how Welsh is used within programme for written and spoken elements</p> <ul style="list-style-type: none"> • Like having a choice of engagement in different aspects written or spoken in either language

<p>between verbal and written and/or formal and informal engagement</p>	<ul style="list-style-type: none"> • Bilingual programme provides experiential opportunities e.g. simultaneous translation which in turn promotes use of Welsh in Uni and subsequently in practice • Don't know what the resources are that would help to engage more bilingually • Outside speakers would not always use Welsh • Promotes your expectation of having things available bilingually outside the course • You don't have a right to complain about something not being available if you have not used the Welsh versions • Having bilingual resources not valued by all WS • Interesting that you don't worry about having 'good enough English' as you do about your Welsh • Perception that written needs to be posh and correct while spoken is every day and informal <p>Written</p> <ul style="list-style-type: none"> • You <u>develop</u> the writing skills when you need to use it on placement – need to get used to it • You need to ask for support with writing skills in both languages • Resources such as Cysill are helpful – but don't always know about them or don't always sue them • University need to give clear prompts to make them develop written skills for practice • They need to be enabled to ask for what they need for developing the skills • Many prefer to read English versions • Prefer to write in English because for them it's an easier option and therefore more likely to pass if writing in English • Prefer to see the Welsh and English version alongside each other – develops understanding of terms in Welsh • Literature and online resources only available in English so additional burden on WS to have to translate and paraphrase and change language • English resources are more accessible to students • Use English resources because that what she used on previous Degree • There was less available in Welsh in the 2nd year • Feeling that their written Welsh is not good enough <p>Spoken</p> <ul style="list-style-type: none"> • Don't want to be pushed into having to speak Welsh in sessions and glad it doesn't happen! • Like the informal chatty bits in Welsh • Coming from a predominantly Welsh area to a bilingual area like XX LOCATION can impact negatively on confidence in Welsh • Prefer to have things explained in Welsh than English by peers
<p>Identifying the impact of language and</p>	<p>Impact on supervision relationship</p> <ul style="list-style-type: none"> • Language ability changing the dynamics in supervision relationships • Feeling awkward /uncomfortable if the student and SU speak Welsh but educator doesn't – particularly child SU

culturally appropriate practice on practice placement	<ul style="list-style-type: none"> • Finding it easier to express yourself in Welsh • Identifying a possible impact of being bilingual on placement outcome (+ve or -ve) • Influenced dynamics between student and educator
	<p>Impact on work with service users</p> <ul style="list-style-type: none"> • Changes the dynamics within the therapeutic relationship positively • Using what you've got is positive for service users • Seeking out opportunities to use language skills with service users • Feeling more confident when practicing in Welsh • Experiencing that developing rapport is easier to develop – particularly with vulnerable SU • Different bond established when you speak in Welsh to SU • SU are more informal and appear more natural when they speak to student in Welsh • Negative impact on student experience if SU and student was Welsh, and the educator did not provide LCAP to the Su
	<p>Impact on service provision</p> <ul style="list-style-type: none"> • WS students highlight gaps in service provision • Students develop understanding of the benefit to SU of having WS practitioner • Identifying that consideration of language encourages rapport & creates bond within the MDT team & student • Increasing MDT awareness of language and cultural appropriate practice – normalising Welsh as language of practice • Identifying that Welsh AND English should be used within OT practice in Wales • Influencing practice through implementing bilingual OT and impacting on service provision for SU • Better understanding of linguistic and cultural context in different geographical areas • Using Welsh / English impacts on standardised assessment • WS feel sense of responsibility to promote LCAP because they are Welsh speakers
	<p>Developing language skills in/for practice</p> <ul style="list-style-type: none"> • Conflict where practitioners practice Welsh on SU (-ve) • Practitioners develop better skills and use their Welsh, whatever level identified by students as good practice (+ve) • Identifying that staff and students shouldn't practice Welsh on SU if it makes the SU be disadvantaged in any way • Applying knowledge of language and culturally appropriate practice learnt at university on placement is positive • Becoming a more confident practitioner when Welsh valued on placement by MDT • Doing placement where you have to write in Welsh makes you develop this skill – learn to do it when you have to • The language that you use becomes the most important language – link to jargon??
	<p>Utilising language and cultural awareness on placement</p> <ul style="list-style-type: none"> • Bilingual programme impacting on language choice on placement • Identifying formal and informal engagement in Welsh for WS and learners on placement

	<ul style="list-style-type: none"> • Identifying written and verbal engagement in Welsh for WS and learners on placement • Identifying specific placements situations to use bilingual practice skills and knowledge • Recognising that placements with bilingual practice opportunities are important – positive impact on student experience • Applying bilingual practice is added bonus when on placement • Feeling more confident when using Welsh on placement & valued by MDT • Aware of peer (non WS) concerns about language ability on placement • Applying experiential learning in practice • Identifying concern about using professional terminology • <u>Learners</u> find it more tiring when they use their Welsh on placement • Using Welsh has a real positive impact on the placement experience
Students increased understanding impacts on Service User (SU) experiences in practice	<p>Student experience of education mirroring SU experience of services</p> <ul style="list-style-type: none"> • Developing insight into service user experiences through experiential learning • Linking your experiences as a student gives you insight into SU experiences in context of LCAP • Acknowledging the impact for students and SU's when their language preferences are recognised, acknowledged and accommodated • Understanding the emotional impact of language choice – e.g. relief to speak first language and feeling relaxed • Establishing links between experiencing of student-centred learning and experiencing client centred services • Students understand the SU perspective because of their understanding of context of language and cultural appropriateness from their own experience • SU will turn to English to avoid being rude – same as student emotional response in University – shared experience • Understanding that that giving SU choice in practice is similar to being given a real choice on the bilingual programme • Aware that they can adapt what they offer because they have deeper understanding of Su context • Knowing how they feel when not having aspects of education available in Welsh gives insight into how SU feels when not able to access LCAP • They have empathy when they have struggled to understand jargon or prof terminology in English – mirrors what SU would feel when faced with same experience in practice • The deep level of understanding they have been created because of their experiences of being a student on a bilingual course • Their experience of being a WS on a bilingual programme prompts discussion of LCAP amongst the whole group <p>Recognising similarities in experience of language and cultural sensitivity</p> <ul style="list-style-type: none"> • Experiencing language choice promotes awareness of the need for language choice for SU • Gaining insight into Service User experiences which can be used in practice (negative and positive)

	<ul style="list-style-type: none"> • They experience emotions such as relief when they are able to speak in Welsh – same experiences lead them to understand how the SU would feel when they have language choice – particularly vulnerable to SU groups • Better to have A service rather than NO service if Welsh not available – same in Education and practice • Welsh speakers can sometimes take the Welsh needs for granted and concentrate on the multicultural context because they do not need to make an effort for the Welsh stuff because they are bilingual practitioners • Understand the multicultural aspect not just Welsh/English • They are able to respond to SU requests positively • Understand the importance of asking about language AND cultural preferences
Exploring the influence of Welsh speakers on non WS peer learning	<p>Impact of the WS students on non-WS peers</p> <ul style="list-style-type: none"> • Welsh speakers feel OK to support learners and non WS to develop skills / awareness • Non-WS students like hearing the WS speaking in Welsh – encourages them to learn • Non WS are more interested and engaged with Welsh and Bilingualism through being peers with WS • Have a deeper understanding of the context of linguistic rights on behalf of the WS on the programme – 1st hand witnesses • WS feel that non WS hearing Welsh spoken around them is beneficial to non WS learning – inspires them to be interested in Welsh Language and culture • Non WS learn about Welsh culture and bilingualism via experiential learning from the WS peers, but this learning is not overt – they don't realise it – it's a spin off rather than taught component • Some want to learn Welsh & enrolled on Welsh courses or expressed a desire to do so
	<p>Impact of the bilingual curriculum on the non-WS</p> <ul style="list-style-type: none"> • Bilingual curriculum promotes learners and non WS to use whatever level they have • The bilingual programme promotes discussion of issues of bilingualism amongst the group • Some feel left out if WS don't turn to English while others enjoy hearing it around them • They have important part to play – their attitude influences whether WS feel at ease to carry on speaking Welsh around non WS • Highlights bilingualism and promotes understanding of a bilingual context (some have not experienced bilingualism previously)
	<p>Multiculturalism</p> <ul style="list-style-type: none"> • Impact with SU beyond Wales for using language and cultural appropriate practice in multicultural service settings • Non WS made assumptions re WS e.g. they would all know each other • Linguistic and cultural mix within a group has an impact and is important to achieve • Some are more aware and learn more than others – variation of impact on individual level, some have more positive attitude to bilingualism than others • Some non had negative experiences outside of the course which impacted on their attitude towards Welsh language and culture

Pinpointing WHAT creates a bilingual learning &/or practice environment	Barriers <ul style="list-style-type: none"> • Identifying that specifying what creates the bilingual environment is hard to define • Lack of confidence to use Welsh amongst practitioners • Ignorance of the relevant policies and legislation such as Active Offer or not knowing that Welsh has equal status • Lack of interest amongst other students who are not WS or do not intend to work in Wales once qualified • Lack of understanding of the transferability of LCAP to other, UK wide and international contexts • Lack of understanding of multicultural context for practice • Lack of staff training in LCAP • There are lots of different individual preferences of language choices and linguistic engagement • Non WS impact on student experience - feel they do not have the same values – do not promote LCAP in same way as WS tutors do because they do not have the same values (<i>impact of student perception is key here rather than fact, in my experience?</i>) • Where you come from can influence your attitude towards LCAP – negative or positive
	Facilitators <ul style="list-style-type: none"> • Having a REAL choice of Welsh or English for different aspects of the programme • Setting the scene from the start is key to develop a bilingual culture • Identifying specific aspects that creates the bilingual environment (Welsh staff, Welsh interview) • Identifying that peers and friendships promotes the bilingual atmosphere • Integration within the spiral curriculum leading to a natural pick up of skills • Being able to relate things to your own personal experiences • Being a Welsh speaker who is able & willing to use both languages for practice • Policy context to promote linguistic rights (people – students, SU and Practitioners) • Life experiences • It's difficult to speak in English to people you normally speak in Welsh to • Seeing the impact of offering a language choice to SU • Having a clear definition of what's meant would provide better choice for SU • Understanding the importance of the need to acknowledge linguistic needs and preferences • Developing understanding of the importance of language and culture on practice • Your understanding that it's easier to ask in your language of preference because that's what you experienced on the bilingual programme • Non WS staff do engage with developing LCAP, but could do more to promote • Having a Welsh personal tutor has positive impact • Living in a bilingual area promotes more understanding and discussion of implications of LCAP across the WHOLE group

	<ul style="list-style-type: none"> • Being a bilingual has more impact than studying on a bilingual course • Your personal experiences are a major factor in promoting students to become language LCAP • Using Welsh on the prog promotes developing use of Welsh professional terms • Understand that the prog being bilingual is an added bonus – enhances the study experience <p>Understanding the definition of bilingualism</p> <ul style="list-style-type: none"> • Being on an unilingual Welsh course would entail having to use English resources because not there in Welsh • Definition varies from person to person • No clear definitive definition • People experience bilingualism differently – lots of opinions <p>Actions</p> <ul style="list-style-type: none"> • Developing strategies to accommodate linguistic preferences • Bilingual programme ingrains LCAP from the start
Identifying that changing culture within society influences expectations (of education and practice?)	<p>Changing expectations of practitioners</p> <ul style="list-style-type: none"> • Responsibility of all staff to promote LCAP <p>Changing demands of service users</p> <p>Bilingual services</p> <ul style="list-style-type: none"> • Welsh should be visible to have an impact <p>Changes in society</p> <ul style="list-style-type: none"> • Society now much more accepting of multiculturalism and expect people to use or prefer to speak in their 1st language • People should be used to seeing things in different languages – e.g. instruction leaflets etc <p>Employability</p> <ul style="list-style-type: none"> • Employers expect people to use Welsh in practice if they are WS • Expect to see it on job applications as a skill listed (variations though) • Increases employability to be able to practice bilingually

Appendix 6 – Gatekeeper Briefing Sheet for Phase One

Gatekeeper Briefing sheet for going in to see students:

Title of project: The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy

Researcher – Sara Roberts

You may wish to know that the role of a gatekeeper for a research project is generally:

- To act as an initial buffer between the potential participants (you) and the researcher. This is important for this project as Sara is doing this in the capacity of a PhD student at the University, but of course she is also Course Director for OT
- To ensure that there is no coercion i.e. that you do not feel obliged in any way to participate because of Sara's role within the School
- You may find it easier to ask questions initially through me rather than Sara as the researcher? Again, this is so that if you ask questions it's not a formal declaration of interest, so again you do not need to feel obliged to participate.
- If you become a participant, if there are any issues that arise later that you do not feel you can raise with Sara, then you can direct them to/through me.
- It is my role to ensure that you are always treated fairly and ethically as participants.

Please be absolutely assured that any potential participation in this research project is completely separate from you being students on the programme.

Ask any questions – if I don't know I'll find out for you! You are of course also welcome to discuss it with Sara or with Sion Williams (project supervisor) without needing to go through me, but I'm here if you need to access me.

The general information sheet gives you a basic overview of the research proposal – if you are interested please complete the expression of interest form you'll then be sent a Participation Information Sheet which gives a more detailed overview.

The research focuses on 3 categories of learners – Welsh speakers, Welsh learners and Non-Welsh speakers.

The research aims to find out about your experiences as students on a bilingual pre-registration programme and the influence this may have on your development as OT's. Data will also be gathered from OT's who qualified from x University about how their client centred practice may have been influenced by their experiences on the programme. A third group will also provide data, namely qualified OT's, who did not qualify from X University who have learnt Welsh in order to enhance their practice.

What participating will entail

- Returning the expression of interest form to me in the SAE by the 22/3/13
- You will then be sent a Participant Information Sheet and Consent Form and asked to return it by the 8/4/12, you will then be research participants (but free to withdraw at any time)
- You will then be asked to attend a 1-2-hour group interview with Sara before your next placement where initial discussion of your experiences will take place as well as an overview of the other methods of gathering data via journal and audit tool.
- In total you will be asked to attend 3 group interview sessions during the remainder of the programme

- In preparation for the 2nd and 3rd group interview, you will be asked to participate in an online journal via a PhD Blackboard site (this can be in a variety of formats e.g. written, video or audio files) and you will be asked to complete a brief language audit. The journal can be as much or as little as you like.

Benefits of participation

- Be part of a research project that gives you insight to the research process (aspects such as participant recruitment, consent, data gathering – group interview, audit & use of reflective journals as data gathering tools). You may find this beneficial when devising your own dissertation or research assignment.
- CPD opportunity for focussing on your own development as a client centred practitioner and language and culturally sensitive practice
- Part of developing the knowledge base of client centred practice within OT practice
- Be part of developing knowledge of language and cultural sensitivity within OT practice
- The research will be transferrable to other disciplines in other countries as the OT aspect is used as a case study, so it is envisaged that it has scope beyond OT in the UK.
- You can contribute to direct improvements in bilingual education within OT and the whole School for the future

Possible disadvantages

- If you have had negative experiences on the programme you may not be comfortable discussing it in a group interview (but can outline your thoughts via the journal)
- Participation takes up time with an already busy schedule (hopefully it won't be too time consuming)
- May be worried that the researcher will not agree with you so not sure if you should be honest (I encourage you to be honest – the researcher is genuinely interested in a complete overview of your experiences)

Appendix 7 – Participant Information Sheet

(Example from Phase One)

Ysgol Gwyddorau Gofal Iechyd
Prifysgol Bangor
Fron Heulog
Ffordd Ffriddoedd
Bangor
Gwynedd
LL57 2EF

School of Healthcare Sciences
Bangor University
Fron Heulog
Ffriddoedd Road
Bangor
Gwynedd
LL57 2EF



Ebrill / April 2013

Annwyl / Dear

Diolch i chi am dychwelyd y Ffurflen Dangos Diddordeb ar gyfer project ymchwil Mrs Sara Roberts ar gyfer ei PhD

Rwy'n falch eich bod wedi datgan diddordeb mewn cymheryd rhan fel cyfranogwr. Anfonaf y Daflen Wybodaeth i Gyfranogwyr atoch sy'n rhoi manylion pellach am y prosiect a beth fyddai eich cyfranogiad yn ei olygu.

Os dymunwch fod yn gyfrannwr, a wnewch chi lenwi a dychwelyd y Ffurflen Ganiatâd amgaeedig, fe wnaiff Mrs Sara Roberts gysylltu a chi yn fuan i wneud trefniadau hel data. Byddwn yn ddiolchgar petai chi'n dychwelyd y Ffurflen Ganiatâd i mi yn Fron Heulog yn yr amlen bwrpasol a ddarparwyd erbyn 8/4/13. Os oes unrhyw gategori efo gormod o gyfranogwyr, y 6 myfyrwr cyntaf mewn unrhyw gategori iaith a fydd wedi dychwelyd y Ffurflen Ganiatâd fydd yn cael ei dewis.

