Embedding Language Awareness in the NISCHR Clinical Research Centre (ELAN)

Final Report

Prepared for the National Institute for Social Care and Health Research (NISCHR)

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ABSTRACT

Introduction

Wales is a devolved bilingual nation where the Welsh language represents an important part of its national identity and legislative framework. NISCHR CRC is tasked to take account of the Welsh language in health and social care research in line with statutory research governance requirements; and to embrace language and cultural sensitivity within the context of good clinical practice. Supported by the Language Awareness Infrastructure Support Service (LLAIS), establishing competency across the organisation is a process that requires an evidence-based, whole system approach, taking full account of individual perspectives as well as contextual and organisational barriers and facilitators. Whilst frameworks have been validated to develop culturally competent healthcare organisations, these originate mainly from the US and their direct transferability to the Welsh context is limited. Drawing on the support of implementation scientists from the School of Healthcare Sciences, Bangor University, we report on a study that adopted a systematic participatory approach for embedding language awareness into NISCHR CRC.

Aims and objectives

The aim of this 18 month study was to develop a systems approach for fostering change in the organisational strategies and operational management of NISCHR CRC to account for language and cultural awareness in research. The study focused specifically on i) establishing the evidence for how language awareness should be embedded in health organisations; iii) using the evidence to develop organisational standards; and iii) auditing the standards to generate evidence-based interventions that support bilingualism across the organisation.

Methods

Applying an audit and performance feedback framework, Language Awareness Champions were supported to work together through a series of cycles to explore how best to integrate language awareness; evaluate solutions; and enhance learning. In line with this framework, the champion role was fully integrated into NISCHR CRC through action learning which focussed on establishing structures to support the audit; build aspiration; develop search capacity; and support action planning and implementation.

Findings

Adopting a formal consensus approach, 28 evidence-based organisational standards were established for embedding language awareness into NISCHR, and these were adopted as a benchmark for an audit of practice across the three regional research networks and central office. Feedback highlighted areas of progress as well as concern and these informed action planning for the dissemination of good practice and the generation of new interventions.
Conclusions

As well as enhancing the normalisation of bilingualism across NISCHR CRC and increasing opportunities for the recruitment of Welsh speakers to clinical studies in Wales, the findings shed light on our understanding of organisational learning and service improvement that has direct relevance across other ‘communities of practice’.
# CONTENTS

INTRODUCTION ................................................................................................................. 4

STUDY DESIGN .................................................................................................................. 5

  Aims and Objectives ........................................................................................................ 5

  Methods ............................................................................................................................ 7

  Language Awareness Champion development programme ........................................... 13

  Audit ................................................................................................................................ 14

STUDY FINDINGS .............................................................................................................. 15

  Phase 1: Evidence synthesis ............................................................................................ 15

  Phase 2: Standard setting ................................................................................................. 24

  Phase 3: Evaluation .......................................................................................................... 25

  Phase 4: Generation of interventions .............................................................................. 27

DISCUSSION AND CONCLUSION .................................................................................... 28

ACKNOWLEDGEMENTS .................................................................................................... 31

REFERENCES .................................................................................................................... 32

Appendix 1 NISCHR CRC Language Awareness Champions Role Description ............. 41

Appendix 2 Systematic reviews of cultural competence interventions in healthcare ....... 43

Appendix 3 Key frameworks for establishing a culturally and linguistically competent healthcare organisation ........................................................................................................ 51

Appendix 4 Embedding Language Awareness in NISCHR CRC (ELAN) Standards .......... 53

Appendix 5 Aligning ELAN Standards with NISCHR CRC Strategic Objectives (2011) .... 56

Appendix 6 ELAN Message Map ....................................................................................... 57

Appendix 7 NISCHR CRC Staff Newsletter Editorial ....................................................... 58

Appendix 8 Evaluation of ELAN Project Presentation at NISCHR CRC Staff Symposium (2012) .................................................................................................................. 60

Appendix 9 ELAN Independent Audit of Practice Report ................................................ 61

Appendix 10 ELAN Audit Message Map .......................................................................... 73

Appendix 11 ELAN Standards and Anchors .................................................................... 74
INTRODUCTION

The National Institute for Social Care and Health Research (NISCHR) was established in 2006 by the devolved Welsh Government to reflect its health and social care priorities. With its focus on supporting the creation of high-quality evidence, NISCHR emphasises that:

Our research is first and foremost for the benefit of the people of Wales whose interests are paramount in all we do...' (NISCHR, 2011a, pg 3).

