

Well-being and language: language as a well-being objective in Wales

Prys, Cynog; Matthews, David

Current issues in language planning

DOI:

[10.1080/14664208.2022.2117962](https://doi.org/10.1080/14664208.2022.2117962)

Published: 01/09/2023

Peer reviewed version

[Cyswllt i'r cyhoeddiad / Link to publication](#)

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):

Prys, C., & Matthews, D. (2023). Well-being and language: language as a well-being objective in Wales. *Current issues in language planning*, 24(4), 400-419.
<https://doi.org/10.1080/14664208.2022.2117962>

Hawliau Cyffredinol / General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Well-being and Language: Language as a Well-being Objective in Wales

Cynog Prys^a and David Matthews^b

^a **School of History, Law and Social Sciences, Bangor University, Bangor, Wales**

^b **School of Medical and Health Sciences, Bangor University, Bangor, Wales**

Corresponding author: Cynog Prys

Main Arts Building

Bangor University

Collage Road

LL57 2DG

c.prys@bangor.ac.uk

Cynog Prys is a Sociology Lecturer at the School of History, Law and Social Sciences, Bangor University. His current research interests include the sociology of language and bilingualism, specialising in the use of Welsh in civil society, health care and digital platforms.

David Matthews is a lecturer in health and social care at Bangor University, and programme leader for its BA Health and Social Care. His research interests focus on critical and materialist understandings of the welfare state and social policy. In addition, he has an interest in the development and evolution of Welsh health policy during the era of devolution

Introduction

For over two decades, devolution has characterised the constitutional landscape of Britain, with a share of political authority delegated from the British Parliament to the Welsh Senedd, Scottish Parliament, and Northern Ireland Assembly. Of the three nations, Wales has some justifiable claim to innovation regarding healthcare, in particular with respect to well-being (Wallace, 2019:74). While debate varies as to what are significant determinants of well-being, a growing number of analyses have identified the positive contribution of continued durable connections and meaningful engagement with one's own culture, especially for ethnic minorities who live in a society where an alternative culture dominates (Colquhoun and Dockery, 2012, Kunas, 2003, Marmor and Harley, 2018, Puna and Tiatia-Seath, 2017).

Unique among the nations of Britain, and globally (Davies, 2016: 41, Wallace, 2019: 74), Wales has legislated for the sustainable promotion of well-being with the enactment of the Well-being of Future Generations (Wales) Act 2015 (WFGA), which places a legal duty on all public bodies listed within the Act to enhance the economic, social, cultural and environmental well-being of the nation in line with seven identified well-being goals. These include, increased prosperity, a resilient Wales, greater equality, a healthier nation, cohesive communities, global responsiveness, and the promotion of both Welsh language and culture (Welsh Government, 2015). Overseen by the Future Generations Commissioner, public bodies, including the Welsh National Health Service, are mandated to set and publish well-being objectives to correspond with the well-being goals in order to demonstrate they are working to achieve them.

Echoing existing research asserting the benefits for minority groups to have opportunities to engage with their culture, active promotion of, and opportunity to utilise, the Welsh language has become a key legislative goal in Wales to promote both individual and societal well-being. For the current Welsh Government this amounts to 'A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation' (Welsh Government, 2015: 04). Having been granted official status in 2011, recent estimates suggest that 19 percent of the Welsh population are able to speak Welsh, with this equating to over half a million people (Office for National Statistics, 2012). Although all public bodies are legally mandated to ensure service users have the opportunity to engage with public services through the medium of Welsh, the extent to which this can realistically be achieved remains a matter of debate (e.g., Welsh Language Commissioner, 2014).

The purpose of this paper is to examine the extent to which the promotion of the Welsh language, as a well-being goal, as defined by the WFGA, is effectively being achieved within the Welsh healthcare sector. With Welsh governments, since the legislation's implementation, stressing the importance of facilitating greater use of the Welsh language as a source of well-being, and public bodies in particular being mandated to support this, adhering to the objectives of the WFGA, the focus here will be specifically upon the actions of Wales' Local Health Boards (LHBs), which we define as meso-level actors in the language policy and planning process. implementing a language agenda devised by the Welsh Government at the macro-level. Drawing upon, and utilising, well-being documentation, designed in accordance with the legislative requirements of the WFGA, produced by all seven local health board in Wales, a content analysis was implemented in order to assess the extent to which it can be determined the Welsh healthcare sector is progressing in its attempts to effectively promote greater Welsh language as part of its delivery of services. Moreover, the paper will provide an opportunity to illustrate in a broader sense how meso-level language policy and planning (LPP) actors implement the macro-level, government language policy and planning strategies and legislation.

Well-being: A Contested Concept

For Walker (2012: 28) the enhancement of well-being is the underlying aim of all social policies. Despite having largely been embraced by professionals and policymakers alike, well-being retains an ambiguous meaning. Various conceptions of it exist, and despite considerable attention being devoted to the concept, its definition remains largely unresolved (Dodge *et al*, 2012). In Wales a societal definition of well-being has been embraced (Wallace, 2019), having permeated the WFGA. This understanding is primarily concerned with conceptualising well-being as objectively existing, embedded within the social context. Particular social conditions are identified as conducive to individuals developing an enhanced sense of well-being, with a comprehensive set of varying social determinants identified as advantageous for its maximisation (Western and Tomaszewski, 2016). The experience of well-being is intimately related to an individual's position within society and their social circumstances, being the result of social, economic, and political structures and relations they are part of. Social indicators utilised to measure well-being are varied, but frequently relate to material determinants such as employment, housing and income, access to social resources, including education and healthcare, and active membership of, and participation in, social and cultural networks (Western and Tomaszewski, 2016). It is within these broader social and cultural facets of well-being that the Welsh language acquires significance.

Language and Well-being

The relationship between language, culture, and well-being, remains a limited realm of research. However, the existence of culturo-linguistic congruity, this being a positive relationship between the cultural and language preferences of minority groups, and the availability of services in their

preferred language, and opportunities to engage in cultural practices, can have overwhelmingly positive effects for well-being (Martin, *et al*, 2019).