Os oes gennych unrhyw gwestiynau pellach, peidiwch ag oedi i gysylltu â Sara nei fi

Thank you for returning the Expression of Interest Form for the Research project being undertaken by Mrs Sara Roberts for her PhD

I am delighted that you are interested in participating as a subject. I now enclose a more detailed Participant Information Sheet that gives specific details about the project and you're your potential involvement would entail.

If you are interested in becoming a participant, please complete and return the enclosed Consent Form, Mrs Sara Roberts will then contact you to make arrangements for data gathering. I would be very grateful of you would return the Consent Form to me at Fron Heulog in the self-addressed envelope provided by the 8/4/13. If any categories are over-subscribed, then the first 6 students in any language category who return the Consent Form will be selected.

(manylion cysylltu ar y Daflen Wybodaeth i Gyfranogwyr)

If you have any further questions, then please do not hesitate to contact Sara or myself (contact details are on the Participant Information Sheet)

Yn gywir / Yours sincerely,

Gill Roberts

Gillian Roberts (Mrs)

Didolwr y Project / Project Gatekeeper.

Taflen Wybodaeth i Gyfranogwyr sydd yn Fyfyrrwyr Presennol

Participant Information Sheet for Current Students

Ebrill / April 2013

<p>Teitl y project: Dylanwad dysgu ar raglen gyn-gofrestru ddwyieithog ar sensitifrwydd i faterion iaith a diwylliant mewn ymarfer client-ganolog mewn Therapi Galwedigaethol.</p>	<p>Project title: The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy</p>
<p>Yr Astudiaeth</p> <p>Mae'r astudiaeth hon yn cael ei chynnal fel rhan o broject ymchwil ar gyfer PhD gan Mrs Sara Roberts. Mae'r astudiaeth yn ystyried y cysylltiadau rhwng addysg ddwyieithog a sensitifrwydd i faterion iaith a diwylliant mewn ymarfer client-ganolog ymysg therapyddion galwedigaethol yng Nghymru. Bydd yr ymchwil yn defnyddio profiadau a barn clinigwyr y nodwyd eu bod yn sensitif i faterion iaith a diwylliant yn eu hymarfer client-ganolog (ond na wnaethant hyfforddi ar raglen ddwyieithog), 2 garfan o fyfyrwyr cyfredol ar y rhaglen therapi galwedigaethol ym Mhrifysgol XX [omitted for confidentiality] a myfyrwyr wedi cymhwyso o'r Brifysgol sy'n awr yn ymarfer fel therapyddion galwedigaethol yng Nghymru. Mae'r astudiaeth yn ymchwilio i'r pwnc hwn o safbwynt 3 grŵp gallu ieithyddol – Siaradwyr Cymraeg, Dysgwyr</p>	<p>The Study</p> <p>This study is being undertaken as part of a research project for a PhD by Mrs Sara Roberts. The study considers the links between bilingual education and language and cultural sensitivity in client centred practice amongst occupational therapists in Wales. The research will use the experiences and views of clinicians who are identified as being language and culturally sensitive in their client centred practice (But who did not train on a bilingual programme), 2 cohorts of current students on the occupational therapy (OT) programme in XX [omitted for confidentiality] University and students who qualified from the University and who are now practicing as occupational therapists in Wales. The study investigates this subject from the perspective of 3 language ability groups – Welsh</p>

<p>Cymraeg a rhai nad ydynt yn siaradwyr Cymraeg.</p>	<p>Speakers, Welsh Learners and non Welsh speakers.</p>
<p>Cymerwch amser i ddarllen y wybodaeth a roddir yma a gofynnwch unrhyw gwestiynau os bydd arnoch angen gwybodaeth bellach neu os oes gennych unrhyw gwestiynau am y project ymchwil.</p>	<p>Please take time to read the information provided here and do ask any questions should you need any further information or have any questions about the research project.</p>
<p>Beth yw pwrpas yr astudiaeth?</p>	<p>What is the purpose of the study?</p>
<p>Prif ddiben yr astudiaeth yw i gwblhau gradd PhD a gwerthuso effaith addysg ddwyieithog ar ymarferwyr therapi galwedigaethol a astudiodd ar raglen ddwyieithog. Edrychir i weld a yw profiadau myfyriwr ar raglen gyn-gofrestru'n dylanwadu ar ddealltwriaeth a gweithredu ymarfer sensitif o ran iaith a diwylliant unwaith y bydd y myfyriwr wedi cofrestru. O ddeall safbwynt myfyrwyr a chlinigwyr, rhagwelir y llunnir damcaniaeth yn ymwneud â'r cysylltiadau rhwng addysg ddwyieithog ac ymarfer clinigol, ynghyd â chysyniadau damcaniaethol pellach yn ymwneud â gweithredu addysg ddwyieithog mewn rhaglenni Iechyd a Gofal Cymdeithasol. Mae'r astudiaeth hon yn enghraifft o astudiaeth achos a throsglwyddir darganfyddiadau ohoni i broffesiynau, ieithoedd a chyd-destunau diwylliannol eraill.</p>	<p>The main purpose of the study is for the completion of a PhD and to appraise the impact of bilingual education on occupational therapy practitioners who studied on a bilingual programme. There will be an exploration of whether student experiences on a pre-registration programme influences the understanding and implementation of language and culturally sensitive client centred practice once qualified. From understanding the perspective of students and clinicians, it is envisaged that theory relating to the links between bilingual education and clinical practice will be generated along with further theoretical concepts relating to the implementation of bilingual education in Health and Social Care programmes. This study is a case study example and findings from it will be transferable to other professions, languages and cultural contexts.</p>
<p>Bydd archwilio eich profiadau o addysg ddwyieithog ac effaith hyn ar eich ymarfer client-ganolog, yn y brifysgol ac yn eich lleoliad ymarfer, yn galluogi gwneud gwerthusiad manwl o'r strategaethau addysgu a dysgu dwyieithog a ddefnyddir ym Mhrifysgol XX [omitted for</p>	<p>Exploration of your experiences of bilingual education and the impact of this on your emerging client centred practice, both at university and practice placement will allow an in-depth appraisal of the current bilingual teaching and learning strategies utilised at XX</p>

confidentiality]. Bydd hefyd yn dylanwadu ar ddatblygu damcaniaeth yn ymwneud ag addysg broffesiynol ddwyieithog, a'r cysylltiadau rhwng sensitifrwydd iaith a diwylliant ac ymarfer client-ganolog.

Pam ydw i wedi cael fy ngwahodd?

Fe'ch gwahoddwyd i gymryd rhan oherwydd ei bod yn bwysig deall ac archwilio eich profiadau o astudio ar raglen ddwyieithog, yn ogystal ar archwilio effeithiau posibl addysg ddwyieithog ar eich ymarfer client-ganolog yn y brifysgol a lleoliadau ymarfer.

Oes rhaid i mi gymryd rhan?

Nac oes. Chi sydd i benderfynu a ydych am gymryd rhan neu beidio. Os byddwch yn penderfynu cymryd rhan gofynnir i ddychwelyd y Ffurflen Gydsynio amgaeedig yn yr amlen a ddarparwyd. Os penderfynwch gymryd rhan, mae gennych hawl i dynnu'n ôl ar unrhyw adeg, a heb roi unrhyw reswm; ni fydd hyn yn effeithio mewn unrhyw ffordd ar y berthynas sydd gennych â'r Brifysgol, nawr nac yn y dyfodol. [SECTION

Beth fydd yn digwydd i mi os byddaf yn cymryd rhan?

Os cytunwch i gymryd rhan bydd Mrs Sara Roberts yn gwneud trefniadau i chi gymryd rhan mewn cyfweiliad grŵp yn Fron Heulog yn un o dri grŵp gallu ieithyddol; bydd rhwng 3 i 6 o gyfranogwyr ym mhob grŵp. Trafodir amcanion yr astudiaeth â chi unwaith eto ac, os byddwch yn fodlon symud ymlaen, byddwch

[omitted for confidentiality] University. It will also inform the development of grounded theory relating to bilingual professional education and the connections between language and cultural sensitivity and client centred practice.

Why have I been invited?

You have been invited to participate because it is important to understand and explore your experiences of studying on a bilingual programme as well as exploring the potential effects of bilingual education on your emerging client centred practice at both university and practice placements.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you decide to take part you will need to return to enclosed Consent Form in the self addressed envelope provided. If you decide to take part, you are free to withdraw at any time and without giving a reason, this will not in any way affect the relationship you have with the University, now or in the future. [SECTION OMITTED FOR CONFIDENTIALITY]

What will happen to me if I take part?

If you consent to take part Mrs Sara Roberts will make arrangements for you to take part in a group interview at Fron Heulog in one of three language ability groups, there will be between 3 to 6 participants in each group. The aims of the study will be discussed with you once more and, if you are happy to proceed, then you will be a

wedyn yn dod yn un o'r rhai fydd yn cymryd rhan yn yr astudiaeth hon a bydd y cyfweiliad grŵp yn dechrau. Yn ogystal â chymryd rhan mewn tri chyfweiliad grŵp, gofynnir i chi lenwi archwiliad sgiliau iaith a chadw llyfr cofnodion memo gydol y rhaglen.

Beth fydd yn rhaid i mi ei wneud?

Gofynnir i chi gymryd rhan mewn tri chyfweiliad grŵp a fydd yn para oddeutu awr i ddwy yr un. Cynhelir y cyfweiliad grŵp cyntaf yn y Gwanwyn ym mlwyddyn 2 cyn y lleoliad olaf, yr ail yn syth ar ôl y lleoliad a'r trydydd cyn gorffen y cwrs. Caiff y cyfweiliadau hyn eu trawsgrifio ac anfonir copi ohonynt atoch i'w darllen am gywirdeb ac i roi sylwadau arnynt os dymunwch. Yn dilyn y cyfweiliad grŵp cyntaf, byddwch yn cael archwiliad sgiliau iaith a mynediad i llyfr memo ar-lein i gofnodi eich meddyliau ynghylch unrhyw agwedd ar destun yr ymchwil. Adolygir y rhain gan yr ymchwilydd cyn yr ail a'r trydydd cyfweiliad grŵp er mwyn llywio'r cyfweiliad a defnyddir data o'r deunydd hyn fel data ar gyfer yr ymchwil. Bydd y wybodaeth o'r cyfweiliadau grŵp, llyfrau memo a'r archwiliad sgiliau yn hollol gyfrinachol ac ni ellir ei holrhain yn ôl atoch chi fel unigolyn unrhyw bryd. Byddwch yn cael rhif adnabod ac ni fydd unrhyw un heblaw'r ymchwilydd, y Didolwr ac efallai dîm goruchwyllo'r project yn gwybod eich enw. Gellwch dynnu'n ôl o'r astudiaeth ar unrhyw adeg os dymunwch.

participant in the study and the group interview will commence. In addition to participating in three group interviews, you will be asked to complete a language skills audit and keep a memo record book for the duration of the programme.

What will I have to do?

You will be asked to take part in three group interviews which will last approximately one to two hours each. The first group interview will take place in the Spring of year 2 prior to the final placement, the second immediately after the placement and the third prior to completing the programme. These interviews will be transcribed and a copy of them will be sent to you to read for accuracy and comment should you so wish. Following the first group interview, you will be given a language skills audit and access to an online memo book to record your thoughts regarding any aspect of the research topic. These will be reviewed by the researcher prior to group interview two and three to inform the interview guide and data from these tools will be utilised as data for the research. The information from the group interviews, memo books and the skills audit is strictly confidential and cannot be traced back to you on an individual basis at any time. You will be allocated an identification number and your name will not be known to anyone apart from the researcher, the Gatekeeper and possibly the project supervision team. Should you choose to withdraw from the study; you are free to do so at any time.

<p>Beth yw'r anfanteision posibl a'r risgiau wrth gymryd rhan?</p> <p>Nid oes unrhyw risgiau amlwg gan mai dim ond yr ymchwilydd, y Didolwr a'r tîm goruchwyllo fydd yn gwybod eich bod yn cymryd rhan. [SECTION OMITTED FOR CONFIDENTIALITY]</p> <p>Os mynegir unrhyw farn negyddol am y rhaglen Therapi Galwedigaethol ym XX [omitted for confidentiality], neu faterion cyffredinol yn ymwneud â myfyrwyr, bydd yr ymchwilydd a'r cyfranogwr yn ymwybodol mai safbwyntiau a fynegir fel rhan o'r ymchwil ydynt ac nid i adrodd ar unrhyw raglenni addysg (y mae trefniadau ar wahân ar gyfer rhoi adborth arnynt). Fodd bynnag, os nodir unrhyw faterion y byddai'n fuddiol mynd â hwy ymhellach, bydd yr ymchwilydd yn trafod â'r cyfranogwr sut y gellir rhoi gwybod am unrhyw bryderon drwy'r cyfryngau priodol.</p> <p>Pe bai unrhyw faterion yn codi sy'n achosi trallod i gyfranogwr, bydd yr ymchwilydd yn cynorthwyo'r cyfranogwr i gael cefnogaeth o sianelau megis y gwasanaethau cynghori myfyrwyr.</p> <p>Beth yw manteision posibl cymryd rhan?</p> <p>Nid oes unrhyw fanteision uniongyrchol i unigolion o gymryd rhan yn yr astudiaeth, ac eithrio cyfle i ystyried ymarfer cyfredol a chyfle i gyfrannu at wybodaeth gyfredol o'r proffesiwn Therapi Galwedigaethol ac yn ehangach. Byddwch yn cael crynodeb o ddarganfyddiadau'r ymchwil ar y diwedd.</p>	<p>What are the possible disadvantages and risks of taking part?</p> <p>There are no identified risks as your participation will only be known to the researcher, the Gatekeeper and the immediate supervision team. [SECTION OMITTED FOR CONFIDENTIALITY]</p> <p>If any negative views are expressed regarding the OT programme at XX [omitted for confidentiality] or general student issues, both the researcher and participant will be aware that those views are expressed as part of the research and not as a reporting mechanism for education programmes (for which there are separate mechanisms for feedback). However, should any issues arise that would be valuable to take further, the researcher will discuss with the participant how they can report any concerns through the proper channels.</p> <p>Should any issues arise that cause any participant to become upset, the researcher will assist the participant to access support from channels such as student counselling services.</p> <p>What are the possible benefits of taking part?</p> <p>There are no direct benefits to any individual to take part in the study, other than a CPD opportunity to reflect on current practice and the opportunity to contribute to current knowledge of the OT profession and wider. You will be provided with a summary of the findings of the research at the end.</p>
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Beth os bydd problem?

Gan fod Mrs Sara Roberts yn fyfyrwr PhD ym Mhrifysgol Bangor, gellir gwneud unrhyw gwynion am unrhyw agwedd ar eich ymwneud â'r astudiaeth yn uniongyrchol i oruchwyliwr yr ymchwil yn y Brifysgol, Dr Siôn Williams, a sefydlir trefn gwyno i'r diben hwn. Os hoffech gwyno am unrhyw agwedd ar y ffordd y cawsoch eich trin yn ystod yr astudiaeth hon, cyfeiriad Dr Williams yw:

Dr Siôn Williams,
Fron Heulog,
Ysgol Gwyddorau Gofal Iechyd,
Prifysgol Bangor,
Bangor,
Gwynedd.

Cod post: LL57 2EF

Ffôn: 01248 388519

Fydd y ffaith fy mod yn cymryd rhan yn yr astudiaeth yn cael ei chadw'n gyfrinachol?

Cedwir yr holl wybodaeth a gesglir amdanoch yn ystod yr ymchwil yn gwbl gyfrinachol. Fel rhan o'r astudiaeth mae trefn yn y Brifysgol sy'n delio ag achosion lle datgelir camymddwyn neu gam-drin gan gyfranogwyr ac, mewn achosion o'r fath, bydd rhaid i Mrs Sara Roberts dorri cyfrinachedd.

Bydd y wybodaeth a gesglir yn ystod yr astudiaeth nid yn unig yn gyfrinachol, ond hefyd caiff ei dinistrio ar ddiwedd yr astudiaeth yn unol â Deddf Gwarchod Data (1998), oni bai eich bod

What if there is a problem?

As Mrs. Sara Roberts is a PhD student at Bangor University, any complaints about any aspect of your involvement in the study can be made directly to the research supervisor at the University; Dr Sion Williams and a complaints procedure will be in place for this purpose. If you wish to complain about any aspect of the way you have been approached or treated during the course of this study, the address for Dr Williams is:

Dr Sion Williams,
Fron Heulog,
School of Healthcare Sciences,
University of Wales,
Bangor,
Gwynedd.

Postcode: LL57 2EF

Tel: 01248 388519

Will my taking part in the study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. As part of the study there will be a procedure in place at the University which deals with disclosures of malpractice or abuse reported by participants and in such instances Mrs Sara Roberts will be required to break confidentiality.