This vision is delivered through government investment in a national infrastructure made up of:

- **NISCHR Registered Research Groups (RRGs)** that generate a growing research portfolio of high-quality research
- **NISCHR Infrastructure Support Groups (ISGs)** that offer specialist support to researchers within the RRGs
- **NISCHR Trials Units** that offer advice and methodological support for trial development
- **The NISCHR Clinical Research Centre (CRC)** that provides skilled research professionals who work with healthcare teams through comprehensive regional networks to ensure the quality and delivery of research projects. NISCHR CRC also delivers a high quality national research training programme; manages the NISCHR clinical research portfolio and co-ordinates patient and public involvement for the whole NISCHR research infrastructure.

In its research strategy for 2011-2015, NISCHR (2011b) claims that ‘Wales has significant assets in a devolved NHS, areas of health research excellence in a number of universities and a strong medical technologies sector... and ... ‘there is an opportunity to raise our game by building better connections between the assets we already have.’ (pg 3).

Arguably, in the global context, one of our greatest assets is our expertise in language planning and policy development to support bilingualism in the public sector (Williams, 2000; Cardinal et al., 2007). Embedding language awareness into our national research infrastructure should not only benefit the people of Wales but also inform the development of organisational structures and strategies that support bilingualism across the wider international research context.

In the context of a devolved bilingual Wales, the Welsh language is at the core of our national identity (Welsh Government, 2012a); legislative framework (Welsh Language Measure, 2011); and health and social care strategic intent (Welsh Government, 2012b; 2012c). In light of these drivers, the NISCHR CRC regional networks are tasked to take account of Welsh language awareness in research to reflect statutory research governance requirements.
(Welsh Assembly Government, 2009); and to embrace language and cultural sensitivity which is implicit within good clinical practice in research (MHRA, 2012) by protecting the rights, health and wellbeing of research participants.

Nevertheless, a recent scoping study (NISCHR CRC, 2010a) indicates that, whilst a number of registered research groups endeavour to integrate language awareness within the core business of their research, others fall short of this commitment. Moreover, whilst strong efforts have been made to address this deficit through the development of language awareness resources (Roberts and Irvine, 2006; 2007) and training initiatives (NISCHR CRC, 2010b, the research community has been slow to respond.

As a way forward, NISCHR CRC established Language Awareness Champions in 2011 within each of the three regions and at the central office to develop expertise on language awareness and offer a lead on maintaining language and cultural sensitivity in research. Nevertheless, it is clear that establishing competency across the organisation is a process that requires a whole system approach, informed by evidence that takes full account of individual perspectives as well as contextual and organisational barriers and facilitators (Rycroft-Malone et al., 2004). This process has resonance with implementing evidence based practice or knowledge translation, which is a growing field of enquiry in organisational settings (Rycroft-Malone, 2007). A common approach adopted in implementation science is a systematic participatory approach where practitioners work together, through a series of cycles or work packages, to explore concerns and issues; evaluate solutions; and enhance learning (Pawson et al., 2004). This study draws on this approach for fostering change in the organisational strategies and operational management of NISCHR CRC. Applying an audit and performance feedback framework (Greve, 2003), Language Awareness Champions worked together through a series of cycles to explore how best to integrate language awareness; evaluate solutions; and enhance learning.

STUDY DESIGN

Aims and Objectives

The aim of the study was to develop a systems approach for fostering change in the organisational strategies and operational management of NISCHR CRC to account for language and cultural awareness in research. This was achieved through the following objectives:

1. Utilising the evidence base for integrating language awareness in health and social care research.

2. Applying evidence to set standards for language appropriate research.
3. Auditing practice against these standards across the three NISCHR CRC regional networks and the central office.

4. Identifying barriers and facilitators to maintaining standards.

5. Generating new interventions for meeting the standards within NISCHR CRC.

On this basis, it was anticipated that the study would generate the following key outcomes:

- A theory-led international model of good practice on embedding language and cultural sensitivity in research processes and structures.
- A workforce and organisational development plan for NISCHR CRC.
- Champions with enhanced transferable skills in aspects of implementation (e.g. facilitation).