Analysing North American youth, Zimmerman *et al* (1994) illustrated that greater identification with indigenous culture enhanced self-esteem and acted as a protective factor against both alcohol and substance abuse. Moreover, Yoder *et al* (2006) argued that increased association with their native culture potentially reduced the predisposition to suicide. Additionally, in a study of indigenous youth within the Norwegian Arctic Circle, it was suggested that having greater opportunity to engage with native culture, including the opportunity to utilise indigenous languages, resulted in lower rates of mental health issues as this promoted resilience and self-esteem (Bals, *et al*, 2011). For Colquhoun and Dockery (2012) and Marmor and Harley (2018), it was imperative that children from Australian Aboriginal and Torres Strait Islander communities were given the opportunity to engage with their culture in order to ensure successful healthy development. Moreover, indigenous language retention, Puna and Tiatia-Seath, (2017) asserted, was one variable among other cultural connections which, if promoted, positively determined the mental health of New Zealand-born Cook Island youth.

As a result, it can be argued that growing recognition exists of the importance of culture and language for the broader well-being of individuals who belong to minority groups. While the cultural circumstances of Wales, and the Welsh as an ethnic group, differ markedly from the cultures of the above research, there nonetheless exist potential parallels for those in Wales who utilise Welsh as their language of choice. For instance, in a study of dementia care in Wales, Martin *et al* (2019), emphatically stated that culturo-linguistic congruity was essential to promote the well-being of service users. But, as they identified, there exist notable barriers within the Welsh NHS to allowing Welsh language speakers the opportunity to engage with healthcare services through the medium of Welsh. This dramatically conflicts with the legislative goal of enhancing linguistic and cultural well-being in Wales. This view is supported by the Welsh Language Commissioner (2018: 18) who states that there are ‘... Welsh speakers living in every community in Wales and that there are a number of people in every area and health board who feel most comfortable using Welsh. Not being able to receive health and social care services in Welsh can have a detrimental effect on the well-being of Welsh speakers.’

Language Legislation and Government Strategy in Wales

While Welsh is the first language of the many of Wales’ half a million speakers, it was only with the introduction of the Welsh Language Measure (2011), that, for the first time, Welsh was declared as having official status in Wales (Welsh Government, 2011: 01). Supported by the establishment of a Welsh Language Commissioner, the Measure strengthens the legal position

of Welsh, proclaiming that it should be treated no less favourably than English within the public sector, including healthcare (2011: 99). The Measure outlines language standards which relate to service delivery, policymaking, operational standards, and record keeping (2018: 03-04). Statutory Welsh Language Standards, first implemented in 2018 for the Welsh healthcare sector, were placed on all seven LHBs, with the aim of enabling the public to engage with public sector healthcare providers in the language of their choice.

Parallel to developments in legislation, the WG have also published language strategy documents outlining the government's aim of strengthening the position of Welsh. Their ambitious language strategy, *Cymraeg 2050: A Million Welsh Speakers* (2017) outlines their aim to double the number of Welsh speakers by 2050. To achieve this aim, the WG note that the strategy must be implemented for the whole of Wales and aims to increase the number of speakers of Welsh, increase the use of Welsh and create favourable conditions for the maintenance of the language across various language use domains (2017). Furthermore, the WG have a bespoke language strategy for the health and social care sector in Wales. The strategy *More than just words* (Welsh Government, 2012 and 2016) emphasize the importance of language as a facet of effective provision, outlining a strategic framework for improving Welsh language provision within the sector, which includes better patient data management, including recording patient language choice, and better workforce planning, to ensure that staff and organizations have the appropriate language skills to offer Welsh language services to service users. LHBs, the WG asserts, have a 'statutory responsibility to ensure that people's' well-being outcomes are supported, and that their care and support needs, including their language need, are accurately assessed and met' (2016: 08). Both language legislation and strategies reflect a wider WG agenda of revitalising the language, not only by creating a legal framework for the use of Welsh, but with policies and programs promoting the use of Welsh within a variety of contexts, including within healthcare settings. It is within this broader language planning context that the WFGA is enacted.

WFGA overview

The WFGA outlines 7 well-being goals, with the aim of improving the social, economic, environmental, and cultural well-being of Wales, including the goal of working towards 'A Wales of vibrant culture and thriving Welsh language' (Welsh Government 2015: 04). Public bodies, including LHB's, are tasked with embedding these principles into their operation. These 7 goals are subdivided into 46 indicators, two of which focus directly on language, namely, the percentage of people who speak Welsh daily and can speak more than just a few words of Welsh (indicator 36) and the absolute number of people who can speak Welsh (indicator 37) (Welsh Government, 2021).

In an attempt to promote transparency, public bodies must publish Well-being statements, setting their well-being goals and how they apply the sustainable development principle outlined within the WFGA. Furthermore, annual reports must be published showing progress made in meeting their objectives. Emerging from the legislation, and assisting public bodies in their development of well-being goals, has been the creation of Public Service Boards (PSBs). Being regional organisations, largely coterminous with all local authorities in Wales, PSBs encourage all relevant public bodies within the region to cooperate in an effort to meet all well-being objectives, with PSBs then assessing this progress. LHBs constitute one of the four statutory members of a PSB.

The Auditor General for Wales and the Future Generations Commissioner for Wales are tasked with providing overview of the WFGA through carrying out examinations and reviews of public bodies adherence to their well-being objectives. According to Davies (2017) the duties placed on public sector services as part of the Act are presented in exhortatory rather than mandatory terms, as relevant bodies must take 'all reasonable steps' to meet their well-being objectives (2017: 171). As Davies (2017) states, this allows room for varying interpretation by key stakeholders, including the Commissioner, as to the extent to which well-being objectives are to be achieved.