The information collected during the course of the study will not only be confidential but also destroyed at the end of the study in accordance with the Data Protection Act (1998) unless you

yn cydsynio i'r data gael eu cadw fel rhan o archif mewn ffurf ddi-enw. Cedwir y data yn Mhrifysgol Bangor am gyfnod o 10 mlynedd. Caiff recordiadau digidol y cyfweiliadau eu chwalu, yn ogystal â'r trawsgrifiadau a gedwir mewn cofnodion cyfrifiadurol. Caiff y cofnodion cyfrifiadurol hyn eu cadw yn ystod yr astudiaeth ar system gyfrifiadurol y Brifysgol ac ar gyfrifiadur yr ymchwilyr.

Beth fydd yn digwydd os nad ydych chi am gario ymlaen â'r astudiaeth?

Gellwch dynnu'n ôl o'r astudiaeth unrhyw bryd a heb roi rheswm. Ni fydd hyn yn effeithio mewn unrhyw ffordd ar y berthynas sydd gennych â Phrifysgol, nawr neu yn y dyfodol. Os na fyddwch eisiau parhau i gymryd rhan yn yr astudiaeth, bydd Mrs Sara Roberts yn gofyn a ydych chi eisiau i'r wybodaeth a gasglwyd tra oeddech yn cymryd rhan gael ei dinistrio neu ei chadw fel rhan o'r darganfyddiadau.

Beth fydd yn digwydd i ganlyniadau'r astudiaeth ymchwil?

Bydd Sara Roberts yn llunio adroddiad cryno ar y darganfyddiadau (di-enw) o'r astudiaeth a phrofiadau pob un o'r rhai a gymerodd ran; dosberthir hwn i'r holl gyfranogwyr er gwybodaeth. Hefyd cynhyrchir adroddiad ar gyfer Pwyllgor Datblygu Ymchwil y Brifysgol.

Beth sydd angen i mi ei wneud nesaf?

Os oes gennych ddi-ddordeb cymryd rhan yn yr astudiaeth, a fydddechystal â llenwi'r Ffurflen Gydsynio amgaaedig a'i dychwelyd at Mrs

consent to the data being kept as part of a archive in an anonymised form. The data is archived in Bangor University for a 10 year period. The digital recording of the interviews will be erased as will the stored transcripts held on computer records. These computer records will be stored during the study on the University computer system and the researcher's computer.

What will happen if I don't want to carry on with the study?

At all times you are free to withdraw at any time from the study and without giving a reason. This will not in any way affect the relationship with University staff now or in the future. If you do not want to carry on taking part in the study Mrs Sara Roberts will ask if you wish the information collected during your involvement to be destroyed or retained as part of the findings.

What will happen to the results of the research study?

Sara Roberts will compile a summary report on the (anonymised) findings from the study and the experiences of all those who participated, this will be distributed to all participants for information. There will also be a report produced for the University Research Development committee.

What do I have to do next?

If you are interested in taking part in the study, please complete the attached Consent Form and return it to Mrs Gillian Roberts, the Gatekeeper

Gillian Roberts ym Mhrifysgol Bangor. Amgaeir amlen wedi'i stampio i'r diben hwn. Unwaith y derbynir y ffurflen, bydd Mrs Sara Roberts yn cysylltu â chi i wneud trefniadau i gasglu'r data.

Gwybodaeth bellach a manylion cyswllt

Os hoffech drafod unrhyw agwedd ar yr astudiaeth ymchwil hon, cysylltwch â:

Mrs Sara Roberts
Ysgol Gwyddorau Gofal Iechyd
Coleg Gwyddorau Iechyd ac Ymddygiad
Prifysgol Bangor
Fron Heulog
Ffordd Ffriddoedd
Bangor
Gwynedd

Cod post: LL57 2EF

Rhif Ffôn 01248-383169

Ffacs:01248 – 383186

E-bost: hsse14@bangor.ac.uk

at Bangor University. A stamped addressed envelope is enclosed for this purpose. Once it is received, Mrs Sara Roberts will contact you to make arrangements for the data collection.

Further information and contact details

If you would like to discuss any aspect of this research study please contact:

Mrs Sara Roberts
School of Healthcare Sciences
College of Health and Behavioural Sciences
Bangor University
Fron Heulog
Ffriddoedd Road
Bangor
Gwynedd

Postcode: LL57 2EF

Telephone No. 01248-383169

Fax:01248 – 383186

Email: hsse14@bangor.ac.uk

Appendix 8 – Expression of Interest Form (Example from Phase One)



PRIFYSGOL
BANGOR
UNIVERSITY

Ffurflen Mynegi Diddordeb

Expression of interest Form

Teitl y project: Dylanwad dysgu ar raglen gyn-gofrestru ddwyieithog ar sensitifrwydd i faterion iaith a diwylliant mewn ymarfer client-ganolog mewn Therapi Galwedigaethol.

Ymchwilydd: Sara Roberts

Project title: *The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy*

Researcher: Sara Roberts

Mae gennyf ddiddordeb cymryd rhan yn yr astudiaeth uchod; a fydddech crystal ag anfon gwybodaeth bellach ataf am yr astudiaeth a manylion sut i wirfoddoli i gymryd rhan.

I am interested in taking part in the above study; please send me further information regarding the study and details of how to volunteer to be a participant.

Pa grŵp medrusrwydd iaith ydych chi'n meddwl y bydddech yn perthyn iddo? Ticiwch y bocs priodol isod:

What language proficiency group would you see yourself belonging to? Please tick the appropriate box below:

Cymraeg – iaith gyntaf

Dysgwr Cymraeg

Ddim yn Siarad Cymraeg

Welsh – first Language

Welsh Learner

Non-Welsh Speaker

Eich manylion cyswllt / Your contact details

Enw'r Sawl sy'n Cymryd Rhan / Name of Participant:

.....

Cyfeiriad / Address:

.....

.....

.....

Côd post / Postcode:

Rhif ffôn / Telephone Number:

Rhif ffôn symudol/ Mobile Number:

Cyfeiriad E-bost / Email Address:

Nodwch os oes arnoch angen unrhyw gymorth gyda chyfathrebu ar gyfer casglu data?
(er enghraifft, print bras, dolen anwytho).

*Please specify if you require any assistance with communication for data gathering?
(for example large print, induction loop).*

Llofnod / Signature: _____ **Dyddiad / Date:** _____

Ar ôl ei llenwi, anfonwch y ffurflen hon yn yr amlen a ddarparwyd at Mrs Gillian Roberts (Didolwr) – cedwir y ffurflen mewn cwpwrdd wedi'i gloi yn yr Ysgol Gwyddorau Gofal Iechyd.

When completed, please place this form in the pre-paid envelope provided and post it to Mrs Gillilan Roberts (Gatekeeper) - this form will be kept in a locked cabinet in the School of Healthcare Sciences

Appendix 9 – Consent Form (example form Phase One)



PRIFYSGOL
BANGOR
UNIVERSITY

Ffurflen Gydsynio / Consent Form

Teitl y project: Dylanwad dysgu ar raglen gyn-gofrestru ddwyieithog ar sensitifrwydd i faterion iaith a diwylliant mewn ymarfer client-ganolog mewn Therapi Galwedigaethol.

Project title: The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy

Rhif adnabod cyfrannwr / Participant ID number :

Ymchwilydd / Researcher: Sara Roberts

Llofnodwch y bocs / Please initial box

1. Rwy'n cadarnhau fy mod wedi darllen a deall y daflen wybodaeth, dyddiedig Ebrill 2013, ar gyfer yr astudiaeth uchod. Rwyf wedi cael cyfle i ystyried y wybodaeth a gofyn cwestiynau ac wedi cael atebion boddhaol.
I confirm that I have read and understood the participant information sheet dated April 2013 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. Rwy'n deall fy mod yn cymryd rhan yn wirfoddol ac y gallaf dynnu'n ôl unrhyw bryd, heb roi rheswm a heb i hynny effeithio ar fy hawliau cyfreithiol.
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
3. Rwy'n cadarnhau fy mod yn caniatáu i'r cyfweiliad gael ei recordio'n ddigidol a'i drawsgrifio fel rhan o'r astudiaeth.
I confirm that I consent to the interview being digitally recorded and transcribed as part of the study.
4. Rwy'n deall y gall yr Ymchwilydd, aelodau o'r Tîm Goruchwylio a Didolwr y Project, edrych ar adrannau perthnasol o'r data a gasglwyd yn ystod yr astudiaeth, lle mae hynny'n berthnasol o ran fy rhan yn yr ymchwil. Rhoddaf ganiatâd i'r unigolion hyn weld fy nghofnodion.
I understand that relevant sections of data collected during the study, may be looked at by the Researcher, members of the Supervision Team and the Project Gatekeeper, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

5. Rwy'n rhoi caniatâd i'r ymchwilydd ddefnyddio dyfyniadau di-enw o'r cyfweiliad.

I give permission for the researcher to use anonymised quotes from the interview.

6. Rwy'n rhoi caniatâd i ddata di-enw gael eu rhannau ag ymchwilydd eraill ar gyfer projectau eraill sydd y tu hwnt i faes y PhD hwn.

I give permission for anonymised data to be shared with other researchers for other projects that are beyond the scope of this PhD.

7. Rwy'n rhoi caniatâd i'r ymchwilydd gadw trawsgrifiadau a data di-enw o'r cyfweiliad fel archifau data ym Mhrifysgol Bangor yn unol â'i Hamserlen Gadw. Cedwir data'n unol â Deddf Gwarchod Data (1998).

I give permission for the researcher to store anonymised transcripts and data from the interview as data archives in Bangor University according to its Retention Schedule. Data will be stored in accordance with Data Protection Act (1998).

8. Rwy'n cytuno i gymryd rhan yn yr astudiaeth uchod.
I agree to take part in the above study

Enw'r Cyfranogwr / Name of Participant:

:

Dyddiad / Date: _____.

Llofnod / Signature: _____.

Ymchwilydd / Researcher: SARA ROBERTS

Dyddiad / Date: _____.

Llofnod / Signature: _____.

Ar ôl ei llenwi rhowch y ffurflen hon yn yr amlen a ddarparwyd a'i phostio at Mrs Gillian Roberts. Cedwir y ffurflen mewn cwpwrdd wedi'i gloi yn yr Ysgol Gwyddorau Gofal Iechyd.

When completed, please place this form in the pre-paid envelope provided and post it to Mrs Gillian Roberts. The form will be kept in a locked cabinet in the School of Healthcare Sciences.

Appendix 10 – Invitation Letter and Information Sheet

from the Gatekeeper to Qualified Students

Ysgol Gwyddorau Gofal Iechyd	School of Healthcare Sciences
Prifysgol Bangor	Bangor University
Fron Heulog	Fron Heulog
Ffordd Ffriddoedd	Ffriddoedd Road
Bangor	Bangor
Gwynedd	Gwynedd
LL57 2EF	LL57 2EF



Llythyr Egluro Ymchwil / Research Covering Letter

6/9/16

Annwyl Fyfyriwr ThG sydd wedi Cymhwyso,

Dear Qualified OT Student,

<p>Rwy'n ysgrifennu atoch ar ran Mrs Sara Roberts sy'n fyfyriwr PhD ym Mhrifysgol Bangor ar hyn o bryd. Fi yw'r Didolwr ar gyfer y project a bydd pob gohebiaeth yn ymwneud â'r project hwn yn cael ei hanfon gen i yn y lle cyntaf nes bydd cyfranogwyr posibl wedi cael eu recriwtio. Fi fydd yn gyfrifol am bob gohebiaeth gychwynnol er mwyn sicrhau eich bod yn cael cyfle i ofyn unrhyw gwestiynau ac nad ydych yn teimlo o dan unrhyw bwysau i wirfoddoli i gymryd rhan.</p> <p>Rwy'n ysgrifennu i holi a fyddai gennych ddi-ddordeb mewn cymryd rhan yn y cyfnod olaf o broject ymchwil yn yr hydref eleni?</p> <p>Teitl y project yw:</p> <p>Darganfod sut y mae ymarferwyr iechyd a gwasanaethau cymdeithasol yn datblygu sgiliau ymarfer sy'n addas o safbwynt iaith a diwylliant – astudiaeth achos.</p>	<p>I am writing to you on behalf of Mrs Sara Roberts who is a student at Bangor University currently undertaking her PhD. I am the Gatekeeper for the project and all communication regarding this project will initially be directed by me until potential participants have been recruited. Initial communication is being undertaken by me to ensure that you have the opportunity to ask any questions and do not feel under any obligation to volunteer to participate.</p> <p>I am writing to enquire whether you would be interested in participating as a subject for the final phase of a research project this autumn?</p> <p>The project title is:</p> <p>Determining how health and social care practitioners develop language and culturally appropriate practice – a case study</p>
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<p>Rwy'n amgáu taflen wybodaeth gyffredinol sy'n rhoi ychydig fanylion am y project a beth fyddai angen i chi ei wneud pe baech yn cymryd rhan ynddo. Os oes gennych ddiddordeb mewn gwirfoddoli i gymryd rhan, ac wedi gweithio yng Nghymru ar unrhyw adeg ers cymhwyso fel ThG, â fydddech cystal â llenwi a dychwelyd y Ffurflen Mynegi Diddordeb amgaeedig. Wedyn byddaf yn anfon Taflen Wybodaeth Fanwl atoch, sy'n disgrifio'r project yn fanwl, a Ffurflen Gydsynio i chi ei llenwi cyn y dechreuir casglu unrhyw ddata.</p> <p>Byddwn yn ddiolchgar iawn pe gallech ddychwelyd y Ffurflen Mynegi Diddordeb ataf yn Fron Heulog yn yr amlen bwrpasol a ddarparwyd erbyn 30/9/16.</p>	<p>I enclose a general information sheet that gives a few details about the project and what your potential involvement would entail. If you are interested in volunteering to be a participant and have worked in Wales at any point since qualifying as an OT, please complete and return the enclosed Expression of Interest Form. I will then send you a detailed Participant Information Sheet which outlines the project in detail and a Consent Form to complete prior to the commencement of any data gathering.</p> <p>I would be very grateful if you would return the Expression of Interest Form to me at Fron Heulog in the self-addressed envelope provided by the 30/9/16.</p>
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Yn gywir / Yours sincerely,

Gill Roberts

Gillian Roberts (Mrs)

Didolwr Project PhD / PhD Project Gatekeeper

Taflen Wybodaeth Gyffredinol / General Information Sheet

<p>Mae'r astudiaeth hon yn cael ei chynnal fel rhan o broject ymchwil ar gyfer PhD gan Mrs Sara Roberts, sy'n fyfyrwr ym Mhrifysgol Bangor.</p> <p>Darganfod sut y mae ymarferwyr iechyd a gwasanaethau cymdeithasol yn datblygu sgiliau ymarfer sy'n addas o safbwynt iaith a diwylliant – astudiaeth achos.</p> <p>Mae'r astudiaeth yn ymchwilio profiadau a barn cyfranogwyr mewn pedwar cyfnod o hel data:</p> <p><u>Cymal Un:</u> Gofynnwyd i ddau garfan o fyfyrwyr ar y rhaglen therapi galwedigaethol ym Mhrifysgol [omitted for confidentiality] gymryd rhan mewn 3 chyfweiliad grŵp ar wahanol adegau yn ystod y rhaglen. Gofynnir iddynt hefyd gwblhau archwiliad sgiliau iaith a dyddiadur memo o'u profiadau o ddysgu dwyieithog dros gyfnod y rhaglen.</p> <p><u>Cymal Dau:</u> Clinigwyr Therapi Galwedigaethol na wnaeth gymhwyso o Brifysgol [omitted for confidentiality] ond y nodwyd eu bod yn sensitif i faterion iaith a diwylliant yn eu hymarfer client-ganolog gofynnir iddynt gymryd rhan mewn un cyfweiliad.</p> <p><u>Cymal Tri:</u></p>	<p>This study is being undertaken as part of a research project for a PhD by Mrs Sara Roberts who is a student at Bangor University.</p> <p>Determining how health and social care practitioners develop language and culturally appropriate practice – a case study</p> <p>The study investigates the experiences and views of participants from participants in four phases of data collection:</p> <p><u>Phase One:</u> Two cohorts of students on the occupational therapy programme in [omitted for confidentiality] University were asked to take part in 3 group interviews at various times during the programme. They were also asked to complete a language skills audit and a memo diary of their experiences of bilingual learning for the duration of the programme.</p> <p><u>Phase Two:</u> Occupational Therapy clinicians who did not qualify from [omitted for confidentiality] University but who are identified as being language and culturally sensitive in their client centred practice were asked to take part in one interview.</p> <p><u>Phase Three:</u> Researchers from Wales and Canada who are involved in the Wales/Canada Research Network</p>
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Gofynnwyd i ymchwilwyr o Gymru a Canada, sy'n ymwneud â Rhwydwaith Ymchwil Cymru/Canada i hyrwyddo ymarfer priodol o ran iaith a diwylliant mewn iechyd a gofal cymdeithasol, gymryd rhan mewn un cyfweiliad.