The 18 month study adopted a cyclical, problem-solving approach towards establishing methods and interventions for integrating Welsh language awareness into the work of the NISCHR CRC workforce. NISCHR CRC regional staff were actively involved in the study throughout each stage of the process; playing a crucial role in developing the study design; and in the collation, analysis and synthesis of findings. Mentored by LLAIS and the Implement@Bangor research team from the School of Healthcare Sciences, Bangor University, NISCHR CRC Language Awareness Champions (BM, LH, SH and MW) played a key role as potential change agents in identifying opportunities for new initiatives that may be refined, implemented and evaluated in the next cycle of the work programme (see Appendix 1 for role specification). In this way, all personnel involved in the study sought common ground in defining the issues, determining the direction of the work and moving collectively towards establishing interventions for embedding language awareness in the workforce.

The multi-staged study was made up of 4 discreet phases that addressed the following key questions:

Phase 1: Evidence synthesis:
What can we learn from the wider language and cultural competence literature to help us enhance research practice in Wales?

Phase 2: Standard setting
What are evidence-based, appropriate standards that we can draw out of the evidence synthesis?

Phase 3: Evaluation
How well are we doing? What performance needs to be sustained or developed?
Phase 4: Generation of interventions

What can we use from the implementation literature on facilitators to help us enhance performance?

The methods approach for each phase of the study is outlined below.

Methods

Phase 1: Evidence synthesis

This first phase of the study focused on learning from the wider language and cultural competence literature to help enhance research practice in Wales. With this in mind, a scoping review of the literature on language and cultural awareness in health and social care was undertaken between June and September 2011 to critically examine the issues raised in the study, give context to the work, analyse the conceptual basis and evaluate relevant research and policy documents.

In line with the methodological framework outlined by Arksey and O'Malley (2005), the aim of the scoping study was to ‘map rapidly the key concepts underpinning the research area and the main sources and types of evidence available’ (pg 21). Whereas a systematic review may focus on a well-defined question within a narrow range of quality assessed studies, a scoping study tends to address broader topics where many different study designs may be applicable. Moreover, the depth of coverage of literature will depend largely on the purpose of the review. Given the dearth of evidence on embedding language awareness in health organisations, we set out to examine the extent, range and nature of research activity in language awareness in the wider context of health service provision as a useful way of mapping fields of related study. The process was iterative rather than linear, where, guided by Arksey and O'Malley (2005) framework, we paused to engage with each step in a reflexive way and repeated steps to ensure that our search was comprehensive.

Our research question was: What is known about the effectiveness of embedding language awareness and cultural competence into health organisations? Given the lack of evidence relating exclusively to language awareness, we believed that broadening our search to include cultural competence would offer greater scope and align with developments such as those in the US to embed national standards for culturally and linguistically appropriate services (CLAS) (Office of Minority Health, US Department of Health and Human Services, 2001). Our decision to limit our search to studies published since 2000 thus coincided with the development of the US CLAS standards (Office of Minority Health, US Department of Health and Human Services, 2001) and the first review of Welsh language services in the National Health Service in Wales (Misell, 2000).

We accessed a range of different sources for our review, including:
Electronic databases, such as ASSIA; LLBA; MEDLINE; SSA: Google Scholar

Reference lists

Hand searching of key journals, such as Language Awareness; Journal of Transcultural Nursing;

Existing networks and relevant organisations (national and international), such as LLAIS; NHS Wales Welsh Language Unit; Care Council for Wales; Welsh Language Board; Office of Minority Health, US Department of Health and Human Services; National Centre for Cultural Competence, Georgetown University, US; Official Language Community Development Bureau, Canada; Office of French Language Services Commissioner, Canada; RRASFO, Canada.

The search strategy for the electronic databases was developed from the research question and included the following search terms in combination: language / cultural awareness; language / cultural sensitivity; language / cultural competence; cultural safety; language planning; bilingual; Welsh; organisational; administration; systems; standards; change management.

Whilst, in line with the methodology of Arksey and O’Malley (2005), we refrained from setting inclusion and exclusion criteria at the outset, inclusion criteria were agreed post hoc as we gained familiarity with the literature. On this basis, we included, in our review, concept analyses; systematic reviews; standards; frameworks and guidelines; and policy documents.