Jones (2019: 16) notes that the WFGA, while implemented nationally, is operationalised on a more local level. Analysing this operational and organisational process, Jones notes that the ability to produce local plans raises the possibility that plans become varied throughout Wales, lacking uniformity and a coherent national approach. In doing so he reflects on the impact of these distinct geographies on the Welsh government's aim of achieving their well-being outcomes on a local level. Jones analysed the content of localized well-being plans produced by Public Services Boards (PSBs) and notes that PSBs are provided with an opportunity to create localised well-being plans that respond to their local context. Giving the example of addressing adverse childhood experiences, Jones (2019: 18) notes that this theme is represented in all plans produced by the PSBs in Wales. However, the plans produced by the PSBs approach this challenge in various ways. While this can be seen to reflect a constant attempt to tackle a core well-being objective, Jones notes that the ability to produce local plans also raise the possibility that plans are inconsistent. Citing the commitment found within the PSBs to the Welsh language well-being objective, only the PBS for the counties of Gwynedd and Anglesey contain an overt statement to the role of Welsh within their well-being statements (Jones, 2019).

Reflecting Jones' (2019) assertion that inconsistencies may be found between the well-being objectives of various public bodies between regions, the Welsh Language Commissioner has outlined key points for public bodies to consider when producing local well-being plans relating

to the promotion of Welsh (Welsh Language Commissioner, 2018). The WLC outlined the following objectives to inform well-being plans; the number of Welsh speakers and the use of Welsh, creating new Welsh speakers, increasing opportunities to use and hear Welsh and developing a long-term vision to ensure the viability of Welsh (2018: 03). It outlines the legislative and policy frameworks including the legal context outlined in the Welsh Language Measure (2011) and the WG language strategy *More than just words* (2016). Furthermore, the advice document outlines possible 'firm actions' and 'steps' that plans could include. However, as this is presented as advice, the LHB do not have to include the actions and steps outlined by the WLC.

Local Health Boards as language planning actors

Within the Welsh NHS, LHBs dominate the delivery of healthcare provision, coordinating and providing services regionally. Given their prominence, it is upon them that the responsibility of promoting Welsh, within the health sector, has fallen. Wales has firmly grasped a 'top-down' unified model to healthcare planning and delivery, one within which there exists a coherent organisational chain emerging from the Welsh government down to LHBs. Originating from the Welsh government, an initial strategic health plan for the whole of Wales is devised based largely upon policy goals and targets set at the national level. From this, LHBs implement the strategy in accordance with the health needs of their regions. Each LHB plans, designs, and delivers primary and secondary healthcare regionally, engaging with local government during the process. On this basis, in Wales the central state is the primary coordinator, with LHBs being regional administrative state providers of the NHS, implementing a nationally organised health plan, and being answerable to the Welsh government (Matthews, 2021).

One area where LHB's are tasked with implementing 'top-down' strategic health plans is with regards to language policy and planning within the health sector. Language planning is interpreted by Cooper (1989) as a deliberate attempt to influence language use within a specific context. While it can be argued that the primary legislative context for language planning within the Welsh NHS is the Welsh Language Measure (2011) and the associated Welsh Language Standards (2018), the WFGA contains language planning elements that are to be implemented by the various LHB's in Wales.

Baldauf (2006) postulates that language planning takes place on three societal levels, the macro, meso and micro level. According to Liddicoat and Baldauf (2008) governments and their agencies are seen as macro-level language planners. In this instance macro-level language planners represent government policies designed to influence language use on a societal level and represent what can be seen as the traditional domain of language planning. However, Baldauf (2006) also notes that language planning can take place on a micro level, representing

the agency of community actors and individuals as they negotiate and implement language use on an active level. Sheperd & McEntee-Atalianis (2020) note that while the micro-agency facet of language planning has been explored in increasing depth (see Barakos, 2016; Wilson, Johnson & Sallabank 2014), a smaller number of studies are present in the literature regarding the role of meso-level individuals or organizations in the language planning process (Shepherd & McEntee-Atalianis, 2020). This can be interpreted, in part, as a reflection of the difficulty in offering a clear definition of what constitutes meso-level actors within the field of language planning. Pennycook (2010) and Skerrett (2016) emphasizes the role of the meso-level in determining how language use is put into practice through a process of mediation between macro social structures and micro individual actors. As a result, several studies define the meso-level layer of the language planning continuum, outlined by Baldauf (2006), as intermediaries tasked with implementing macro-level policy on a practical level.

Within the context of Wales, several recent studies (Musk 2010, Hodges and Prys, 2018, Prys et al 2021) have analysed the mediating role played by the meso-level of the macro, meso and micro continuum. In particular, an effort has been made to demonstrate how key agents within society implement macro-level initiatives. In this case, organisations which represent healthcare providers within the healthcare sector in Wales are tasked with responding to new language legislation. These can be seen as meso-level agents who must respond to macro pressure for change, in the form of WG language policy and planning initiatives.

From the relationship between the macro and meso-level, there can emerge possible tension and contradiction between the various language planning agents. Within this paper, we argue that the Welsh Governments represents a macro-level attempt to revitalise the Welsh language, with legislation and language strategies. However, it is on the meso-level that these macro-level policies are implemented. As a result, as Musk (2010) notes, it is important to understand the reception and reproduction of language strategies. In addition, as asserted by Easlick (2022), there is a need to understand how macro-level policies can vary in their implementation at levels below the macro.

Methodology

With a view to analyse how the LHB in Wales have adopted the WFGA, and the role of language within their well-being objective, a thematic analysis was conducted of the well-being goals and objectives published by all 7 LHB in Wales. The authors contacted the office of the Future Generations Commissioner for Wales and requested the documents that contained the well-being objectives for all LHB's in Wales. While some LHB produced specific well-being statements, the majority of LHB outlined their well-being goals within their medium-term plans. As a result, the well-being objectives published by the LHB's were found within the following documents:

- Aneurin Bevan University Health Board (2017) Integrated medium term plan for 2017/18-2019/20.
- Betsi Cadwaladr University Health Board (2018) Three year plan 2018/21.
- Cardiff and Vale University Health Board (2019) Integrated medium term plan 2019-2022.
- Cwm Taf University Health Board (2019) Well-being statement. Annex B2. 2019-2022.
- Hywel Dda University Health Board (2017) Well-being statement and objectives 2017/2018.
- Powys Teaching Health Board (2018) Integrated medium term plan 2018/19-2020/21.
- Swansea Bay University Health Board (2018) Our Organisational Strategy 2019-2030.