Cymal Pedwar:

Gofynnir i fyfyrwyr cymwysedig o [omitted for confidentiality] sydd nawr yn ymarfer fel therapyddion galwedigaethol (neu cyfateb) yng Nghymru, neu wedi bod yn gwneud hynny, gymryd rhan mewn cyfweiliad un i un. Dylai hwn bara tuag awr a gallir ei gynnal wyneb yn wyneb, ar y ffôn neu drwy Skype. Hefyd gofynnir iddynt ddarllen trosolwg byr o'r theori sydd wedi ei ddatblygu eisoes a lenwi holiadur adfyfyriol byr ynghylch eu hymarfer a gwerthuso eu profiadau addysg fel paratoad at y cyfweiliad. Bydd hwn yn ffynhonnell ddata bellach ynghylch eu profiadau.

Os byddwch yn cwblhau a dychwelyd y Ffurflen Mynegi Diddordeb, anfonir y Daflen Wybodaeth lawn i Gyfranogwyr atoch a byddwch yn cael cyfle i drafod eich rhan yn y project gyda Sara Roberts. Ni fydd unrhyw reidrwydd arnoch wedyn i gymryd rhan ac, os cydsyniwch i gymryd rhan, gallwch dynnu'n ôl o'r ymchwil unrhyw bryd a heb orfod rhoi rheswm am hynny.

Defnyddir y Didolwr i brosesu'r holl wybodaeth yn ymwneud â'r cyfranogwyr, ac mae croeso i chi gysylltu â'r Didolwr (Mrs Gillian Roberts), Goruchwylwyr yr Ymchwil (Dr Siôn Williams neu Dr Jaci Huws) neu Sara Roberts unrhyw

which promotes language and culturally appropriate practice and research in health and social care were asked to take part in one interview.

Phase Four:

Qualified [omitted for confidentiality] students who are now or have been practicing as occupational therapists (or equivalent) in Wales will be asked to participate in one, 1:1 interview which should last approximately 1 hour and which can be carried out in person, by telephone or via Skype. They will also be asked to read a short overview of the theory that has been generated from the data to date and complete a brief reflective tool regarding their practice and evaluation of their education experiences in preparation for the interview, this reflection will be a further source of data regarding their experiences.

If you complete and return the enclosed Expression of Interest Form, you will be sent the full Participant Information Sheet and will have the opportunity to discuss your involvement with Sara Roberts. There will be no obligation for you to then become a participant and if you do consent to become a participant, you would be free to withdraw from the research at any time without giving a reason.

The Gatekeeper is being used to process all information regarding the participants and you are welcome to contact the Gatekeeper (Mrs Gillian Roberts), the Research Supervisors (Dr Sion Williams or Dr Jaci Huws) or Sara Roberts

bryd os bydd gennych ymholiad. Mae'r
manylion cyswllt isod:

at any time should you have any query. The
contact details are listed below:

Didolwr / Gatekeeper – Mrs Gillian Roberts

Ebost / Email: hssa21@bangor.ac.uk

Ffôn / Phone: 01248 383544

Goruchwylwyr Ymchwil / Research Supervisors

Dr Sion Williams Ebost / Email: hss042@bangor.ac.uk Ffôn / Phone: 01248 388451

Dr Jaci Huws Ebost / Email: hssc04@bangor.ac.uk Ffôn / Phone: 01248 383155

Myfyriwr Ymchwil / Research Student – Mrs Sara Roberts

Ebost / Email: hssc14@bangor.ac.uk Ffôn / Phone: 01248 383169

Cyfeiriad post yr uchod yw /The postal address for the above is:

Ysgol Gwyddorau Gofal Iechyd	School of Healthcare Sciences
Prifysgol Bangor	Bangor University
Fron Heulog	Fron Heulog
Ffordd Ffriddoedd	Ffriddoedd Road
Bangor	Bangor
Gwynedd	Gwynedd
LL57 2EF	LL57 2EF



Ffurflen Mynegi Diddordeb

Expression of interest Form

Teitl y project:

Darganfod sut y mae ymarferwyr iechyd a gwasanaethau cymdeithasol yn datblygu sgiliau ymarfer sy'n addas o safbwynt iaith a diwylliant – astudiaeth achos.

Ymchwilydd: Sara Roberts

Project title:

Determining how health and social care practitioners develop language and culturally appropriate practice – a case study

Researcher: Sara Roberts

Mae gennyf ddiddordeb cymryd rhan yn yr astudiaeth uchod; a fydddech cystal ag anfon gwybodaeth bellach ataf am yr astudiaeth a manylion sut i wirfoddoli i gymryd rhan.

I am interested in taking part in the above study; please send me further information regarding the study and details of how to volunteer to be a participant.

Ydach chi wedi gweithio yng Nghymru ers cymhwyso fel ThG?

Do / Naddo

Have you worked in Wales since qualifying as an OT?

Yes / No

Gweithleoedd Presennol a Blaenorol: <i>Current and previous workplaces:</i>	Lleoliadau: <i>Geographical locations:</i>

Eich manylion cyswllt / Your contact details

Enw'r Sawl sy'n Cymryd Rhan / *Name of Participant*:

.....

Cyfeiriad / *Address*:

.....

.....

.....

Côd post / *Postcode*:

Rhif ffôn / *Telephone Number*:

Rhif ffôn symudol / *Mobile Number*:

Cyfeiriad E-bost / *Email Address*:

Nodwch os oes arnoch angen unrhyw gymorth gyda chyfathrebu ar gyfer casglu data? (er enghraifft, print bras, dolen anwytho).

Please specify if you require any assistance with communication for data gathering? (for example large print, induction loop).

Llofnod / *Signature*: _____.

Dyddiad / *Date*: : _____.

Ar ôl ei llenwi, anfonwch y ffurflen hon yn yr amlen a ddarparwyd at Mrs Gillian Roberts (Didolwr) – cedwir y ffurflen mewn cwpwrdd wedi'i gloi yn yr Ysgol Gwyddorau Gofal Iechyd.

When completed, please place this form in the pre-paid envelope provided and post it to Mrs Gillilan Roberts (Gatekeeper) - this form will be kept in a locked cabinet in the School of Healthcare Sciences.

Appendix 11 – Individual Interview Guide Example

Example from Phase Four:

Tell me about How, what when.... Could you describe....further?

Biographical data	<p>Tell me a bit about yourself – your experiences of language and culture growing up and during education pre the OT course?</p> <ul style="list-style-type: none"> • Biographical influences • Individual personal preferences for written or verbal engagement <p>Fedri di ddweud ychydig wrtha fi amdan chdi dy hun – dy brofiadau di amdan iaith a diwylliant tra oedda ti yn tyfu ffynnu, yn ystod dy brofiadau addysg cyn y cwrs THG?</p>
Their experiences of LCAP on the programme	<p>Can you tell me about your experiences relating to your development of LCAP on the bilingual OT course?</p> <ul style="list-style-type: none"> • Do you consider yourself to be a LCAP? • What factors prompted you to become a LCAP if so? • Did you feel that you had a choice of language for education on the OT course? If so what enabled you to make choices as to whether to engage with Welsh or English? – REF TO REFLECTION DOC <p>Fedri di ddweud wrtha fi am dy brofiadau di o ddatblygu ymarfer sydd yn berthnasol at iaith a ddiwylliant yn ystod y cwrs dwyieithog ThG?</p>
Their experiences of LCAP as clinicians	<p>Can you tell me about your experiences relating to LCAP as a practitioner since qualifying as an OT?</p> <ul style="list-style-type: none"> • Was LCAP ever brought up in a job interview? • Do you mention it as something that you count as a professional skill? • Are there any aspects that might put you off saying that you are LCAP – e.g. fear of being asked to do translation work? <p>Fedri di ddweud beth oedd dy brofiad di o'r cwrs Th G a dy brofiadau fel ymarferwr ar ôl i ti gymhwyso fel TH G?</p>
Awareness of the principles of Active Offer	<p>Have you heard of the More Than Just Words policy that incorporates the principles of Active Offer?</p> <ul style="list-style-type: none"> • If so, do you use the principles? • Are the principles used in your workplace? Fi so what promotes it, if not why not in your opinion?

	Wyt ti wedi clywed am y ddogfen polisi Mwy na Geiriau sydd efo'r egwyddor y Cynnig Rhagweithiol?
Feedback on my emergent theory	<ul style="list-style-type: none"> • Do you think the theory/model is relevant to your practice and reflects your experiences of the development of language and cultural appropriate practice in the context of both education and practice? • Have you identified any gaps or can suggest improvements that could be made to the emergent theory/model and theory based on your experiences as qualified XX [omitted for confidentiality] students? • Are there any aspects of the model that has particularly resonated with you in relation to your experiences? • Are there any aspects of the theory/model that you think would reflect the experiences of your colleagues that could further inform the development of the model and theory in your opinion? <ul style="list-style-type: none"> • <i>Wyt ti yn meddwl fod y model yn berthnasol i' dy ymarfer di ac yn adlewyrchu dy brofiadau di o ddatblygiad sgiliau ymarfer sy'n addas o safbwynt iaith a diwylliant, yng nghyd-destun addysg ac ymarfer?</i> • <i>Wyt ti wedi sylwi ar unrhyw fylchau neu'n gallu awgrymu gwelliannau y gellid eu gwneud i'r model datblygol a'r theori yn seiliedig ar dy brofiadau di fel myfyrwyr cymwysedig o XX [omitted for confidentiality]?</i> • <i>Oes na unrhyw agweddau o'r model sydd wedi taro deuddeg yn arbennig i ti o ran dy brofiadau?</i> • <i>Oes yna unrhyw agweddau o'r model yn dy farn chi yn adlewyrchu profiadau eich cydweithwyr ac a allai oleuo datblygiad y model a'r theori yn eich barn chi?</i>
IF TIME:	<p>Students identified that there's a culture or an atmosphere on the bilingual programme that makes it OK to use what you have at all levels, it's also OK to challenge peers.</p> <ul style="list-style-type: none"> • can you pinpoint what creates this culture • why is it OK to do it here on this bilingual course and not in other places? • Has it influenced you to create this atmosphere in your workplaces? E.g. explaining to non WS about language choice or language and culturally appropriate practice?
	Have you come across any 'ignorance' amongst your service managers when it comes to understanding the importance of language and cultural sensitivity within services?
	Have you come across students from other universities or staff who have not been educated bilingually – is there any difference in their attitude towards LCAP?

Appendix 12 – Focus Group Interview Guide Example

Participants from Canada requested information about interview questions prior to the interview as some were underconfident about their English language skills and wanted to prepare. The participant sheet and the interview guide is provided here for information:

Wales / Canada 1:1 interview question topics (information for participants prior to the interview)

<p>'Housekeeping' and verbal re-consent for me to start the interview?</p> <p>Introduction - brief overview of the Research Project and this Phase</p>
<p>Request that the participant starts with a brief biography so that I get an understanding of :</p> <ul style="list-style-type: none"> • Professional background • Brief summary of where participant has worked to include: <ul style="list-style-type: none"> ○ Experiences of working in health and social care and/or education and research ○ Experience of the context of language and cultural appropriate practice
<p>QUESTION TOPICS:</p>
<p>1. Considering the drivers, barriers and facilitators for creating a workforce who are language and culturally sensitive within their practice in Canada</p> <p>Examples of topics to discuss:</p> <ul style="list-style-type: none"> • Main drivers that influence the development of language and culturally appropriate practitioners in Canada • Is health and social care provision language and culturally sensitive in Canada • Is there regional variation in availability within services in Canada- if so what is the impact on service users • Barriers to creating a workforce who are language and culturally appropriate in their practice

- Facilitators to creating a workforce who have the skills and ability to practice in a language and culturally appropriate manner

2. Exploring definitions of bilingual / monolingual in the context of both education and practice

Examples of topics to discuss:

PRE-REGISTRATION EDUCATION:

- Defining monolingual education of health, social care students- Impact on students of being on a monolingual programme
- Defining bilingual education of health and social care students- Any particular impact on students of being on a bilingual programme

PRACTICE IN HEALTH, SOCIAL CARE

- Defining monolingual services for service users
- Defining bilingual services for service users
- Do you think there is an impact of receiving a language and culturally appropriate service on service users' experiences?

3. Exploring how students and practitioners develop language sensitivity and identifying then possible advantages and disadvantages to their professional development

Students learning to be language and culturally appropriate practitioners:

- How do students develop knowledge and skills relating to language and culturally appropriate practice in Canada
- How do students learn about and implement the principles of Active Offer in Canada

Practitioners who are or who become language and culturally appropriate practitioners once qualified:

- How you think practitioners develop or maintain knowledge and skills relating to language and culturally appropriate practice in Canada
- Are the principles of Active Offer implemented by practitioners in Canada

Anything else you'd like to add?

Thank you for your time

Canada 1:1 interview schedule 2016

<p>Housekeeping</p> <ul style="list-style-type: none"> • Thank you for completing the Consent Form and for agreeing to be a participant, your participant number is known only to myself and my PhD supervision team • I will tape the session, transcribe and send you a copy for checking for accuracy if that's OK? • You can withdraw as a participant at any time with no negative consequence • My role here is as a researcher doing a PhD and I am not carrying out any data gathering within my role as Lecturer at X University or as a member of the Wales/Canada Research Network • Any views you express or issues you raise will not be used for the purpose of the Cymru/Canada Research Network, but the overall findings of the research will hopefully be used to enhance the provision of bilingual education and practice more broadly in the future • The procedure for finding out further information or making a complaint is outlined in the participant information sheet <p>Do you consent for me to start the interview?</p>	<p>Cadw tŷ – da chi isho y cyfweiliad yn Gymraeg neu Saesneg?</p> <ul style="list-style-type: none"> • Diolch am gwblhau'r ffurflen ganiatâd ac am gytuno i fod yn gyfranogwr, dim ond y fi a'r tîm goruchwylio PhD fydd yn gwybod dy rif cyfranogwr unigol di. • Mi fyddwn i'n tapio'r sesiwn, yn ei drawsysgrifio a wedyn yn gyrru copi i ti i gwrio os di hynny'n iawn? • Mi fedri di dynnu'n ôl fel cyfranogwr ar unrhyw adeg heb fod na unrhyw ganlyniad negyddol. • Fy rôl i yma ydi fel ymchwilydd PhD a dwi ddim yn hel unrhyw ddata yn fy rôl fel darlithydd ym Mhrifysgol X na fel aelod o'r rhwydwaith ymchwil Cymru/Canada • Ni fydd unrhyw farn ti'n mynegi yma yn cael ei ddefnyddio ar gyfer yr rhwydwaith ymchwil Cymru/Canada, ond gobeithiaf fydd canlyniadau'r ymchwil yn cael ei defnyddio i wella ddarpariaeth addysg ag ymarfer dwyieithog yn fwy eang yn y dyfodol • Mae'r broses of ffeindio allan mwy o wybodaeth neu sut i wneud cwyn wedi ei amlinellu yn y daflen gwybodaeth i gyfranogwyr <p>Wyt ti yn rhoi caniatâd i mi gychwyn y cyfweiliad?</p>
<p>Introduction to the Research</p> <ul style="list-style-type: none"> • Hopefully all read the participant information sheet and are familiar with the project? • This interview is part of data gathering for phase 3 of my PhD, I intend to integrate the data from the Wales Canada Research Network to 	<p>Cyflwyniad i'r ymchwil</p> <ul style="list-style-type: none"> • Gobeithio dy fod wedi cael cyfle i ddarllen y daflen gwybodaeth i gyfranogwyr ac yn deall y project? • Mae'r cyfweiliad yma yn rhan o'r 3ydd cyfnod o'r doethuriaeth a dwi'n bwriadu defnyddio'r data o'r Rhwydwaith Ymchwil Cymru/Canada i