The next stage of the evidence synthesis involved the charting of the data that was to form the basis of the analysis. Given the breadth and scope of the review, studies were themed according to type and focus and these were charted separately. Collating these data shed light on our understanding of key concepts; their inter-relationships; the dominant areas of research; and the relevance for informing our work on embedding organisational language awareness in the Welsh context. Thus, although there was no intention to appraise the quality of the literature, one of the key strengths of the scoping study was its potential to provide a rigorous and transparent method for mapping the area under focus in a relatively short period of time (Arksey and O’Malley, 2005).

Whilst the aim of the scoping review was to establish the empirical evidence to underpin the standard setting, a whole system approach (Pratt et al., 2005) was required in order to establish the wider evidence that takes account of individual perspectives as well as contextual and organisational barriers and facilitators. The project team thus undertook a soft systems analysis of the factors influencing language awareness in research participant recruitment within NISCHR CRC. Soft systems analysis is a method for investigating problems and planning changes in complex systems. Developed and refined by Checkland.
(2000), it offers a practical tool for establishing individual interpretations about how systems work, what may be wrong with them, and how they should be improved. Adopting this approach, the project team drilled down to explore individual perceptions about the workings of NISCHR CRC and the constructs that are likely to affect the relevance and success of language awareness interventions. Agreement was then reached on a conceptual framework for enhancing the recruitment of research participants from the Welsh speaking population.

Returning to the scoping review, a systematic approach was adopted to populate our conceptual model with discreet evidence arising from the key frameworks for establishing a culturally-competent healthcare organisation. This work formed the basis for the next phase of the study which focused on establishing evidence-based standards drawn out of the evidence synthesis.

**Phase 2: Standard setting**

Following on from the evidence synthesis and in line with a formal consensus approach, we adopted a modified nominal group technique (Rycroft-Malone, 2001) to developed standards for enhancing the recruitment of research participants from the Welsh speaking population. This process followed a series of discreet steps or rounds, as depicted in Figure 1.

Figure 1 Modified nominal group technique for standards development (after Rycroft-Malone, 2001)
Firstly, on the basis of the evidence synthesis, a number of statements were drafted by the project lead (GR) and these were rated 1-9 on a Likert scale where 1 represented least agreement and 9 represented most agreement. The statements were collated in random order into a booklet for ease of use and distributed by post to project team members (n=8) who were invited to consider and rate the statements (see Figure 2 for example).

Figure 2 Example of statements formulated

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>A process should be in place for NISCHR CRC to assure the quality and appropriateness of written materials in Welsh for research participants</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
</tr>
<tr>
<td>79</td>
<td>A process should be established at NISCHR CRC for working with community leaders from Welsh speaking communities to implement Welsh language services</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
</tr>
<tr>
<td>3</td>
<td>Numbers of Welsh speaking staff within NISCHR CRC should reflect the regional language demography</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
</tr>
</tbody>
</table>

On receipt of the completed booklets, the frequency of response to each statement was calculated. For each statement, the pattern of responses for the group was presented alongside each member’s response to that statement. This allowed participants an opportunity, during the forthcoming nominal group meeting, to see the spread of agreement and how their response related to this. Using SPSS for Windows, median scores and inter-quartile ranges were calculated for each statement. If the median score of a statement was ≥7, this was considered as consensus and these statements were thus accepted. Statements with a median score of <3 were rejected on the basis that no consensus was reached. Statements with a median score of ≥3 and <7 were retained for rating at the second consensus round which took place in a dedicated workshop attended by all members of the project team and facilitated by JRM. The statements which the participants had already rated
via the postal round were discussed in turn, focussing primarily on those that were the source of most disagreement. There was then an opportunity for each participant to privately re-rate the statements. Based on the previously agreed median cut-off scores, this rating round resulted in the rejection of a further number of statements. The remainder were then subjected to Framework Analysis (Ritchie and Spencer 1994) and re-grouped within specific domains and categories. We were mindful to ensure that these domains were aligned with the NISCHR CRC aims and strategic objectives in order to facilitate the integration of the standards into organisational policies and procedures. Discussions at a teleconference meeting confirmed a general consensus of agreement around the re-categorisation procedure and this enabled the collapse of the statements into a manageable number. Each of these revised statements was then subjected to detailed scrutiny and discussion at a further workshop where participants were invited to comment on their relevance, feasibility and measurability as well as the lexicon and syntax. In light of these discussions, final refinements were agreed and consensus was reached on the standards for embedding language awareness in NISCHR CRC (ELAN standards).