While there was inconsistency in the type of document used by the LHB to publish their well-being objectives and plans, this methodology provided a means of capturing how the LHB acted upon the objectives outlined in the WFGA. Utilising this dataset of well-being strategies and medium-term plans, a thematic analysis (Braun and Clarke, 2006) was conducted to identify themes relating to the enactment of the WFGA. This allowed for the development of codes and patterns from the analysed texts and provided an opportunity to interpret how the LHB have interpreted the role of Welsh within their well-being agendas.

The documents were downloaded from the LHB websites and analysed by both authors, at first independently, then in conjunction. Using the 6-step framework outlined by Braun and Clarke (2006). Firstly, the authors independently read and re-read the documents in order to become familiar with the data. This was followed by generating initial codes which were then grouped into themes. Following the production of initial themes these themes were revised by both authors and further developed and defined. Final stage of the process was to write up the data.

Findings

The stage of open coding generated, as was expected, a variety of theme. Yet, it was clear early on that throughout all documents, broadly similar narratives were emerging concerning most LHBs understanding of, and engagement with, the Welsh language within the context of well-being specifically, and health more generally. For the purpose of this paper, we will focus on three main themes: (1) language as a well-being objective, (2) reference to language-specific legislation and (3) developing Welsh language provision. The main findings will be reported on below and discussed in full in the discussion section.

Theme1: Language as a Well-being objective

A key finding for this study is that only limited references were made within the documents to Welsh as a national well-being goal. Of the seven LHBs, only one, Aneurin Bevan, made explicit

reference to language within the context of creating its own well-being objective, arguing their intention was to 'Promote a diverse workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace' (2017: 27). Subsequently, this exemplifies an attempt to adhere to the well-being goal of a vibrant culture and thriving Welsh language, as well referencing those indicators which measure the growth and use of the Welsh language on a daily basis, in both percentage terms and absolute numbers (Welsh Government, 2021). Of the seven LHBs, five made reference to the Welsh language as part of their broader language strategy, but failed in the process to explicitly acknowledge the relationship between language as a well-being goal, as defined by the legislation.

While not explicitly referenced as a well-being objective, Betsi Cadwalader UHB make a reference to language in the context of the WFGA, noting that they will '...actively provide Welsh language services to address the needs of our Welsh speaking population, in line with the Welsh Language (Wales) Measure 2011' (p14). Powys THB and Hywel Dda UHB quote Welsh as a national well-being goal as part of the WFGA and, while not named directly as a well-being objective for the LHB's, it is noted that Welsh is a crosscutting feature within their named well-being objectives. Cwm Taf UHB quote Welsh as a national well-being goal but make no further direct reference to the role of language within the well-being context. While Welsh isn't named as a national or a local well-being goal in Cardiff and the Vale UHB, their documents refer to the fact that around one in 10 of the population that they serve speak Welsh (2019: 07).

The remaining LHB, Swansea Bay UHB, is noted for making no reference to Welsh, either as a well-being goal in its own right, or in relation to acting in accordance with the indicators of attempting to support the percentage and absolute growth in the number of Welsh speakers. Furthermore, there existed no acknowledgement of the Welsh language within the document analysed as being a feature of their organisational structure, operation and delivery.

From the available evidence, it can be asserted that recognition of the relationship between the Welsh language and well-being was limited in the documents studied. The documentation published by all 7 LHB indicates that language received little attention, and in several cases there was only marginal reference, either as part of a broader language legislation context, or noting the linguistic composition of the geographical regions covered by the LHB. As a result, it can be argued the inclusion of Welsh as a well-being objective was largely missing from the documents studied, and that this is at odds with the wider language rhetoric originating from the macro-level outlined in the WFGA. This presents evidence of meso-level organisations, who are tasked with implementing government policy, failing to pursue the promotion of the Welsh language in accordance with the stated objectives of the WFGA. As such, this indicates the existence of

possible tension arising between macro-level language planners, and those meso-level organisations given responsibility for the implementation of policies on a practical level.

Theme 2: Reference to language-specific legislation

Overwhelmingly, for LHBs, their acknowledgement of the need to promote the Welsh language was done so with reference to language-specific legislation and strategies, rather than identifying its promotion as a core well-being objective as part of the WFGA. Five of the seven LHBs made clear reference to both the Welsh Language Measure (2011) and Welsh Language Standards (2018), as well as the Welsh Government's own strategy *More than Just Words* (2012 and 2016) as the legislative and strategic drivers influencing their language practices and plans.

Aneurin Bevan LHB proclaimed 'Provision of a bilingual service is a statutory requirement of the Welsh Language (Wales) Measure 2011 which is further strengthened by the Welsh Government Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care – 'More Than Just Words' (2017: 110). A position characteristic of many LHBs, it is notable that adherence to the provision of Welsh language services was made with reference to language legislation and not the WFGA. This legal context was exemplified further by Cwm Taf UHB arguing "the Welsh Language Commissioner has applied a new set of Standards throughout the Health Service in Wales which were issued in November 2018 and many must be met by May 2019. They cover staff and patients and we have a legal duty to meet them" (2019: 07). This suggests that the language component outlined in the WFGA features much less prominently within the strategic plans of many Welsh LHBs, in comparison to legislation. It is subsequently the case that LHBs rely upon, and make reference to, alternative language legislation, in particular the Welsh Language Measure (2011), as a means of informing their organisational practice to support the promotion of the Welsh language. As part of this, language strategies were also prominent as a means of guiding action. This was overtly exemplified with reference to the *More than Just Words* language strategy. Three LHB's, Betsi Cadwalader UHB, Hywel Dda UHB, and Cwm Taf UHB made explicit reference to the 'active offer' concept embedded within the strategy. This being the intention to deliver services within Welsh without service users being required to request them. For these three LHBs, this strategy existed as the central foundation upon which their language promotion pivoted, surpassing the WFGA in prominence as a language policy driver.

A broader basis for some LHB was to ground their actions within the wider context of language rights in terms of recognising that service users should have the choice of language provision or the right to expect services delivered through Welsh. This was exemplified by the Aneurin Bevan UHB, which noted that "the community we serve has the right to live their life through either or both languages" (2017: 110). Of note was that neither Cardiff and the Vale UHB, nor Swansea

Bay UHB, made reference to current legislation or strategy, or acknowledgement of language choice and rights embedded within their broader service delivery plans. Furthermore, Swansea Bay UHB made no reference to Welsh in the strategy documents analysed for this study.