<p>give a broader perspective to my research about how language and culturally appropriate practice is developed within the MDT and on an international basis</p> <p>The 3 areas I'm mainly concerned about for this phase is:</p> <ol style="list-style-type: none"> 1. Considering the drivers, barriers and facilitators for creating a workforce who are language and culturally sensitive within their practice in Wales and Canada 2. Exploring definitions of bilingual / monolingual in the context of both education and practice 3. Exploring how students and practitioners develop language sensitivity and identifying then possible advantages and disadvantages to their professional development <ul style="list-style-type: none"> • Any questions before we start? <p>Before we start, can I ask which professional background are you from?</p> <p><small>*Wales or Canada dependant on location of the participant</small></p>	<p>roi persbectif ehangach i'r ymchwil ynglŷn a sut mae ymarfer sydd yn addas ar gyfer iaith a diwylliant yn cael ei ddatblygu o fewn y tîm amlddisgyblaethol ac yn rhyngwladol</p> <p>Y 3 peth sydd gen i ddiddordeb ynddo i'r cyfnod yma ydi:</p> <ol style="list-style-type: none"> 1. Ystyried beth sy'n gyrru, hyrwyddo neu rhwystro creu gweithlu sydd yn ymarfer mewn ffordd sydd yn sensitif i iaith a diwylliant yng Nghymru a Canada 2. Archwilio beth ydi diffiniad dwyieithog ag unieithog yng nghyd-destun addysg ag ymarfer 3. Archwilio sut mae myfyrwyr yn datblygu sgiliau sensitifrwydd iaith ac ystyried manteision ac anfanteision bosib i'w ymarfer proffesiynol. <ul style="list-style-type: none"> • Unrhyw gwestiynau cyn i ni ddechrau? <p>Cyn cychwyn, ga i ofyn i ba broffesiwn da chi'n perthyn?</p>
<p>QUESTIONS:</p>	
<p>1. Considering the drivers, barriers and facilitators for creating a workforce who are language and culturally sensitive within their practice in Wales and Canada</p> <ul style="list-style-type: none"> • What do you think are the main drivers that influence the development of language and culturally appropriate practitioners in Wales/Canada*? <ul style="list-style-type: none"> • <i>Prompt here to consider education and practice if appropriate</i> • <i>Prompt to consider legislation and policy</i> • <i>Prompt to consider other aspect such as SU demand, demographics etc</i> 	<ol style="list-style-type: none"> 1. Ystyried beth sy'n gyrru, rhwystro neu hyrwyddo creu gweithlu sydd yn ymarfer mewn ffordd sydd yn sensitif i iaith a diwylliant yng Nghymru a Canada <ul style="list-style-type: none"> • Be ti'n feddwl sy'n dylanwadu ar ymarferwyr i ddatblygu i fewn i ymarferwyr sydd yn sensitif i iaith a diwylliant yng Nghymru? <ul style="list-style-type: none"> ▪ <i>Ystyried addysg ag ymarfer os yn ddilys</i> ▪ <i>Ystyried deddfwriaeth a polisi</i> ▪ <i>Ystyried agweddau eraill megis y defnyddwyr gwasanaeth yn mynnu cael gwasanaeth addas, demograffeg ayyb</i>

<ul style="list-style-type: none"> • Do you believe that health and social care provision is language and culturally sensitive in Wales/Canada*? • Do you think there is regional variation in availability within services in Wales/Canada*? If so, what is the impact on service users? <ul style="list-style-type: none"> • What do you think the barriers are to creating a workforce who are language and culturally appropriate in their practice? • What do you think the facilitators are to creating a workforce who have the skills and ability to practice in a language and culturally appropriate manner? 	<ul style="list-style-type: none"> • Wyt ti yn meddwl fod ymarfer mewn iechyd a gofal chymdeithasol yn sensitif i iaith a diwylliant yng Nghymru? • Wyt ti yn meddwl fod na wahaniaethau mewn gwahanol lefydd yng Nghymru? Os felly beth ydi'r effaith ar ddefnyddwyr gwasanaeth? • Be wyt ti'n feddwl ydi'r rhwystrau mewn creu gweithlu sydd yn ymarfer i fod yn sensitif i iaith a diwylliant? • Be ydi'r ffactorau sy'n hybu creu gweithlu sydd efo sgiliau a'r gallu i ymarfer mewn ffordd sensitif i iaith a diwylliant o fewn eu ymarfer?
<p>Exploring definitions of bilingual / monolingual in the context of both education and practice</p> <p>Defining monolingual and bilingual education and practice</p> <p>PRE-REGISTRATION EDUCATION:</p> <ul style="list-style-type: none"> • How would you define monolingual education of health, social care students? Do you think there is any particular impact on students of being on a monolingual programme? • How would you define bilingual education of health and social care students? Do you think there is any particular impact on students of being on a bilingual programme? <ul style="list-style-type: none"> • If so what? • If not, why not? • Is there a difference dependant upon the language group of the student – Welsh or non-Welsh / French or non-French speaking* 	<p>Archwilio beth ydi diffiniad dwyieithog ag unieithog yng nghyd-destun addysg ag ymarfer</p> <p>Diffinio addysg ac ymarfer unieithog a dwyieithog</p> <p>ADDYSG GYN-GOFRESTU:</p> <ul style="list-style-type: none"> • Sut fydda ti'n diffinio addysg unieithog i fyfyrwyr iechyd a gwasanaethau cymdeithasol? Oes na unrhyw effaith arbennig ar fyfyrwyr o fod ar raglen uniaith? • Sut fydda ti'n diffinio addysg dwyieithog i fyfyrwyr iechyd a gwasanaethau cymdeithasol? Oes na unrhyw effaith arbennig ar fyfyrwyr o fod ar raglen ddwyieithog? <ul style="list-style-type: none"> ○ Os felly, be? ○ Os ddim, pam ddim? ○ Oes na wahaniaeth yn ôl pa grŵp ieithyddol mae'r myfyriwr -Cymraeg neu di-Gymraeg?

<p>PRACTICE IN HEALTH, SOCIAL CARE</p> <ul style="list-style-type: none"> • How would you define monolingual services for service users? • How would you define bilingual services for service users? • Do you think there is an impact of receiving a language and culturally appropriate service on service users' experiences? <ul style="list-style-type: none"> • If so what? • If not, why not? 	<p>YMARFER MEWN IECHYD A GWASANAETHAU CYMDEITHASOL</p> <ul style="list-style-type: none"> • Sut fydda ti'n diffinio gwasanaeth unieithog i ddefnyddwyr gwasanaethau? • Sut fydda ti'n diffinio gwasanaeth dwyieithog i ddefnyddwyr gwasanaeth? • Wyt ti'n meddwl fod na unrhyw effaith arbennig ar ddefnyddwyr gwasanaeth o dderbyn gwasanaeth sy'n sensitif i iaith a diwylliant? <ul style="list-style-type: none"> ○ Os felly, be? ○ Os ddim, pam ddim?
<p>Exploring how students and practitioners develop language sensitivity and identifying then possible advantages and disadvantages to their professional development</p> <p>Students learning to be language and culturally appropriate practitioners:</p> <ul style="list-style-type: none"> • Can you tell me how do you think students develop knowledge and skills relating to language and culturally appropriate practice in Wales/Canada*? • How do students learn about and implement the principles of Active Offer in Wales / Canada*? <p>Practitioners who are or who become language and culturally appropriate practitioners once qualified:</p> <ul style="list-style-type: none"> • Can you tell me how you think practitioners develop or maintain knowledge and skills relating to language and culturally appropriate practice in Wales/Canada*? 	<p>Archwilio sut mae myfyrwyr ac ymarferwyr yn datblygu sgiliau sensitifrwydd iaith ac ystyried manteision ac anfanteision bosib i'w ymarfer proffesiynol.</p> <p>Myfyrwyr yn dysgu i fod yn ymarferwyr sydd yn sensitif i iaith a diwylliant:</p> <ul style="list-style-type: none"> • Fedri di ddweud wrthai sut wyt ti yn meddwl mae myfyrwyr yn datblygu gwybodaeth a sgiliau yn ymwneud a iaith a diwylliant yng Nghymru? • Sut mae myfyrwyr yn dysgu rhoi egwyddorion y cynnig rhagweithiol ar waith yng Nghymru? <p>Ymarferwyr yn neu yn dod i fod yn ymarferwyr sydd yn sensitif i iaith a diwylliant ar ôl cymhwyso:</p> <ul style="list-style-type: none"> • Fedri di ddweud wrthai sut wyt ti'n meddwl mae ymarferwyr yn datblygu neu cynnal eu gwybodaeth a sgiliau amdan ymarfer sensitif i iaith a diwylliant yng Nghymru? • Ydi'r egwyddorion y cynnig rhagweithiol yn cael ei defnyddio gan ymarferwyr yng Nghymru?

<ul style="list-style-type: none"> • Are the principles of Active Offer implemented by practitioners in Wales/Canada*? <ul style="list-style-type: none"> • If yes, so you think it's effective? • If no, why do you think that is? 	<ul style="list-style-type: none"> ○ Os felly, wyt ti'n meddwl fod o'n effeithiol? ○ Os ddim, pam felly?
<p>Anything else you'd like to add?</p>	<p>Unrhyw beth arall i ychwanegu?</p>

Thank you for your time

Diolch am dy amser

Appendix 13 – Participant Audit Tool

Datblygu sgiliau dwyieithrwydd myfyrwyr Therapi Galwedigaethol

Archwiliad Sgiliau (C12)

Enw _____ Name

Grŵp _____ Cohort

Skills Audit

Developing the bilingual skills of Occupational Therapy students

Wedi addasu o ddogfen Sgiliau Awdit Myfyrwyr Nyrsio Anabledd Dysgu /Adapted from the Skills Audit Document - Learning Disability Nursing Students

Gyda chaniatad caredig with kind permission from X [omitted for confidentiality]

Cynnwys

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Addaswyd o "Cod Ymarfer ar gyfer Penodi Staff yn unol â'r Cynllun Iaith" (Prifysgol X 2008) gan X 17:11:09 (F5)
Adapted from "Code of Practice for Staff Appointments in accordance with the Language Scheme" (X University 2008) by X 17.11.09 (V5)

Rhagarweiniad

Dyma eich archwiliad sgiliau chi. Cyfle i gofnodi a datblygu eich sgiliau dwyieithog fel myfyriwr therapi galwedigaethol.

Sut i ddefnyddio'r archwiliad sgiliau:

- Mae 4 rhan i'r archwiliad: dealltwriaeth, siarad, darllen, ag ysgrifennu. Ar ddechrau blwyddyn 2 dylech gyflwyno tystiolaeth o'ch sgiliau ar ffurf nodyn byr yn y golofn sylwadau ym mhob adran.
- Yna, ysgrifennu targedau a chynllun gweithredol o sut byddwch yn datblygu eich sgiliau tan ddiwedd y cwrs, yn nodi unrhyw adnoddau fydd ei angen.
- Ar ddiwedd y cwrs ysgrifennwch arfarniad byr o'ch llwyddiant.
- Ar ddiwedd eich cwrs therapi galwedigaethol, dylech gynnwys yr archwiliad sgiliau yn eich portffolio ADU fel tystiolaeth i ddarpar gyflogwyr o'r sgiliau dwyieithog yr ydych wedi datblygu ar gyfer eich hymarfer.

Os oes gennych unrhyw gwestiwn, mae pob croeso i chi gysylltu â mi:

Mrs Sara Roberts Myfyriwr PhD. E-bost: hsse14@bangor.ac.uk Ffôn: **01248 383169**

Introduction

This is your skills audit. An opportunity to document and develop your bilingual skills as an occupational therapy student.

How to use the skills audit:

- The audit has 4 sections: understanding, speaking, reading, writing. At the start of year 2 you should briefly make a note of the evidence supporting your skills in the comments column of each section.
- Then, write targets and an action plan of how you are going to develop your bilingual skills until the end of the course, specifying any resources you think you might need.
- At the end of the course write a brief evaluation of your achievements.
- At the end of your occupational therapy course the skills audit should be included in your CPD portfolio as evidence for future employers that you have developed bilingual skills for practice.

If you have any questions please contact me:

Mrs Sara Roberts PhD student. Email: hss14@bangor.ac.uk Tel: **01248 383169**

Dealltwriaeth Understanding

Lefelau Levels	Gofynion ieithyddol Language requirements	Dyddiad / Date		Sylwadau Comments
		Dechrau Bl 2 Start of Yr 2	Diwedd y cwrs End of course	
Mynediad Entry	Yn deall gofynion ieithyddol defnyddwyr a'u gofalmwyr. Yn deall ceisiadau ar y ffôn, e.e. Ga i siarad efo... Gallu dilyn cyfarwyddiadau syml. Demonstrates understanding of the language needs of clients and carers. Understands requests on the phone, e.g. Can I speak to... Able to follow simple instructions.			
Lefel 1 Level 1	Yn deall hanfod sgwrs Gymraeg yn y gweithle. Gallu ymateb yn briodol i gyfarwyddiadau syml ac i geisiadau syml am wybodaeth. Gallu deall cwestiwn ymarferol yn y gweithle. Understands the essence of a Welsh conversation in the work place. Can respond appropriately to simple directions and requests for information. Can understand a practical question asked in Welsh in the work place.			
Lefel 2 Level 2	Yn deall llawer iawn o'r Gymraeg yn y gweithle ac mewn rhai cyfarfodydd. Gallu deall rhediad sgwrs ar faterion cyfarwydd ac ymateb yn briodol. Gallu deall cwestiwn neu sylw – o fewn maes therapi galwedigaethol. Understands much Welsh in the work place and at some meetings. Able to understand a conversation on familiar matters and respond appropriately. Can understand a question or comments - within the field of occupational therapy.			
Lefel 3 Level 3	Dealltwriaeth gadarn o'r Gymraeg Firm understanding of Welsh.			
Lefel 4 Level 4	Dealltwriaeth arbenigol a manwl o'r Gymraeg sy'n cyfateb i ddealltwriaeth Cymry rhugl, hyfedr yn yr un sefyllfa broffesiynol neu alwedigaethol. Gallu deall popeth. Specialist and detailed understanding of Welsh corresponding to the understanding of fluent, confident speakers in the same professional or vocational area. Can understand everything.			

Dealltwriaeth**Understanding**

Targedau ar ddechrau blwyddyn 2 Targets at the start of year 2	
Cynllun Gweithred blwyddyn 2 Action Plan for year 2	
Adnoddau blwyddyn 2 Resources year 2	
Arfarniad o'r targedau ar diwedd y cwrs End of course evaluation of targets	

Siarad Speaking

Lefelau Levels	Gofynion ieithyddol Language requirements	Dyddiad / Date		Sylwadau Comments
		Dechrau Bl 2 Start of Yr 2	Diwedd y cwrs End of course	
Mynediad Entry	<p>Yn ynganu termau/enwau lleoedd yn gywir yn y gweithle. Yn gallu defnyddio ymadroddion syml e.e. cyfarch, y tywydd wrth sgwrsio wyneb yn wyneb.</p> <p>Pronounces terms/place names correctly in the work place. Can use simple phrases, e.g. greetings, the weather, in face-to-face chats.</p>			
Lefel 1 Level 1	<p>Yn cyfleu gwybodaeth sylfaenol, e.e. Cynorthwyo pobl i wneud dewisiadau. Yn gallu ymateb i geisiadau syml yn Gymraeg. Yn gallu cyfathrebu wyneb yn wyneb ar lefel sylfaenol, gan ddefnyddio'r gorffennol, presennol a dyfodol. Gallu ymateb yn fyr i gwestiynau sylfaenol.</p> <p>Conveys simple information, e.g. helping people make choices. Can respond to simple requests in Welsh. Can communicate face to face on a basic level, using past, present and future tenses. Can respond briefly to basic questions.</p>			
Lefel 2 Level 2	<p>Yn trafod rhai materion gwaith gyda chydweithwyr yn Gymraeg yn y gweithle. Yn gallu cynnal trafodaeth mewn cyfarfodydd wyneb yn wyneb yn rhannol yn y Gymraeg ond gan gyfeirio yn ôl at y Saesneg i drafod/adrodd gwybodaeth dechnegol. Gallu ymateb i gwestiynau sylfaenol o fewn maes therapi galwedigaethol a thrafod deunydd therapi galwedigaethol sylfaenol.</p> <p>Discusses some work issues with colleagues in Welsh in the work place. Can hold face to face discussions partly in Welsh but referring back to English to discuss/report technical information. Can respond to questions within the field of occupational therapy and discuss basic occupational therapy material.</p>			
Lefel 3 Level 3	<p>Defnyddio'r Gymraeg mewn sefyllfaoedd gwaith e.e. asesu, cyfweiliadau â client. Yn cyfrannu at gyfarfodydd yn y Gymraeg. Delio gyda ymholiadau yn hyderus yn Gymraeg. Yn deall tafodieithoedd. Yn cynnal trafodaeth yn y Gymraeg ond yn defnyddio'r Saesneg ar gyfer termau anodd neu dechnegol.</p>			

	<p>Gallu ymateb i gwestiynau a thrin a thrafod deunydd therapi galwedigaethol yn eithaf hyderus.</p> <p>Uses Welsh in work situations, e.g. assess, client interviews. Contributes to meetings in Welsh.</p> <p>Confidently deals with enquiries in Welsh. Understands dialects.</p> <p>Holds discussions in Welsh but uses English for difficult or technical terms.</p> <p>Can respond to questions and discuss occupational therapy information quite confidently.</p>			
<p>Lefel 4</p> <p>Level 4</p>	<p>Yn gwneud cyflwyniadau yn y Gymraeg e.e. arholiad llafar Cynnal trafodaeth yn y Gymraeg gan gynnwys termau technegol. Gallu ymateb i gwestiynau estynedig a chyflwyno a thrin a thrafod y maes therapi galwedigaethol gyda'r un hyder â rhywun rhugl.</p> <p>Delivers presentations in Welsh e.g. viva. Holds discussions in Welsh including technical terms. Can respond to extended questions and discuss the field of occupational therapy with the same confidence as a fluent speaker.</p>			

Siarad Speaking

Targedau ar ddechrau blwyddyn 2 Targets at the start of year 2	
Cynllun Gweithred blwyddyn 2 Action Plan for year 2	
Adnoddau blwyddyn 2 Resources year 2	
Arfarniad o'r targedau ar diwedd y cwrs End of course evaluation of targets	

Darllen Reading

Lefelau Levels	Gofynion ieithyddol Language requirements	Dyddiad / Date		Sylwadau Comments
		Dechrau Bl 2 Start of Yr 2	Diwedd y cwrs End of course	
Mynediad Entry	Ymglyfarwyddo ag orgraff yr iaith Gymraeg e.e. adnabod ch, ll, rh fel llythrennau unigol, gwybod pam mae angen hirnod ayb. Gallu adnabod geiriau unigol pwysig e.e. ar arwyddion a gallu darllen a deall brawddegau sylfaenol. Familiarises himself/herself with the orthography of the Welsh language, e.g. recognising ch, ll, rh as individual letters, knows why a circumflex is needed etc. Can recognise key words, e.g. on signs and can read and understand basic sentences.			
Lefel 1 Level 1	Gallu darllen a deall testunau byr a syml e.e. cyfarwyddiadau, negeseuon papur neu e-bost, llythyrau, ayb. Able to read and understand short and simple texts, e.g. instructions, paper or e-mail messages, letters, etc.			
Lefel 2 Level 2	Gallu darllen a deall memoranda, llythyrau a thafleuni gwybodaeth syml sy'n ymwneud â therapi galwedigaethol. Able to read and understand simple memoranda, letters and information leaflets related to occupational therapy.			
Lefel 3 Level 3	Gallu casglu gwybodaeth o adroddiadau, erthyglau ac ati a gallu ymdopi â thestunau proffesiynol. Able to gather information from various sources: reports, articles and cope with professional texts.			
Lefel 4 Level 4	Cwbl hyderus yn darllen unrhyw fath o ddeunydd Cymraeg mewn amrywiaeth o gyweiriau. Completely confident in reading any type of Welsh material in a variety of registers.			