Phase 3: Evaluation

The next phase of the study focused on evaluating progress through considering performance that needs to be sustained or developed. The agreed standards were adopted as a benchmark for an independent audit of practice across the three regional research networks and the central office. Language Awareness Champions at these sites collaborated with their respective colleagues in completing an evaluation document in which they rated the network’s performance against each of the standards; provided evidence to corroborate their findings; and/or indicated who should be interviewed to verify the ratings. In preparation for the audit, and as part of their development programme, the champions were supported to deliver their work through the Audit and Performance Feedback Framework of Greve (2003) (see Figure 3), where audit and feedback i) prepares the ground for the organisational audit; ii) facilitates feedback; iii) supports change.
The model demonstrates how the aspirations of an organisation are affected by historical, social and direct influences; and how a mis-match often occurs between these aspirations and performance. Implementation is dependent on the levels of risk aversion employed by the organisation and these will directly influence performance. Greve (2003) identifies opportunities for exploring the gap between aspiration and performance through 3 types of searches:

- Slack search, such as space / geography
- Institutional search, such as audit / governance procedures
- Problematic search, such as recognising / responding to problems

The ELAN study employed an institutional search of NISCHR CRC through auditing the empirically-based organisational standards on embedding language awareness. The 3 main stages of the study included:
- Establishing structures
- Building aspiration
- Developing search capacity

It was envisaged that feedback from the audit process would reveal barriers and facilitators to maintaining standards for language awareness in research; and offer examples of long- and short-term opportunities for the organisation to instil change.

**Language Awareness Champion development programme**

In line with developments across other public sector organisations in Wales, Language Awareness Champions were established within each of the NISCHR CRC regional networks to develop expertise on language awareness and lead on language sensitivity in research (see Appendix 1). The champion was envisaged as being a person at any level of an organization who is skilled at initiating, facilitating, and implementing change. This description resonates with the implementation literature. For example, Titler (2008) argues that change champions are:

‘...practitioners who are expert clinicians, passionate about the innovation, committed to improving quality of care, and have a positive working relationship with others. They circulate information, encourage peers to adopt the innovation, arrange demonstrations, and orient staff to the innovation. The change champion believes in an idea; will not take “no” for an answer; is undaunted by insults and rebuffs; and, above all, persists’. (pg 188)

Given that this role was to be pivotal to the success of the study, a dedicated development programme was established by CB and JRM and delivered through a series of action learning cycles. Action learning is defined as a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done (Warrick, 2005). It is based on the relationship between reflection and action thus:

- Observing and reflecting on the consequences of action (leadership) in a situation
- Forming or re-forming understanding of a situation as a result of the leadership experience

Delivered within two full-day workshops and monthly action learning sets, the programme covered the following broad themes:

- Knowledge specific to the study themes
- Transformational leadership (creating, demonstrating and communicating vision)
- Networking
- Team working
- Action planning
• Providing feedback on progress (including facilitating audit of standards and performance feedback) that maintains momentum

Early on in the programme, champions were invited to undertake a self evaluation of their leadership styles using the Multifactor Leadership Questionnaire (Bass and Avolio, 1997). Then, assimilating feedback from colleagues, peer evaluation reports were collated.

In line with the Audit and Performance Feedback Framework of Greve (2003), champions were specifically supported in enhancing their learning around the components of the model, in preparation for the audit process.

Audit

Employing an external reviewer, an audit was conducted across NISCHR CRC between 11th and 29th January 2013 to establish progress against the ELAN standards. The audit followed an approach whereby it provided a transparent formative evaluation or learning event for the organisation and aligned with the principles of the Nursing and Midwifery Council (NMC) Quality Assessment Framework (NMC, 2011). Each ELAN network and central office champion completed a written self evaluation document in which they rated the network’s performance against each of the standards using a red, amber green rating system. In addition the champions provided evidence to corroborate their ratings and/or indicated who should be interviewed to verify the ratings. An initial half day meeting was arranged which brought together the four ELAN champions and provided an opportunity to discuss the standards, self evaluation documents and the intended evaluation process. After this event, the self evaluation documents and underpinning evidence were reviewed and themes to be pursued during subsequent scrutiny visits were identified. The four networks were visited, with a half a day spent at each site. Here the ELAN champions and a range of NISCHR CRC personnel were interviewed to triangulate the previously submitted self evaluation documents and underpinning evidence. Finally the notes taken during the interviews, the self evaluation documents and the underpinning evidence were assembled to provide an overall rating against each of the ELAN standards.