Evidence suggests the WFGA has little resonance with LHBs as a central component of their attempts to support macro-level language plans. Initially, given the prominent acknowledgments made to existing legislation and strategies which precede the WFGA, it can be asserted that their influence upon LHBs as drivers of language promotion, is as a consequence of them being more firmly embedded into the practices of LHB's. However, variations nonetheless exist between LHBs regarding the extent to which they refer to the WFGA, and its associated indicators, as support for their language promotion. This illustrates the potential degree of flexibility LHBs have to act in accordance with their own identified strategic objectives, in part determined by their own evaluation and interpretation of local demographic and language needs. For some LHBs, this degree of flexibility has allowed some an opportunity to not engage with Welsh as a well-being objective, in congruity with the WFGA, despite the linguistic composition of their communities including large numbers of Welsh speakers. Therefore, this highlights possible contradiction arising between the intentions of macro-level language planners, and the actions of meso-level service providers.

Theme 3: Developing Welsh language provision

A key theme in the data analysed was the development of internal policies and practices to increase the use of Welsh within the LHB's. Most common, pertaining to four boards, these being Aneurin Bevan UHB, Betsi Cadwalader UHB, Hywel Dda UHB, and Powys THB, was the intention to increase the Welsh language skills of professionals working for them. This was either in the form of recruiting more speakers, allow existing staff to improve their language abilities, or encourage staff to make greater use of their existing skills more frequently. With regards to this latter point, as part of their planning, Powys THB identified the necessity to ensure all board and committee meetings start with a bilingual greeting (2018: 215). For these boards, the Welsh language was recognised as a component to their workforce planning strategy, with language ability and the desire to enhance it being a significant principle influencing workforce expansion. This, subsequently, aligns clearly with both indicators which focus upon expanding the number and percentage of individuals who can speak Welsh, with a focus upon its own workforce, which would both potentially expand the numbers of individuals who are able to speak Welsh as well as enabling more service users to communicate using Welsh when accessing healthcare services. In addition, both Betsi Cadwalader UHB and Powys THB identified the need to ensure a greater and more rigorous monitoring of the language ability of the professionals they employ, as part of the wider workforce planning agenda.

With regards to Aneurin Bevan, Betsi Cadwalader, Hywel Dda, and Powys, explicit reference was made of internal strategies and policies to further enhance their commitment to promoting the delivery of health services through the medium of Welsh. An important illustration of this pertains to the process of translation. This was present in the plans for Aneurin Bevan UHB, Hywel Dda and Betsi Cadwalader UHB's, who placed an emphasis upon expanding and making more robust their translation services. A further notable commitment to the development of internal strategies was illustrated by Cwm Taf UHB's and their development of the 'Bilingual Wards on other Hospital sites' (2019: 07). The remaining two LHB did not reference how they planned to develop their Welsh language and bilingual provision.

The above findings again reflect a mixed and varied response at the meso-level to macro-level language planning. The key indicators outlined within the WFGA were only present in four of the seven documents analysed as part of this study. This further exemplifies how originations at the meso-level have the potential flexibility to diverge from macro-level objectives regarding language planning, adhering to and implementing their own language strategic objectives predicated upon their interpretation of local language needs. Moreover, but inextricably related, LHBs who did not overtly act in accordance with the objectives of the WFGA, nevertheless exemplified a desire and willingness to implement their own internal language strategies, as illustrated by the actions of Cwm Taf UHB's bilingual ward policy, underpinned by existing macro-level legislation and strategies. A further two LHB's did not include detail regarding how they planned to develop their Welsh language provision. Subsequently, this brings to light the extent to which meso-level organisations have the organisational autonomy from the macro-level to implement practices, which are based upon interpretations of local needs, but adhering to, and operating within, the legislative and strategic context initiated at the macro-level.

Discussion

Key findings from this study reveal inconsistencies in how the Welsh language is included within LHB's responses to the WFGA. As a result, evidence obtained suggests that a contradiction can exist between macro-level LPP objectives, and their implementation by meso-level organisations, within this context these being LHBs given the responsibility of implementing the legislation at the local level. Explicit references to the role of language within the well-being plans and strategies were limited. The main references to language within the documents analysed were in the context of the broader legislative context, mainly the Welsh Language Measure (Welsh Government, 2011) and Welsh Language Standards (Welsh Government, 2018) and WG's language strategy *More than just words* (2012 and 2016). As a result, it can be argued that the inclusion of the Welsh language, as a well-being goal, has yet to be capitalised upon as a method of improving Welsh language services, for service users, within the healthcare sector. This is particularly clear within the lack of reference to Welsh language services and language needs

within certain geographical locations in Wales. As a result, it can be argued that the clinical benefits, and impact on personal well-being, of services in the Welsh language, was not reflected within LHB's implementation of the WFGA.

Only Aneurin Bevan LHB explicitly named the Welsh language within their well-being goals. Most references that were made to language within the documents analysed, discussed the broader language legislation and strategy context and not within the context of the WFGA. LHB's, while being mandated to produce well-being objectives, underpinned by the 7 well-being goals, including that of creating a 'vibrant culture and thriving Welsh language' (Welsh Government 2015: 04), nonetheless this well-being goal was not particularly prominent in the well-being goals produced by the LHB's. References to language within the documents analysed was primarily underpinned by existing language policy, strategy and legislation. As a result, it can be argued that the role of language within the well-being agenda was not of a particularly high profile, clear or consistent. This, in turn, raises questions about how effective the WFGA is in implementing the principles outlined within the act, and those relating to language and well-being. This can be partly explained by the inconsistent manner that the well-being goals have been published within the documents studied, with some LHB publishing bespoke strategies documents outlining well-being objectives, while others reference well-being objectives in passing as a part of their broader organisational strategies. This leads to a varying level of detail within the documents analysed, which can raise broader questions about how the well-being objectives are published by Welsh LHB's in general.