Darllen **Reading**

Targedau ar ddechrau blwyddyn 2 Targets at the start of year 2	
Cynllun Gweithred blwyddyn 2 Action Plan for year 2	
Adnoddau blwyddyn 2 Resources year 2	
Arfarniad o'r targedau ar diwedd y cwrs End of course evaluation of targets	

Ysgrifennu Writing

Lefelau Levels	Gofynion ieithyddol Language requirements	Dyddiad / Date		Sylwadau Comments
		Dechrau Bl 2 Start of Yr 2	Diwedd y cwrs End of course	
Mynediad Entry	Adnabod a defnyddio gwasanaethau cyfieithu. Recognise and can use translation services.			
Lefel 1 Level 1	Ysgrifennu negeseuon anffurfiol e.e. negeseuon e-bost mewnol yn Gymraeg. Writes informal messages, e.g. internal e-mail, in Welsh.			
Lefel 2 Level 2	Ysgrifennu negeseuon mwy ffurfiol. Gallu cyfrannu tuag at ysgrifennu yn y cynllun gofal. Writes more formal messages. Can contribute to writing in the care plan.			
Lefel 3 Level 3	Ysgrifennu llythyron a negeseuon e-bost ffurfiol gyda chymorth golygyddol. Gallu greu adroddiadau byr o fewn cyd-destun therapi galwedigaethol. Gallu ysgrifennu cynllun gofal e.e. Portffolio cleientiaid unigol. Writes formal letters and messages in Welsh with editorial assistance. Can create short reports within the occupational therapy context. Writes care plans e.g. individual client portfolio.			
Lefel 4 Level 4	Gallu ysgrifennu mewn sawl cywair yn hyderus e.e. Cynhyrchu pecyn/rhaglen addysgol. Able to present written information confidently using the appropriate register e.g. production of a teaching pack/programme.			

Ysgrifennu Writing

Targedau ar ddechrau blwyddyn 2 Targets at the start of year 2	
Cynllun Gweithred blwyddyn 2 Action Plan for year 2	
Adnoddau blwyddyn 2 Resources year 2	
Arfarniad o'r targedau ar diwedd y cwrs End of course evaluation of targets	

Adnoddau Iaith Gymraeg ar gyfer Myfyrwyr Gofal Iechyd *Welsh Language Resources for Healthcare Students*

Termau / Terms

- Prys D (ed) (2005) **Termau Gofal Iechyd Pobl Hyn / Terms in the Healthcare of Older People**. PCB ac Bwrdd Iechyd Lleol Sir y Fflint / UWB & Fflint Local Health Board. Yr Wyddgrug / Mold.
- Spencer L., Edwards M., Prys D. & Thomas E. (2004) **Geiriadur Termau Seicoleg / Dictionary of Terms for Psychology**. PCB / UWB, Bangor.
- Prys D., Roberts G. & Paden L. (ed) (2004) **Geiriadur Bydwreidd Bailliere: Welsh adaptation of Bailliere's Midwives Dictionary**. PCB / UWB, Bangor.
- Prys D. (ed) (2002) **Termau Iechyd Meddwl Plant a Phobl Ifanc / Child and Adolescent Mental Health Terms**. PCB ac Bwrdd Iechyd Lleol Sir y Fflint / UWB & Fflint Local Health Board. Yr Wyddgrug / Mold.
- Prys D. (ed) (2005) **Termau Therapi Galwedigaethol / Occupational Therapy Terms** PCB / UWB, Bangor.
- Prys D. (ed) (2001) **Termau Bydwreigiaeth / Midwifery Terms** PCB / UWB, Bangor.
- Prys D. (ed) (2000) **Termau Gwaith a Gofal Cymdeithasol / Social Work and Social Care Terms** CCETSW Cymru, Caerdydd.
- Prys D. (ed) (2000) **Termau Hybu Iechyd / Health Promotion Terms** PCB ac AIGC / UWB & NWA. Yr Wyddgrug / Mold.
- Roberts G. & Prys D. (1997) **Termau Nyrsio a Bydwreigiaeth / Nursing and Midwifery Terms**. PCB / UWB, Bangor.
- Termau Meddygol** (1986) Gwasg Prifysgol Cymru, Caerdydd.
- Williams L. & Prys P., (2001) **Anbledd ac Iaith: Canllawiau defnyddio terminoleg anabledd / Disability and Language: Guidelines for the use of disability terms Anabledd Cymru**. Caerdydd.

Geiriaduron / Dictionaries

- Griffiths B & Jones D G (1995) **The Welsh Academy English-Welsh Dictionary** University of Wales Press, Caerdydd.
- Gruffudd H (1998) **Welsh Learners' Dictionary** Gwasg y Lolfa, Llandysul.
- Hughes J E (1999) **Gair i Glaf : An English-Welsh Phrasebook for Health Care Professionals**.
- Williams S. (1997) **Y Geiriadur Mawr** Gwasg Gomer.

Llyfrau Gramadeg Gymraeg / Welsh Grammar Text

- Hughes J E (1997) **Canllawiau Iaith a Chymorth Sillafu** Gwasg Gomer, Llandysul
- Hughes J E (1998) **Canllawiau Ysgrifennu Gymraeg** Gwasg Gomer, Llandysul.
- Williams C (1999) **Cymraeg Clir**. Canolfan Bedwyr, PCB/UWB.

Meddalwedd / Software

- Cysgliad: CySill** – Cywirwr sillafu a gramadeg / spellchecker and grammar check & **CysGair** – Geiriadur electronig Cymraeg-Saesneg a Saesneg-Cymraeg / Welsh-English and English-Welsh electronic dictionary
- CYMARFER** – Pecyn gloywi iaith rhyngweithiol / Interactive language refresher pack.
- To Bach v2** - Mae To Bach yn rhaglen wasanaethu syml sy'n ei gwneud hi'n haws teipio nodau Cymraeg ar fyselfwrdd / To Bach is a utility that makes it easier to type Welsh characters on a keyboard.

Safleoedd We / Web sites

- LLAIS: <http://www.llais.org/>
- Welsh Language Board / Bwrdd yr Iaith Gymraeg: <http://www.byig-wlb.org.uk/Pages/Hafan.aspx>
- Y Termiadur: http://geiriadur.bangor.ac.uk/termiadur/index_cy.html
- Ieithgi: <http://www.bbc.co.uk/cymru/ieithgi>

Nodiadau

Notes

Sylwadau'r Myfyriwr:

Student Comments:

Hunanwerthusiad diwedd y cwrs

End of course self-evaluation

Dealltwriaeth / Understanding	Siarad / Speaking
Darllen / Reading	Ysgrifennu / Writing

Sylwadau'r Ymchwilydd/ Researcher's Comments

Llofnod Ymchwilydd/ Researcher's signature _____

Llofnod Myfyriwr / Student's Signature _____

Dyddiad / Date _____

Appendix 14 – Interview Transcript Including Initial and Focussed Coding (examples)

Example from final Focus Group - Cohort 2:

ID	Focus Group Transcript	Paragraph no.	DATA CODING – FOCUSED CODING – black font Blue font - initial thoughts / initial coding
SR	And what sort of aspect of it enables you, because, sometimes it's hard to think, you know the bilingual stuff, I'm assuming that probably you're not reading the Welsh I think very good at picking out the English (OTS07) (laughter) so sort of what, in what way do you think it raises your awareness?...	16	
OTS07	Just by being there I think right yeah, just, even the fact that it's even on the paper, or, even though I don't read it, it's... it's still.. I know, that it's there to assist other people that might want to read it in Welsh or, em, yeah	17	Bilingual resources have an impact by it's presence – but they do not read it Aware that WS students may read the Welsh version
OTS08	Like saying, like saying with PDR's or and people's Vivas and things, even though it didn't directly effect us you'd often say like 'oh you've got the opportunity to do it in Welsh' ..em and for the PDR's, when was it? for the, em 2nd year's elective presentation, when they had that translator, I thought that was fantastic actually; that was... and I think especially if that is your 1st language and you are more comfortable especially with presentations (OTS07) yeah, presentations especially em I imagine would put people at ease, having that option mm to speak in Welsh and things so..	18	Theme here about what they notice the Welsh speakers engaging with Developing understanding that WS students engage with aspects of the course in Welsh Enthusiastic about experiencing using translation for assessed presentations Understanding the impact of the WS students having a language choice for engagement
SR	So it's more of almost observing other people's experiences mmm yeah that does then have an impact on you?	19	

OTS08	I think, yeah, kind of what we're saying about having that awareness, cause you can see how it is benefitting other people, it's already making you aware you're on the bilingual course and things I'd say ...	20	Acknowledging that giving language choice is beneficial to WS students Seeing WS utilising opportunities to study in Welsh promotes awareness of bilingualism
OTS07	I think it is .. I wonder if it's hard for people sometimes because the Welsh speakers on the course don't often speak Welsh in the big group, because obviously not everyone can understand and I wonder whether that's hard for them really .. wanting to speak Welsh but not wanting to exclude anyone. Yeah.. whether they would speak much more if they were kind of you know if it was completely Welsh speaking or.. yeah	21	They are able to see that Welsh speakers are accommodating the English speakers when this happens, but have they ever said go ahead, don't mind us? Understanding that WS students accommodate whole group by not having Welsh for whole group activity Acknowledging that the WS would use more Welsh if on a Welsh only programme

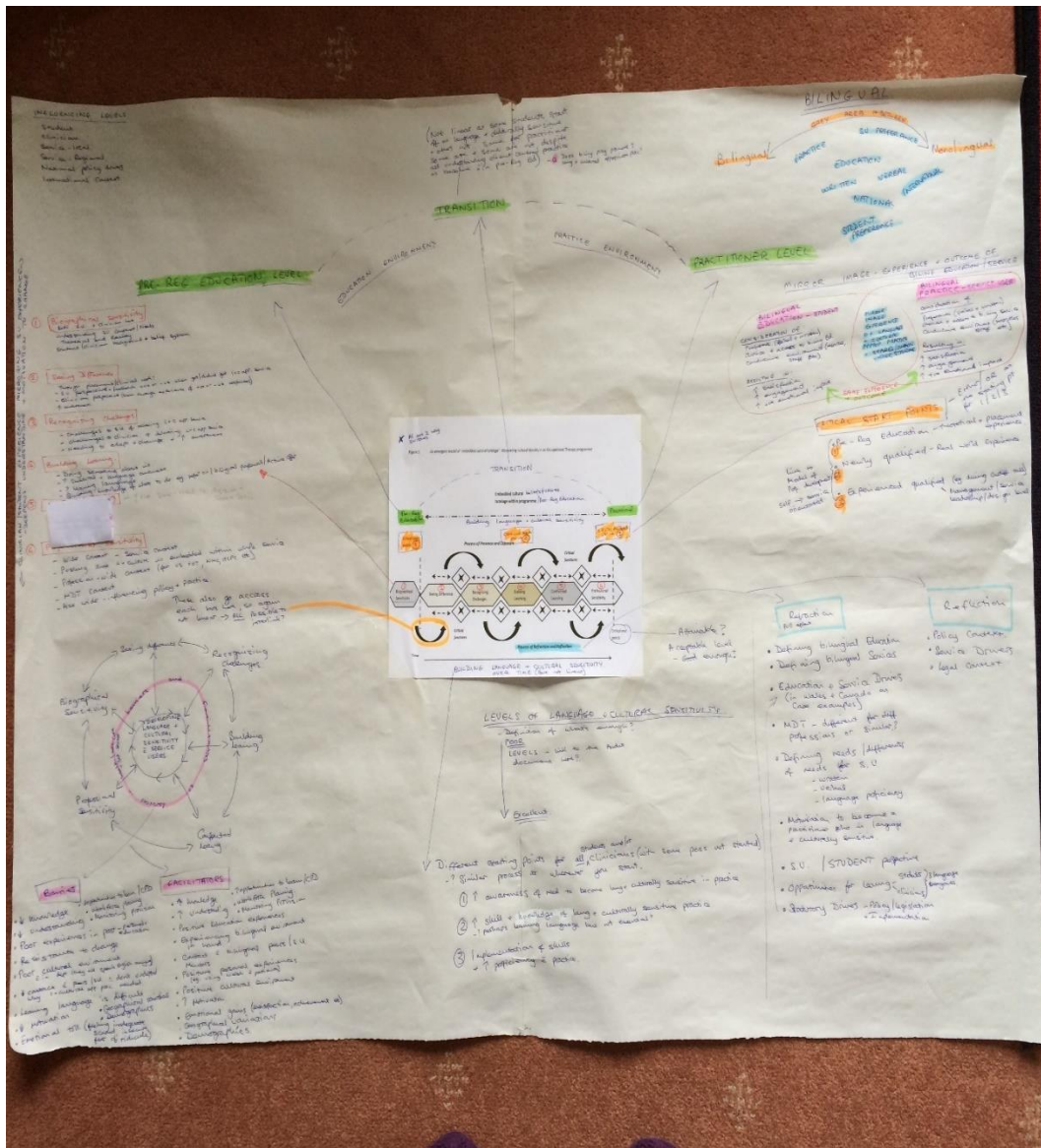
*Text highlighted **in yellow** was the researcher identifying potential quotes during the transcription process

Example of 1:1 interview with participant from Canada in Phase Three

Part / Res	Transcript	Para no.	DATA CODING – FOCUSSED CODING – black font Blue font initial thoughts (initial coding)
	I think at the base of it all, that any professional who is not able to communicate properly with their clients is bothersome , so having a base request or observation of needing to service a population in a particular language is what drives	7	Communication with the SU is key in social care
SR	Do you mean that to be in one language or in both?	8	
13.32	I think in both, it becomes important for either language to be able to serve them in their language. Yes I think it's important in both absolutely; I think there's a	9	

	<p>huge discomfort if one is supposed to offer guidance or especially in Social Services right? If you are meant to listen to people who may be going through a difficult time and you are meant to guide them and show them that you understand them, having a language barrier has a tremendous impact on being able to intervene in a way that you feel serves the clients well and in a way that makes you feel good as a professional and I think that when that is at play it's a big driver. And as you probably already know, as I think you already know you've done a lot of work with ... over the last few years, especially with our group here in Canada, that particular theme becomes.. what I just described becomes a challenge in a lot of regions outside of Quebec in Canada because there's this assumption that Francophones are able to speak English. So it impacts on that drive I believe and then clients, patients or people who receive services have a tendency to not want to be bothersome so they say they understand they understand English maybe more than they feel comfortable, or they think they won't be able to get the service and because they understand a little bit, they will say 'well yes I understand', but then there's some struggles that may or may not be apparent and I think by that point even if they are apparent, there's a tendency to continue in the language that the client chose and to struggle through it or to make assumptions and then that becomes very dangerous in Health services in my opinion.</p>		<p>Impact of language on the Su and the professional when there is a language barrier</p> <p>SU accepting a service in their 2nd language because they do not want to be a bother more than the feeling of comfort</p> <p>Also fear of not being able to get a service French</p> <p>SU accommodate the service on offer in English even though they struggle even though it could be dangerous for the Su</p> <p>Struggle not apparent Identifying issues as</p> <p>Lots using this word COMFORT for SU and Practitioner perspective – students identified this a lot</p>
SR	<p>Yes, and in my emergent model, I'm looking at barriers and facilitators and that's such a strong barrier when people perhaps are monolingual don't understand the impact and the danger that is inherent in not being.. able to communicate effectively</p>	10	
	<p>Yeah, I think so , and I think that anyway... that theory of mine.. what I just described but ... I see you know, I've worked in environments where I've kind of pushed for bilingual services, especially in my previous job and because Canada has become such a multicultural country, there seems to be this tendency to use sort of reasoning of 'well why in French? Why not in Russian , why not in German, why not in Italian'? But I think that... there seems to be more of an urgency in a lot of areas ... in a lot of multicultural cities to be able to better serve a new immigrant as opposed to our Francophones and I think that because of that discomfort of not understanding <u>anything</u>, it becomes urgent and because of the presumption that we can make do as Francophones, the urgency is not there as much</p>	11	<p>Impact of perception of multiculturalism dilutes the impact of French/English service context because Francophones have the ability to make do (adapt to receiving services in English)</p>