Phase 4: Generation of interventions

Three study workshops were conducted post-audit that focussed on the following items:

• Evaluating audit findings
• Identifying priorities
• Drafting benchmarks for the ELAN standards
• Establishing appropriate feedback mechanisms
**Ethical considerations**

The study represents an audit of practice, as defined by the National Research Ethics Service (NRES) (2009), where the design and conduct is focussed on establishing information to inform the delivery of best practice rather than generating and / or testing hypotheses. On this basis, the study did not require research ethics committee review. Nevertheless, ethical principles of confidentiality and informed consent were applied throughout the study.

**STUDY FINDINGS**

**Phase 1: Evidence synthesis**

In line with the methodological framework outlined by Arksey and O’Malley (2005), the evidence synthesis was led by GR in collaboration with academic leads and network champions. The literature search yielded a wealth of diverse papers that increased in numbers as the study progressed. The greatest number of empirical papers was derived from the electronic databases; with standards, frameworks, guidelines and policy documents emerging largely from the web-sites of national organisations and networks. In order to analyse the conceptual basis of our research question, we commenced with an in-depth examination of our two key constructs in turn, that is, language awareness and cultural competence.

**Language awareness**

Whilst language serves primarily to communicate information between speakers, it also fulfils other cognitive, emotional and social functions; and this has particular relevance for bilingual speakers who generally have access to two languages. For example, although language is fundamental in transmitting information safely and effectively, it also helps people express their thoughts, feelings and anxieties, particularly at times of stress (Grosjean, 2010). Thus, on accessing healthcare, even balanced bilingual speakers tend to feel more comfortable expressing themselves in one language than the other; and more able and ready to contribute to shared decision making (Misell, 2000). We also use language to assert our cultural identity (Williamson and Harrison, 2010). Thus sharing the same language in a healthcare context offers more than a meaningful exchange of words. It enables practitioners to enter the clients’ world and recognise them as individuals with their own cultural distinctiveness (Gregg and Saha, 2007).

Whilst few would refute the value of language concordance in a healthcare context, both individual and organizational factors are known to impede language use for service users (Jacobs et al., 2006; Irvine et al., 2006). Moreover, in a bilingual setting, there are often wider socio-political factors that influence the perceived power, prestige and status of language.
(Pugh, 1996); and these can also act as a barrier to minority language use (Office of the French Language Services Commissioner, 2009; Madoc-Jones et al., 2012). Thus, despite the rhetoric, effective delivery of bilingual healthcare services does not rely solely on the language proficiency of practitioners since it also demands a heightened awareness of language across the workforce and an appreciation of its inherent dimensions of power and authority.

With its roots in educational linguistics, particularly second language acquisition, language awareness is defined as

‘... an understanding of the human faculty of language and its role in thinking, learning and social life. It includes awareness of power and control through language, and the intricate relationships between language and culture’ (van Lier, 1995, xi).

In other words, language awareness includes not only knowledge about but also critical awareness of language that considers ‘how languages or styles of language reflect and sustain differences in power and status’ (Baker and Jones, 1998, pg 633). Indeed, sociolinguists, such as Gumperz (1972), suggest that ‘communicative competence’ can only be achieved through this heightened awareness and understanding of the broader context in which language takes place.

Thus, although originally confined to the literature on second language acquisition, recent policy directives in Wales have driven the concept of language awareness into other domains including health and social care policy and strategy (Welsh Government, 2011; 2012a; 2012b); NHS training programmes (Welsh Assembly Government, 2004); nurse education (Roberts et al., 2010); social work education and practice (Davies, 2001, 2010; Pugh 1994, 1996; Madoc-Jones and Dubberley, 2005; Bishop, 2008); and healthcare research (Irvine et al 2006; Roberts et al 2007; Owen and Morris, 2012). In this way, a modest but growing body of evidence on language awareness is being established in Wales that, whilst related to the wider concept of cultural competence in healthcare, responds to our unique societal model of bilingualism and devolved strategic intent.