While the WFGA requires LHB's to meet the needs of their local communities predicated upon all seven well-being goals, including that of promoting and sustaining the Welsh language, a clear finding demonstrated that there exists some LHBs in certain geographical locations, with a high absolute number of Welsh speakers, who did not include, and make reference to, language as a well-being goal prominently within their well-being objectives.

Our findings mirror those of Jones (2019), who identified that the place of the Welsh language within the well-being objectives were more muted in certain geographical locations, namely, those areas with a lower percentage of Welsh speakers. Nonetheless, as reported by Jones (2019), these areas, at times, contained a high number of Welsh speakers in absolute terms, as evidence identified in this study supports.

Of all LHBs, Cardiff and the Vale LHB, and Swansea UHB, contained least references, or none at all, to Welsh. Although Cardiff and Swansea have a relatively low percentage of Welsh speakers, being approximately 11% of the population for each LHB, both, nonetheless, serve communities containing a high number of Welsh speakers in absolute terms, being 49,924 and 47,030 respectively (Office of National Statistics, 2013). Nonetheless, neither LHB contained any objectives that explicitly referenced Welsh as part of its well-being agenda. Furthermore, Swansea's organisational strategy for 2019 – 2020 contained no reference to Welsh as a well-being goal or any other reference to Welsh in another context. This may be further evidence that Welsh as a well-being goal is less prevalent in areas with a lower percentage of Welsh speaking residents. It could be argued that this reflects a strength of WFGA, which allows LHB's and other local stakeholders to develop local well-being plans that reflect local needs (and exclude others). However, it could be argued that this is at odds with the language needs outlined by the WG (e.g., Welsh Government, 2016) and the WLC (2014 and 2018) within their various strategy documents, which promotes the language needs of the public, regardless of their geographical location. Conversely, as previously stated, the only LHB to include Welsh within their well-being objectives was Aneurin Bevan UHB, which covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. Individually, these local authorities represent communities with the lowest numbers in absolute terms of Welsh speakers in Wales. Nonetheless, over 60,000 (Office of National Statistics, 2012) Welsh speakers reside within the area covered by Aneurin Bevan UHB.

That there exists what might be viewed as a discrepancy between the actions of LHBs and the language demographics of the population it serves, in terms of pursuing language as a well-being goal as part of their own well-being objectives, draws attention again to the relationship between the macro and meso levels. In this particular case it becomes clear that, in the context of LPP, meso-level organisations can exhibit a degree of autonomy from the macro-level in terms of how, and to what extent, they engage with and pursue macro-level policies. Meso-level organisations have the ability to exercise an element of organisational freedom, within a contextual framework imposed upon them from the macro-level, which can give them an opportunity to pursue macro-level LPP and strategies in a manner which they perceive as appropriate. Varying factors may intervene to determine how meso-level organisations interpret and pursue macro-level policies, and how they are then implemented at the local level, including competition for resources and taking account of wider socio-cultural-economic needs of the local population. Moreover, internal political agendas of meso-level actors must also be considered as playing a role at times. What becomes clear, however, with regards to language, is that in some circumstance the actions of meso-level organisations can act in a manner which does not take into account the language needs identified at the macro-level, in this case the WG.

Monitoring the progress of all seven well-being goals is based upon 46 indicators, two of which, as illustrated, focus directly on language, namely, the percentage of people who speak Welsh daily and can speak more than just a few words of Welsh (indicator 36) and the number of people who can speak Welsh (indicator 37) (Welsh Government, 2021). Of all LHBs, four of the seven included efforts to act in accordance with both indicators. Improving the Welsh language skills of staff, and recruiting more Welsh speaking professionals, was a key action point outlined in the documents analysed. Adherence to both indicators would have a potential positive impact in two interrelated ways. First, an increase in the number of health professionals who are more proficient in Welsh would have the benefit of increasing the absolute number of Welsh speakers within the locality of the LHB. A second key advantage, related directly to an expansion in the number of health professionals able to speak Welsh, is that this provides an enhanced opportunity for service users to engage with health services through the medium of Welsh if they choose to do so. For service users, having the opportunity to engage with health professionals, and within the wider health environment, through the language of their choice, has the clear potential to enhance the experience of service users and subsequently their well-being (Martin et al 2019, Welsh Language Commissioner 2014, Prys, 2010, Misell 2000).

Although successful adherence to the indicators has the distinct potential to enhance the well-being of services users, by giving them greater opportunity to engage with services through the medium of Welsh, there remains the question regarding the validity of the indicators as a measure of well-being if they exclude directly the service user. No direct reference is made to the connection between language and well-being from the perspective of the service user. Increasing the numbers of professionals who can speak Welsh, or increasing their ability if not fluent, seems to be the main interpretation of what represents promoting well-being through language. While four of the LHB included programs to increase the use of Welsh among staff, the initiatives primarily focused on staff use of Welsh in general terms (e.g., in internal meetings), rather than clear statements regarding staff use of Welsh with service users. It can be argued that enabling service users to use Welsh with healthcare providers is the main focus of the WG's *More than just words* (2016) language strategy for the health and social care sector. While the notion of offering an 'active offer' is the main policy goal within this strategy document, this element of placing the patient at the centre of the service is clearly lacking in the indicators used by the WFGA.

While clear efforts exist on a macro political level to maintain and revitalize Welsh, reflected in both language legislation and language strategies, the implementation of the Welsh language as a well-being objective appears to be limited at the meso-level in some cases, and missing entirely in others, as reflected by the actions of LHBs. This can be interpreted as a reflection of the shortcomings in the mediating role played by the meso-level, in implementing or frustrating the macro-level language policy and planning agents (in the case the WG). This touches upon a similar

theme put forward by Musk (2010), who suggests that the meso-level of society is essential to the reframing of macro-level LPP in order to correspond with perceived local needs, and thereby play an important role in putting into practice macro language policies on the local scale. Yet, as argued by Prys et al (2021), contradictions can often prevail between the macro and meso-levels with regards to LPP. Macro level policies may experience friction on the meso-level with regards to implementation, or even, as in the case of this study, be largely or partly ignored by meso-level organisations responsible for putting into practice macro-level policy. As a result, there is a risk that a discrepancy can develop between various stakeholders involved in LPP, which simultaneously has the potential to impact negatively upon minority language users at the local level. As analysis of the WFGA illustrates, LHBs throughout Wales have exhibited varying levels of commitment in their adherence to supporting the language well-being goal, as part of their mandated duty to operate and deliver services in compliance with the 7 well-being goals of the legislation.