Developing the Concepts for Theory Construction



Appendix 16 – Example of Theoretical Memo

Date	Event & Topic	Thoughts
January 2015	1 st presentation of the PhD topic at the OT 50 th Celebration Conference	<p>I presented the subject of my PhD at the 50th Celebration event at Cardiff University. My initial feelings about this was that it would be ‘old hat’ that everyone would know about the subject of language and cultural appropriate practice. I was a bit uncertain where to pitch the talk, but as there would be a mixed audience of students, newly qualified, more experienced, service managers, educators, staff from the COT and possibly Royalty (but not in the end!), I decided to keep it simple. I asked the question of the audience of 250 ish people how many had heard of the principles of Active Offer outlined in Mwy na Geiriau / More than Just Words and only around 10 people put their hands up.</p> <p>The feedback I’ve had following the presentation, both immediately and in the weeks afterwards have left me very surprised and rather disappointed that my feelings prior to the presentation was that things had moved on significantly in language and cultural sensitivity in practice and that this would not be news to anyone. However, this would appear not to be the case from the reaction of the audience – a rather sweeping conclusion perhaps? But I do think that it makes me realise that this work now still feels like early days and very worthwhile doing to promote the development of language and cultural sensitivity in the workplace. I’ve realised that perhaps delivering a bilingual programme has made this expectation the norm for me and that would definitely not appear to be the case everywhere. I’ve become comfortable within a School and a pre-registration education environment where fostering language and cultural sensitivity for our students is the norm.</p> <p>I’ve was amazed how much ignorance there is about Welsh language and cultural sensitivity within the OT profession in Wales. Of particular note was an email from a service manager where she confessed that she was one of the ones who believed that ‘they all speak English anyway’, but that my presentation has made her have a better level of understanding that she has now immediately put to use in ensuring that a family that one of the services she was managing was seen by a Welsh speaking OT. She had understood why this would be a reasonable request to make following my presentation. I felt that the presentation was very</p>

		<p>well received and that I was NOT preaching to the converted. This has a very positive impact on the direction of the PhD from now onwards because there is definitely work to do in developing theory about HOW to promote a workforce that is language and culturally appropriate in practice. It's not completely obvious to everyone and just a matter of common sense as I'd begun to think!</p>
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Appendix 17 – School and NHS Ethics Approval Letters



Mrs Sara Roberts
PhD Student
School of Healthcare Sciences
Bangor University

Dear Mrs Roberts

School of Health Care Sciences Research Ethics Committee

The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy

Thank you for submitting the amendments required by the School of Healthcare Sciences Research Ethics Committee.

I am pleased to inform you that you now have approval to proceed with your research proposal.

Yours sincerely



Reverend Wynne Roberts
Chair
School of Healthcare Sciences Research Ethics Committee

Cc Dr Sion Williams

North Wales Research Ethics Committee - West
Bangor, Gwynedd
Clinical Academic Office

Tel/Fax: [REDACTED]

Ms. Sara Roberts
[REDACTED]

School of Healthcare Sciences
Fron Heulog
Bangor

06 September 2011

Dear Ms Roberts,

Full title of study: The influence of learning on a bilingual pre-registration programme on language and cultural sensitivity within client centred practice in Occupational Therapy
REC reference number: n/a

Thank you for seeking the Committee's advice about the above project.
You provided the following documents for consideration:

Document	Version	Date
Protocol	2	May 2011

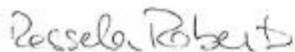
These documents have been considered by the Chairman.
The Research Governance Framework (RGF) sets out the responsibilities and standards that apply to work managed within the formal research context.
The Chairman has advised that the project is considered to be a survey / evaluation and should not be managed as research.
Therefore it does not require ethical review by a NHS Research Ethics Committee or approval from the NHS R&D office.

You must check with the clinical governance office for Betsi Cadwaladr University Health Board what other review arrangements or sources of advice apply to projects of this type. You should ensure that the project is not presented as research in the NHS organisation. You may wish to check whether the project could be reviewed by the ethics committee within your own institution (School of Healthcare Science, Bangor University).

However, if you feel that ethical review by a NHS REC is essential, please write setting out your reasons and the Chair will be pleased to consider further.

This letter should not be interpreted as giving a form of ethical approval to the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

Yours sincerely




Dr Rossela Roberts
Committee Co-ordinator

Email: rossela.roberts@wales.nhs.uk

Appendix 18 – QS Interview Leaflet

Determining how health and social care practitioners develop language and culturally appropriate practice – a case study



PhD Emergent Model Overview

Sara Roberts PhD Student

School of Healthcare Sciences, Bangor University

Phone: 01248 383169
Email: hscs14@bangor.ac.uk

Developing Language and Culturally Appropriate Practice

The Emergent Model

Introduction
This information sheet provides a diagrammatic representation and a brief explanation of my emergent model which has been developed from the data I've gathered so far.

Further improvement of my theory and model is a key part of the research project because it facilitates development of key concepts. By gaining your feedback on the emergent model during the forthcoming interview, I can check whether the model is an accurate representation of the reality of the development of language and culturally appropriate practice in education and/or practice and decide whether my theory needs to be refined and developed further.

My Emergent Model and Theory
This emergent model provides a tentative theory about how and when practitioners can become language and culturally appropriate in their practice, it is constructed to reflect the variations that are found amongst health and social care practitioners. The model provides an explanation as to why and how some practitioners develop an understanding of the importance of language and culture while others do not appear to do so. It could also be used to facilitate the development of good practice through increasing the understanding of strategies that could be used to promote the knowledge and skills of the workforce in developing language and culturally appropriate practice and thus ensure improved service experience for service users.

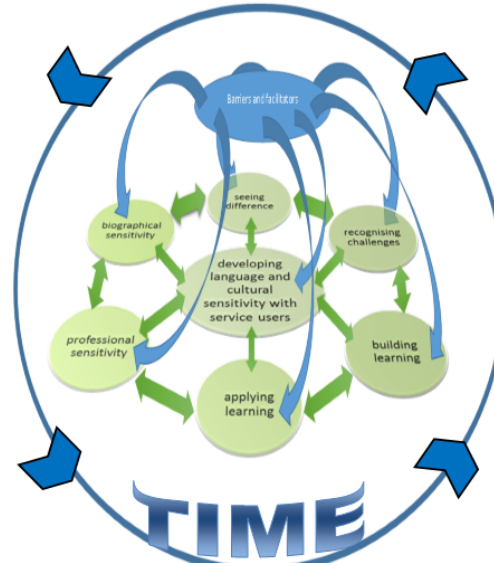
The emergent model is based around 6 **Triggers** (represented by the green circles) that have potential to impact upon the central core element of developing language and cultural sensitivity with service users. The 6 triggers can be influenced by a number of **Barriers and Facilitators** to developing language and cultural sensitivity with Service Users (represented by the overarching dome of arrows representing the barriers and facilitators). All elements of the model are impacted upon by **Time** (represented by the encompassing blue circle).

Any trigger, or combination of triggers, could be critical starting points for students and/or clinicians in developing their language and culturally appropriate practice at any stage of their professional lives. The barriers and facilitators form a 'dome' that connects each trigger as well as connecting to the central outcome of becoming a language and culturally sensitive practitioner. This 'dome' effect demonstrates how each trigger can be influenced separately by the barriers and facilitators at any point during a practitioner's professional life.

Developing Language and Culturally Appropriate Practice

The Emergent Model

6.2.1. Emergent Model - How staff develop language and cultural sensitivity with service users



The model has been broken down to a more detailed breakdown of the constituent parts in the following pages:

Developing Language and Culturally Appropriate Practice

The Emergent Model

THE TRIGGERS (a practitioner here refers to both student and / or clinician):



Biographical Sensitivity Trigger

This trigger relates to the personal and professional belief systems centred around language and culture that evolves during a practitioner's lifetime. For example, a practitioner who has had positive life experiences of language and culture will use insight from their own experiences to develop an understanding of working with bilingual service users. A practitioner with negative or absent life experiences of language and culture may have an underlying belief that bilingual services are not needed because they perceive that 'they all speak English anyway'.

biographical sensitivity

Seeing Difference Trigger

This trigger relates to practitioners learning about language and cultural sensitivity by seeing for themselves the difference that receiving (or not receiving) a language and culturally appropriate service can have on service users. Understanding the experiences of service users can be motivation for facilitating change in their practice. Similarly peers of bilingual students on a bilingual programme may see the difference through observing the impact of bilingual pre-registration education, developing increased awareness of the importance of promoting language and culturally appropriate services once qualified.

seeing difference

Developing Language and Culturally Appropriate Practice

The Emergent Model

Recognising Challenges Trigger

This trigger relates to how practitioners recognise and understand what the challenges are of delivering language and cultural appropriate services. For example, understanding how difficult it can be to use Welsh at work for learners, understanding the time requirement for translation when developing bilingual materials, being aware of how to provide bilingual materials as part of everyday practice. A practitioner who does not recognise or understand such challenges may not be supportive of colleagues who are expected to translate on top of their everyday workload.

recognising challenges

Building Learning Trigger

This trigger relates to practitioners understanding the need to develop their existing knowledge and skills to build capacity to deliver language and culturally appropriate services. For example developing a better understanding about what needs to be done to follow the principles of 'Active Offer' in their workplace. Practitioners have potential to build learning through engaging with strategies for working with bilingual service users such as learning Welsh, or learning about the obligations of the legal and policy context.

building learning

Applying Learning Trigger

This trigger relates to delivering language and culturally appropriate services through using and applying the learning they have achieved such as speaking Welsh to Service Users and colleagues or making environmental changes such as bilingual signs within a service setting. Some practitioners are aware of the importance of delivering language and culturally appropriate services, but find themselves unable to put it into practice for a variety of reasons such as the lack of funding, confidence or support from local managers.

applying learning

Professional Sensitivity Trigger

This trigger relates to the wider, service and professional context of service delivery; it includes professional bodies such as the HCPC or NMC or the service organisational and management context. For example whether language and culturally appropriate practice is embedded in professional standards or organisational plans. Consideration of the impact of legislation and policy on a regional, national or international level would be evident within this trigger. The impact of barriers for this trigger can have wide reaching implications; for example, do the organisational service managers follow the principles of 'Active Offer'?

professional sensitivity

*Active Offer – is one of the principles of the Welsh Government policy More Than Just Words, whereby a service is offered in Welsh without people having to ask for it and that the Welsh language is just as visible as the English language.

Developing Language and Culturally Appropriate Practice

The Emergent Model



BARRIERS AND FACILITATORS

These are illustrated in the emergent model by a dome that connects to each of the triggers and the central core of developing language and cultural sensitivity with service users. Participants in the first three phases of the research discussed the impact of the barriers and facilitators on their practice. The emergent model shows that the barriers and facilitators can have a significant impact on each trigger separately or in combination and also upon the central element of the development of language and cultural sensitivity. There needs to be an understanding about what encourages or discourages the workforce from developing into language and culturally appropriate practitioners so that barriers can be addressed and facilitators put in place.

Analysis of my data has shown that there are a small number of main headings which are outlined in the diagram below:



Developing Language and Culturally Appropriate Practice

The Emergent Model

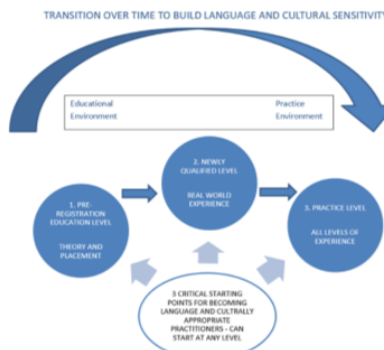
THE INFLUENCE OF TIME

Transition to becoming a language and culturally appropriate practitioner

The emergent theory developed indicates that practitioners can start to develop language and culturally appropriate practice at any time in their professional lives from pre-registration education through to senior management. Once practitioners start upon this process, consideration needs to be given to knowledge and skills evolving over time; it is a process that can happen if there is a facilitative environment and continued motivation through repeated exposure to the triggers, however the barriers can also impact negatively on further development of knowledge and skills.

Critical starting point

The critical starting point can be one or more of the triggers identified in the emergent model; previous participants have stated that being exposed to triggers facilitates the development of skills and knowledge that encourages students and/or practitioners to become language and culturally appropriate practitioners. Participants have also identified that there are three main critical starting points that enable the workforce to develop into language and culturally sensitive practitioners and these are outlined in the figure below:



Appendix 19 - Strategies Identified by Participants for

Use of 7T Theory

These examples are taken from participant experiences and feedback regarding the Emergent Theory during latter phases of the research and relate to how the 7T Theory could potentially be used to promote language and culturally appropriate practice and encourage individuals to become LCAPs:

- Develop an open culture about the importance of language and culturally appropriate practice so that staff at all levels can make informed choices about becoming LCAPs or not. For example, including the 7T Theory as a framework to consider language and culture in annual professional development reviews or student or staff inductions.
- Use the multifaceted structure outlined in the 7T Theory to enable learning about the impact of language and culture in Health and Social Care services via a range of strategies across all domains similar to Canadian initiatives of taking the learning to the individual in their workplace by promoting lunchtime French environments or developing official minority language workplace champions.
- Promoting the use of the Accelerators within the Domains, for example:
 - Creating a bilingual atmosphere and culture in the study environment or workplace where speaking or using the official minority language or English is encouraged.
 - Ensure that the workforce configuration in teams across all Domains has at least one official minority language speaker who is willing to use the language at work.
 - Ensure staff and students have personal involvement with official minority language and culture so that they are exposed to Triggers and Accelerators that will promote their development as LCAPs. For example in the Education Domain, if bilingual placements do not take non official minority language speakers, then students are not exposed to experiences that foster their development as LCAPs.
- Tackling Inhibitors in the Domains for example:
 - LCAPs using discussion of Triggers such as Seeing the Difference to identify to colleagues the benefits to SUs of having their linguistic and cultural needs accommodated (many participants who were LCAPs were reluctant to appear as though they thought their practice was superior to non-LCAPs which resulted in a reluctance to promote language and culturally appropriate practice in the workplace)
 - Promote specific strategies (Building Learning Trigger and Applying Learning Trigger) to tackle lack of confidence in the ability to practice in the official minority language from all language ability groups

- Use the 7T Theory to understand what promotes the development of LCAPs such as the impact of learning from LCAP peers – such as the positive learning about language and culture encountered during a bilingual programme.
- Using the structure of the 7T Theory to foster implementation of existing legislation and policy (National Professional Drivers Trigger) such as implementing the principles of Active Offer through.
- Use the Local Culture and Management Trigger to embed consideration of language and culture in service evaluation strategies to highlight the positive impact it makes to SU's experiences of Health and Social Care.
- Using the concept of considering and understanding different perspectives such as understanding why colleagues may NOT be LCAPs provides impetus for creating change through tackling the Inhibitors on the Triggers

Appendix 20 – Early Participant Journey

OTP01 Personal Journey – a case example in developing language and cultural sensitivity with service users

(paragraph numbers from the interview in brackets)

Recognising challenges

Initially not realising the impact of the language when starting her post in North Wales until she got here (3)

Not realising initially that SU spoke Welsh as a 1st language, thought it would be the same as England (7)

Identifying that the cultural aspect for SU is also important and has an impact on practice (7)

Feeling shocked when she realised that the SU she was working with did not have English as their 1st language (11)

Understanding that she can't do what she was trained to do because of a language barrier(29)

Understanding her propriety to use spoken Welsh rather than written and reading, but as she's become more proficient at the language she can engage with more than the verbal engagement (47)

Recognising that students from a bilingual programme have a heightened sense of awareness of their own development needs when it comes to language and cultural sensitive practice (51)

Building learning

It takes years to identify that there is a different culture and what that actually means within OT – different 'feel' and a 'different way of thinking' (7)

Understanding about the importance of language is immediate whereas culture takes longer to develop an understanding about (7)

Applying learning

Once she started learning Welsh, her employer - Local Authority - also actively encouraged her to use whatever it was she'd learned (13)

Has an insight into the student experience when they come on practice placement and able to recognise that the students from a bilingual programme have a deeper/better understanding of bilingual context for SU (51)