Conclusions

The inclusion of Welsh as a 'pillar' within the WFGA is a noteworthy development and represents the multifaceted approach undertaken by the WG, whereby statutory requirements at the macro-level to promote Welsh is embedded within multiple legislative components within the public sector. Nonetheless, while the WFGA can be seen as a further effort to legislate for the use of Welsh and offers an additional framework for the provision of Welsh, further questions remain regarding how the WFGA will be implemented at the meso-level. This takes on extra significance as each LHB in Wales is tasked with setting and achieving their well-being objectives. This raises important questions regarding the nature and content of individual LHBs objectives, and the extent to which they are monitored and achieved, especially in those examples where little or any reference was made to language within each LHBs well-being objectives. On this basis, the degree to which language will be seen as a priority by LHB would merit further scrutiny.

Bibliography

Aneurin Bevan University Health Board (2017) Integrated medium term plan for 2017/18-2019/20.

http://www.wales.nhs.uk/sitesplus/documents/866/ABUHB%20IMTP%20APPROVED%20WG_10MAR17.pdf

Baldauf, R. B. (2006). Rearticulating the case for micro language planning in a language ecology context. *Current Issues in Language Planning*, 7(2–3), 147–170. doi: 10.2167/cilp092.0

Bals, M. Turi, A.L. Skre, I. Kvernmo, S., (2011) The relationship between internalizing and externalizing symptoms and cultural resilience factors in Indigenous Sami youth from Arctic Norway. *International Journal of Circumpolar Health*, 70(1), 37 - 45. <https://doi.org/10.3402/ijch.v70i1.17790>

Barakos, E., (2016). Language policy and governmentality in businesses in Wales: A continuum of empowerment and regulation. *Multilingua*, 35(4), 361–391. doi: 10.1515/multi-2015-0007.

Betsi Cadwaladr University Health Board (2018) Three year plan 2018/21.

<http://www.wales.nhs.uk/sitesplus/documents/861/18.92b%203%20year%20plan%202018-21%20v1.0.pdf>

Braun, V. & Clarke, V., (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 77-101. <https://doi.org/10.1191/1478088706qp063oa>

Colquhoun, S and Dockery, A., (2012). The link between indigenous culture and well-being: Qualitative evidence for Australian Aboriginal peoples. *Centre Labour Market Research and School of Economics and Finance Curtin University*. CLMR Discussion Paper Series 2012/01

Cardiff and Vale University Health Board (2019) Integrated medium term plan 2019-2022. <http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

Cooper, R. L., (1989). Language planning and social change. Cambridge University Press.

Cwm Taf University Health Board (2019) Well-being statement. Annex B2. 2019-2022.

https://cwmtafmorgannwg.wales/how-we-work/plans-and-reports/integrated-medium-term-plans/?drawer=Integrated%20Medium%20Term%20Plans*IMTP%202019-22

Davies, H., (2017). The Well-being of Future Generations (Wales) Act 2015—A Step Change in the Legal Protection of the Interests of Future Generations?, *Journal of Environmental Law*. 29 (1) 2017 165–175. <https://doi.org/10.1093/jel/eqx003>

Dodge, R., Daly, A., Huyton, J., & Sanders, L., (2012) *The challenge of defining well-being*. *International Journal of Well-being*, 2(3), pp. 222 - 235.

Easlick, K., (2022) Language as a resource: public sector discourse on the role of regional minority and community languages in integration and employment, *Current Issues in Language Planning*, 23:1, 1-20, DOI: [10.1080/14664208.2021.1897381](https://doi.org/10.1080/14664208.2021.1897381)

Hodges, R. & Prys, C., (2019) The community as a language planning crossroads: macro and micro language planning in communities in Wales, *Current Issues in Language Planning*, 20:3, 207-225, DOI: [10.1080/14664208.2018.1495370](https://doi.org/10.1080/14664208.2018.1495370)

Hywel Dda University Health Board (2017) Well-being statement and objectives 2017/2018.

<http://www.wales.nhs.uk/sitesplus/documents/862/Draft-Well-being-Statement-March-2017-final-draft-Mar-2017-large-format.pdf>

Kunnas, N.. (2003) Revitalization of minority languages as a way to promote well-being in the North. *International Journal of Circumpolar Health* 62 (4), pp: 410 - 422.

Liddicoat, A. J., & Baldauf, R. B., Jr.. (2008). Language planning in local contexts: Agents, contexts and interactions. In A. J. Liddicoat, & R. B. Baldauf (Eds.), *Language planning and policy: Language planning in local contexts* (pp. 3–17). Clevedon: Multilingual Matters.

Marmor, A and Harley, D., (2018) What promotes social and emotional well-being in Aboriginal and Torres Strait Islander children? *Family Matters*, no 100. Australian Institute of Family Studies.

Martin C., Woods B and Williams. Language and Culture in the Caregiving of People with Dementia in Care Homes - What Are the Implications for Well-Being? A Scoping Review with a Welsh Perspective *Journal of Cross-Cultural Gerontology* (2018) 34:67–114 .
<https://doi.org/10.1007/s10823-018-9361-9>

Matthews, D., (2021) Health policy in Wales: Two decades of devolution. In: H. Gwilym and C. Williams, eds., *Social Policy for Welfare Practice in Wales*, 3rd ed. Birmingham: British Association of Social Workers., pp 67 - 79.

Misell, A., (2000) *Welsh in the Health Service: the Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales*. Cardiff: Welsh Consumer Council.