Able to see the mirror of experience of student experience and Su experience of receiving a bilingual education / service (64)

Utilising her personal experiences with her children to understand the SU / student perspective (65)

Using her understanding of Language and culturally appropriate practice to try to maintain the better standard of services for SU'S & recognising the financial implications of this (71)

Professional sensitivity

Once in initial post, recognised that SU had different language and different culture (7)

Working with the elderly in her 1st post, realising straight away that for her it wasn't possible to assess them properly and develop a therapeutic relationship in their second language (7)

Incorporating being client centred and holistic within the lens of language and culturally appropriate practice – she learns about client centeredness and holism in prof training, but only developed language and cultural appropriate practice once she started working BECAUSE she understood that she needed to speak the language to be completely client centred (23)

Not feeling comfortable in having to rely on WS colleagues when doing assessments in Learning Disability (27)

Feeling that it would be unjust for SU to have to do assessments in their 2nd language, so she was then reliant on WS colleagues to do shared assessment which then meant she was guided by the WS colleagues (27)

Desire to do what she was educated to do as an OT, identifying that she can do it better when she is language and culturally sensitive (45)

Recognising that the student experience mirrors her own i.e. coming to a bilingual placement was like her experiences of starting her 1st job (55)

Deep understanding of the influence of the bilingual programme and bilingual placement opportunities has on student education for students from all language categories (61)

Biographical sensitivity

Moving to Wales from another country, didn't realise that the language would be different, expectations that it would be the same as Ireland where there are small pockets of Irish language (5,7)

Cultural shock to her to be surrounded by staff and SU who were all speaking Welsh to each other (7)

Previous experiences in Ireland had small pockets of Irish speakers in geographically discrete areas and so a different 'model' of bilingualism in that society, so that had been her previous experience and it's not the same in Wales (9)

At the time she trained, there were few immigrants in Ireland, so she's not come across multicultural communities as she would if she were training there now (17)

She is very aware of the difference between her and Welsh 1st language speakers and recognising feelings of envy that they can assess quicker because of the language skills (57)

Seeing a difference

Working with Welsh speaking colleagues highlighted that she wasn't able to participate in the assessments as they were (particularly for LD SU)

Using whatever level of Welsh she has contributes to developing a connection with the SU (29)

Using the Welsh she has with Su has had an impact in that they open up to her (38)

Recognising from her experiences that SU appreciate her efforts to learn and to use her Welsh and that it gives a signal that she is trying to understand the situation from their perspective (38)

SU's are patient with learners as it helps them to feel more equal in the relationship as they are helping her with her Welsh (41)

Glad to have Welsh speaking students who can work in Welsh – identifying that the service User gets into ‘full flow’ when working in the medium of Welsh (57)

Believing that Welsh speaking students enable the SU to feel more comfortable because they are from the same culture (59)

Facilitators	Barriers
<ul style="list-style-type: none"> • The attitude of your employer towards encouraging staff to learn AND USE Welsh in the workplace • Working in a bilingual or a Welsh environment • Understanding the SU perspective – seeing that it’s unjust for SU to have to do assessments in their 2nd language • Desire to be client centred & holistic in practice • Insight into the fact that she can’t do what she was trained to do because of the language barrier • Emotional response to not being able to do what she was trained to do because she couldn’t speak Welsh 	<ul style="list-style-type: none"> • Not recognising or having insight into the fact that you are missing something within the practice you are trained to do if you do not have language and cultural sensitivity • Not wanting to challenge colleagues who are not language and culturally sensitive as she doesn’t want to put herself up as superior to them? • OT’s not being comfortable with others around them speaking Welsh e.g. SU and the underlying belief system of the OT e.g. that it’s rude for them not to speak in English because the OT is a non WS. • Colleagues are busy and may be frustrated with your inability to communicate quickly in Welsh so turn to English

Participant QBS11 – early attempt to input participant journey from transcript to the framework of the 7T Theory

Participant QBS11 outlined her journey to becoming an LCAP in her interview which is summarised by the researcher using the 7T Theory as a framework:

Parts in Italics have been taken from the transcript – for QS, the transcript was more roughly transcribed so exact quotes are highlighted in yellow

HEADINGS FROM THE 7T THEORY	PARTICIPANT OTP1 INFORMATION TAKEN FROM THE INTERVIEW AND CODING ACTIVITY (paragraph number in the transcript indicated in Brackets)
TRANSITIONAL ROUTE (potential route for development of LCAP for practitioners)	She understood that there are pockets of the population where it would be more important to be able to speak in Welsh with SUs
TIME (timespan for developing as a LCAP)	She identified that her interest in learning Welsh had started from a very young age, but that developing as a LCAP had accelerated during the pre-registration programme, but had not really developed in earnest until she was working with bilingual SUs. She identified that her development had continued, but that her development is slower now that she is away from a predominantly Welsh environment
HUB (central focal point for a practitioner)	<p><i>It's always been an interest to me, it's always been important and it makes you feel a bit more... more Welsh if you can speak the language and understand the area that you're from also (2)</i></p> <ul style="list-style-type: none"> • She was always interested in the Welsh language, but did her 1st degree in England at 18 years old so didn't use Welsh at all for 3 years. Friends from School were non-Welsh speakers

	<p><i>Then when I left university and came back to Wales to live it was on my mind because having Welsh as a skill would encourage you to get a good job(2)</i></p>
<p>CONTEXTUAL INFLUENCE (personal and professional context of a practitioner)</p>	<p>She strongly identified the impact of her upbringing and her working context on her becoming a LCAP. Despite her parents being non-Welsh speakers, she had a strong understanding possibly because of her experiences of work as a young adult in XX setting [omitted for confidentiality]</p>
<p>• TRIGGERS (7 Triggers of critical starting points for developing as LCAPs)</p>	<p>Biographical Sensitivity</p> <ul style="list-style-type: none"> • her grandfathers both fluent Welsh speakers but English was language of home for both parents because her grandmothers were not Welsh speakers <p><i>They knew bits and bobs but it wasn't a home language hence why I'm English 1s language and in School all friends spoke English although went to school were we had Welsh teachers, but education was in English, just doing Welsh as a subject. Not taught in Welsh as such (2).</i></p> <ul style="list-style-type: none"> • Used to hear it, but didn't actively engaging in speaking Welsh apart from School, GCSE A* 2nd language. Chose to do Welsh A level, but also 2nd language so completely different exam • Became aware of the importance of using Welsh for work when she went to work in the Local Authority • Playing sport where she came across teams that communicated in Welsh enabled immersion in Welsh language and culture outside of work as an adult <p><i>It DID open my eyes because I wouldn't have had that opportunity to meet people in those areas other than that, other than sport, you know hockey or netball where I would meet... I would meet teams that were playing netball in Welsh, but other than that I wouldn't really meet Welsh people in a collective sense (4)</i></p> <p>Seeing a Difference</p> <p>This extract from QBS11 outlines the importance of the Seeing Difference Trigger and the impact that these 2 critical incidents in the Education Domain had on her awareness of the need to develop as a LCAP, she linked her discomfort about being in a situation where she had no choice other than to use whatever level of Welsh to the Seeing Difference Trigger:</p>

(The first incident relates to an observation of play in a local primary school during the OT programme in the Education Domain and the second to her experiences of EBL groupwork at the University)

I was a bit shocked there because it was so Welsh, and my level of Welsh still wasn't very high at that time and these children don't even speak English here, they all speak Welsh all day long with all their friends, all their teachers, they have no need for English. It did open my eyes and I just think 'how do you communicate with these Children?' and I remember playing in the sand with them and thinking, they wouldn't react well in English and you could only really relate to them in Welsh. We had a good day with them there and remember thinking – 'oh God, I don't know if I can do this'. It made me think I needed to do something with my language if I wanted to get a job in that area. So I did think I wanted to develop these skills if I want to get on as an OT in this area because these children or the people in the area would want to connect with you in their native language and if I was coming from an outside area then it would be my job to promote the service or give them a service in their own language that makes them feel comfortable rather than me feel uncomfortable. So I did have that feeling as uncomfortable Sara, I was a little uncomfortable at first, because it's not my native language so .. although I have grown up with it, I was constantly aware of it, but I know that the coursework was given to us bilingually, but I'd always go through the English.. just completing essays etc in English because that's what I'm most comfortable with, but I remember .. I do remember one PBL when we did it all through Welsh and it was quite an achievement really for me, I thought this was really good it was quite enjoyable! And it made you feel a little bit more special? Is that an appropriate term to call it? But embracing that you are Welsh and that you are.. there is a different culture and the language makes you feel part of that culture even more and I wanted to be able to develop that and it's only that time really that I found it really important – I needed to do something about this, but I'd not really had the opportunity so far to really get into it. So it did open my mind really into how would I do this because you'd have to immerse yourself in the language.

QBS11(10)

Recognising Challenges

Her experiences of home, school and sport gave her some understanding, but she spoke very passionately about recognising challenges of becoming a LCAP and how important it was to have strong support from colleagues to maintain her learning and develop confidence to use Welsh at work as a Welsh Learner

Building Learning

*I then worked for [location] Social Services– it was the biggest culture shock I've ever had in my life! **One particular colleague would not speak English – hugely positive help to learn. I think you have to force yourself into situations and scenarios to be able to master it Being mentally draining because everything was in Welsh – all paperwork , induction etc***

I felt a bit discriminated against – although I am Welsh, I do speak Welsh to a standard, I wasn't offered English even so I felt.. probably like a Welsh person in [home town] sometimes, offered English as 1st language in everything. I had the tables turned for me then! In [Social Care setting location] where I experienced the lack of English and having to struggle through – my first few months were very difficult I found– very time consuming. But I had to get through that to understand you know how important it is into that are where you are working. And it was if you want to work here, this is how we do things, you had to learn, and it forced me into it which was a good thing. I didn't have a full understanding of it before that
QBS11(12)

Applying Learning

She described how the 2 experiences outlined in seeing a difference trigger motivated her to enrol on further Welsh education, but more importantly for her to develop confidence use her Welsh at work despite the barriers that she encountered (relating to the Building Learning and Applying Learning Triggers) and to be confident enough to work in an area where she was required to speak and write in Welsh on a daily basis as a qualified OT

Local Culture and Management

Enquiry about ability to speak Welsh at interview for Council job resulted in thinking more about the importance of Welsh at work

Impact of expectation of employers that she would have the basic ability in Welsh
to understand that there will be Welsh people phoning and to be aware of what to say if you weren't able to carry on the conversation in Welsh and what the protocols were.(2)

National Professional Drivers

This was not discussed during the interview

TRANSACTIONAL PROCESSES

(Accelerators and Inhibitors acting on the Triggers)

Accelerators

QBS 11 outlined visiting an official minority language family early on in the post where she mostly developed as a LCAP, she had initially been under-confident and described a poor experience with the family who had been rude to her because she had carried out the assessment in English, she returned to this family 18 months later when her Welsh had developed significantly and she was able to work with them in Welsh:

It was a completely different case – it was like they accepted me more. I don't know if they remembered how they spoke to me before, but they were quite dismissive of me when I spoke English with them and how they had to change when I was with the grant officer and me and how we all had to change to English at the beginning. So I went back a year and a half later able to speak Welsh with them confidently, their approach to me was completely different and that sticks out in my mind. Because they wouldn't accept a care plan in English, they wouldn't accept any written instructions in English which was their right, so they asked for it all in Welsh, but they actually sent back a bilingual care plan and said we don't need the English. They were quite pedantic in having everything in Welsh so that was a sharp learning curve to me. One of the barriers really, but seeing a difference, I was able to compare with the same case as to how I was treated because of my ability to speak the language and being culturally accepting of the way that they are. It was a massive learning curve that will always stick in my mind
QBS11(18)

She later returned to this experience and outlined how this incident had impacted deeply on her development as a LCAP:

That case that I had in [Social Services setting], had a lasting effect on my understanding. Because I could compare the before and after with the amount of time that I had to develop my skills and the feeling that I had afterwards, I thought, I bet they couldn't understand or I felt – it was a child case it was and I thought that the parents maybe couldn't remember that they spoke ... not badly to me, but I felt they were a bit rude to me. And I felt much undervalued, not important. Those feelings that I experienced, I didn't want to experience again. So I put a massive effort in and I was quite glad that in a year and a half's time, I had to go back there and I thought – I'll show them! And I wanted to prove myself and that I had developed and it was such a different experience and it was so worthwhile you know, being culturally developed and the language development as well. It gave you a buzz, what a difference it made, a positive difference rather than a negative difference, because I

	<p><i>could have not put an effort in at all in the year and a half and gone back and had the same experience. This research is vital, it just explains to people, because some people just will not get it Sara, some people won't bother trying to understand it but it's through experience that you see it. QBS11(48)</i></p>
	<p>Inhibitors</p>
	<p>She described going to work in a new setting where she was not expected to work through the medium of Welsh and the impact that had on her development: <i>It was quite demoralising because I'd learnt so much from [Social Services Location] and even the 1st week [in new post], I was disappointed because I thought I'm going to lose my Welsh here I was worried about the negative impact of the changing environment and changes to who I was working with was going to have on my overall ability, but I knew that my motivation was never going to change. But the environment might dampen it a little. QBS11(44)</i></p>

Appendix 21 – Emotional Impacts of the Bilingual Programme Delivery

<u>Positive emotional impacts of the bilingual programme delivery</u>	<u>Negative emotional impacts of the bilingual programme delivery</u>
<ul style="list-style-type: none"> • Feeling confident to choose not to use Welsh written materials • Speaking and writing Welsh at whatever level of proficiency they felt able to, not necessarily needing to be of the highest standard • Choosing to engage with learning in either language based on personal and individual preferences without feeling judged • Avoiding making additional efforts to participate in learning in the English language (learning in Welsh being an easier option for some) • Feeling more relaxed and comfortable when engaging in learning in their preferred language due to support by Welsh speaking peers • Being confident to challenge others who show poor practice in terms of language and culturally appropriate practice 	<ul style="list-style-type: none"> • Feelings of self-doubt about aptitude to practice OT in Welsh leading to opting to only practice OT in English • Feeling guilty if they were the only ones wanting to use Welsh in the Education or Practice Domains • Concerns about struggling when speaking English in the Practice Domain if they could not practice OT in Welsh • Disliking anyone making a fuss about them using Welsh in University or placement • Feeling shame and guilt about not writing in Welsh or only using English written materials • Frustration that the paucity of bilingual outside speakers reduced opportunities for engagement in Welsh.

- | | |
|---|--|
| <ul style="list-style-type: none">• Enjoying participating in group work in Welsh, feeling more at ease to do so• Feeling more confident in their verbal and written abilities to practice OT in Welsh | |
|---|--|

Appendix 22 Summary of Phases

<p><u>PHASE</u> <u>ONE</u></p>	<p>Recruitment and data collection from two current student cohorts on the Bilingual OT Programme regarding their experience of bilingual learning, developing as LCAPs (or not) and their knowledge of language and culturally appropriate practice at University and practice placements. Participants were asked to participate in three one-hour focus group interviews, complete an individual skills audit at the start and end of the research and keep an electronic memo book on an ongoing basis prior to completion of the OT programme.</p>
<p><u>PHASE</u> <u>TWO</u></p>	<p>Recruitment and data collection from experienced OT clinicians who did not qualify from the University where the Bilingual programme was running but were identified by the researcher as being language and culturally appropriate. This phase ran concurrently with the start of Phase One and provided the researcher with a more general overview of issues relating to language and culturally appropriate practice and clinicians' experiences of practicing as LCAPs. This phase highlighted contextual and practical considerations which enhanced the structure for the second focus group interviews for Phase One participants. Interviews with clinicians comprised one semi structured interview of approximately one hour.</p>
<p><u>PHASE</u> <u>THREE</u></p>	<p>Recruitment and data collection from participants from the Cymru/Canada Research Network regarding their experiences of language and culturally appropriate practice and development of LCAPs. This phase entailed theoretical sampling of the developing concepts from the '<i>Initial Theory</i>' to ensure that it was applicable to and cognisant of international and multidisciplinary contexts. This phase included recruitment of participants and data collection from academic and research staff via 1:1 interviews of</p>

	approximately 1 hour which were conducted in person, by telephone or by Skype.
<u>PHASE FOUR</u>	Recruitment and data collection from qualified students (QS) from the bilingual OT programme regarding their experiences of bilingual education and subsequent experiences as clinicians. This phase entailed theoretical sampling of the ' <i>Adapted Theory</i> ' and schematic representation in order to develop the ' <i>Emergent Theory</i> '. Data from this phase explored the development of language and culturally appropriate practice from learning in a bilingual environment while at University and practice placement as well as their experiences as qualified therapists who had worked in Wales since qualifying as OTs of language and included the perspectives of themselves and their opinion about how their MDT colleagues accommodated the linguistic and cultural needs of official minority language SUs.
<u>PHASE 5</u>	This phase entailed synthesis of data from Phases One to Four, data coding, diagramming, theoretical memos and developing of participant journeys. It finalised the definitive version of the Theory.