Musk, N., (2010). Bilingualisms-in-practice at the meso level: an example from a bilingual school in Wales. *International journal of the sociology of language*, 202(202), pp.41–62. <https://doi-org.ezproxy.bangor.ac.uk/10.1515/ijsl.2010.013>

National Assembly for Wales (2018) *The Welsh Language Standards (No. 7) Regulations 2018: Report of the Culture, Welsh Language and Communications Committee under Standing Order 27.8*. Cardiff: National Assembly for Wales. [Online]
[<http://www.assembly.wales/laid%20documents/cr-ld11476/cr-ld11476-e.pdf>]

Office of National Statistics (2012). *2011 Census: Key Statistics for Wales*. ONS. [Online]
[<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuskeystatisticsforwales/2012-12-11>]

Pennycook, A., (2010). *Language as a Local Practice*. New York: Routledge.

Powys Teaching Health Board (2018) Integrated medium term plan 2018/19-2020/21.

http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/02_Powys%20THB%20IMTP%2018-19_March%20Submission_FINAL.pdf

Prys, C., (2010). The Use of Welsh in the Third Sector in Wales. *Contemporary Wales*. 23 (1):184-200. [<https://www.ingentaconnect.com/content/uwp/cowa/2010/00000023/00000001/art00013>]

Prys, C, Hodges, R, Roberts, G (2021) Retic and Reality: A Critical Review of Language Policy and Legislation Governing Official Minority Language Use in Health and Social Care in Wales. *Minorités linguistiques et société/Linguistic Minorities and Society* 15-16: 87-100. <https://doi.org/10.7202/1078478ar>

Puna, E.T and Tiatia-Seath, J. (2017). Defining positive mental well-being for New Zealand-born Cook-Islands youth. *Journal of Indigenous Well-being: Te Mauri - Pimatisiwin* 2 (1): 97-107.

Shepherd, E. & McEntee-Atalianis, L.J. (2020, online first). Constraints of Hierarchy on Meso-Actors' Agency: Evidence from Vietnam's Educational Language Policy Reform. *Current Issues in Language Planning*. <https://doi.org/10.1080/14664208.2020.1716577>

Skerrett, D., (2016) Moving the field forward: a micro–meso–macro model for critical language planning. The case of Estonia, *Current Issues in Language Planning*, 17:1, 106-130, DOI: [10.1080/14664208.2016.1126216](https://doi.org/10.1080/14664208.2016.1126216)

Swansea Bay University Heath Board (2018) Our Organisational Strategy 2019-2030.

<https://sbuhb.nhs.wales/files/plans-policies-and-reports/organisational-strategy-2019-2030-pdf/>

Walker, P., (2012) Well-being: Meaning, definition, measurement and application. In: P. Walker and M. John, eds., *From Public Health to Well-being: The New Driver for Policy and Action*. Basingstoke: Palgrave Macmillan., pp 21 - 46.

Wallace, J., (2019) Well-being and Devolution: Reframing the Role of Government in Scotland, Wales and Northern Ireland. Basingstoke: Palgrave Macmillan.

Welsh Government., (2011) Welsh Language (Wales) Measure 2011, London: HMSO. [Online] [<http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>], consulted on 29 September 2019.

Welsh Government., (2012) *More than just Words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care*. Cardiff: Welsh Government. [Online] [[http://www.wales.nhs.uk/sites3/documents/415/web%20-%2016184 narrative e web.pdf](http://www.wales.nhs.uk/sites3/documents/415/web%20-%2016184%20narrative%20e%20web.pdf)], consulted on 29 September 2019.

Welsh Government., (2015) Well-being of Future Generations (Wales) Act 2015. Cardiff: Welsh Government. [Online] [<https://futuregenerations.wales/wp-content/uploads/2017/01/WFGAct-English.pdf>], consulted on 29 September 2019.

Welsh Government., (2016) *More than just Words: Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social care*. Cardiff: Welsh Government. [Online] [<https://gweddi.gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf>], consulted on 29 September 2019.

Welsh Government., (2017) *Cymraeg 2050: A million Welsh speakers*. Cardiff: Welsh Government. [Online] [<https://gov.wales/docs/dcells/publications/170711-welsh-language-strategy-cy.pdf>], consulted on 29 September 2019.

Welsh Government., (2018) The Welsh Language Standards (No. 7) Regulations 2018. Cardiff: Welsh Government. <http://www.legislation.gov.uk/wsi/2018/441/made>

Welsh Government., (2021) Well-being of Wales: national indicators. Welsh Government. Retrieved December 4, 2021. <https://gov.wales/well-being-wales-national-indicators>

Welsh Government & Welsh Language Commissioner (2015). *National Survey for Wales, 2013-14. Welsh Language Use Survey*. Cardiff: Welsh Government & Welsh Language Commissioner. [Online] <https://gov.wales/sites/default/files/statistics-and-research/2018-12/160301-welsh-language-use-in-wales-2013-15-en.pdf>

Welsh Language Commissioner., (2014) *My Language: My Health: Inquiry into the Welsh language in Primary Care*. Cardiff: Welsh Language Commissioner. [<http://www.comisiynyddygymraeg.cymru/English/Publications%20List/Health%20inquiry%20full%20report.pdf>],

Welsh Language Commissioner (2018) Considering the Welsh language in Local Well-being Plans. Cardiff: Welsh Language Commissioner.

Western, M. and Tomaszewski, W. (2016). Subjective well-being, objective well-being and inequality in Australia. *PLoS ONE* 11(10): <https://doi.org/10.1371/journal.pone.0163345>

Wilson, G., Johnson H, & Sallabank J (2014) 'I'm not dead yet': a comparative study of indigenous language revitalization in the Isle of Man, Jersey and Guernsey, *Current Issues in Language Planning*, 16:3, 259-278, DOI: [10.1080/14664208.2014.972535](https://doi.org/10.1080/14664208.2014.972535)

Yoder, K.A., Whitbeck, L.B. Hoyt, D. LaFromboise, T (2006) Suicidal ideation among American Indian youths. *Archive of Suicide Research*, 10(2), 177 - 190,doi: 10.1080/13811110600558240.

Zimmerman, M. A., Ramirez, J., Washienko, K. M., Walter, B., & Dyer, S. (1994). The enculturation hypothesis: Exploring direct and protective effects among Native American youth. In: H. I. McCubbin, E. A. Thompson, & A. I. Thompson, Eds., *Resiliency in ethnic minority families, Vol. 1. Native and immigrant American families*. Madison: University of Wisconsin., pp. 199 - 220.