Cultural competence

With the increasing diversity of populations in developed countries and the enhanced status of indigenous minority groups, cultural competence in healthcare is under mounting scrutiny. In an attempt to provide equity of service and overcome health disparities, there is evidence of growing commitment in the UK (Department of Health, 2012; Welsh Government, 2012c); US (Office of Minority Health, US Department of Health and Human Services, 2001); Canada (Office of the French Language Commissioner, 2009); Australia (National Health and Medical Research Council, 2005); and New Zealand (New Zealand Ministry of Health, 2006) towards tailoring services that are sensitive to a wide range of cultural and communication needs.
Heavily embedded in Leininger’s (1988) trans-cultural nursing theory from the US, early interpretations of cultural competence in healthcare were aligned with

‘...a formal area of study and practice focussed on comparative holistic cultural care, health, and illness patterns of people with respect to differences and similarities in their cultural values, beliefs, and lifeways with the goal to provide culturally congruent, competent, and compassionate care’. (Leininger 1997, pg 342).

Since Leininger’s (1988) early work, a number of conceptual frameworks have been established to guide cultural competence in healthcare. Many of these frameworks identify common constructs and depict cultural competence on a continuum from critical awareness and cultural knowledge through to skills development and practice / application (Balcazar et al., 2009). More importantly, a few extend the scope of cultural competence beyond the level of the individual practitioner to include an organisation’s capacity to integrate the principles and values of cultural competence into its policies and structures. This comprehensive approach is reflected in the CLAS Standards (Office of Minority Health, US Department of Health and Human Services, 2001) which are based on the Cross et al., (1989) conceptual definition of cultural competence:

‘Cultural and linguistic competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours and needs presented by consumers and their communities (pg iv-v).

Thus, although still endorsed by her followers and heavily refined over the years, Leininger’s (1997) static and uniform view of culture that focuses exclusively on the cognitive domain has been heavily criticised by many academics (Blackford, 2003; Campesino, 2006; Johnson and Munch, 2009; Williamson and Harrison, 2010). They argue that her approach obscures the broader socio-political context of colonized and marginalised people and the power differences inherent in healthcare (Culley, 2000, Gustafson, 2005). Moreover, even in her recent work, Leininger (2007) overlooks the significance of language in the construction of cultural identity; and the power dimensions that influence language use amongst minority language speakers.

In response to increasing health inequalities amongst the indigenous Maori population of New Zealand and with its roots embedded in post-colonial theory (Anderson et al, 2003), a new concept of cultural safety in healthcare began to emerge (Ramsden, 2002). This, argues Wepa (2003), moves beyond the concept of cultural competence to analysing power
imbalances, institutional discrimination and colonization, as they apply to healthcare. It considers the impact of colonial processes on the ongoing relationship between indigenous and non-indigenous people and how this affects health and the dynamics of health care.

Embracing the concept within the Canadian healthcare system, Smye and Browne (2002) propose that:

‘Cultural safety is concerned with fostering an understanding of the relationship between minority status and health status as a way of changing nurses’ attitudes from those which continue to support current dominant practices and systems of healthcare to those which are more supportive of the health of minority groups.’ (page 47)

As with the Maori language, the Welsh language also suffered centuries of oppression under English rule; and Williams (2000) argues that the deferential way in which Welsh speakers use English in the official domain is a constant reminder of the impact of this dominance. Although there are insufficient data to inform the debate on the socio-determinants of health for Welsh speakers as an indigenous minority group in Wales, anecdotal evidence is rife concerning their reduced access to services, particularly mental health (Madoc-Jones 2004); as well as dissatisfaction and disempowerment in the absence of Welsh language services (Misell, 2000; Iaith, 2012). Thus, the anti-oppressive approach embedded within the concept of cultural safety has resonance with health policy directives that drive language awareness in Wales and promote Welsh language services (Roberts et al., 2010). Moreover, it reminds us of the importance of historical, social and political processes in our interpretation of the language and culture of indigenous groups; and informs our thinking about tackling discrimination and language oppression. Nevertheless, given their exclusive focus on the client-practitioner interface and ensuing professional relationship, both cultural competence and cultural safety have been slow to take account of the wider organizational influences that impact on care delivery (Shaw-Taylor, 2002; Chrisman, 2007; Bowen, 2008).

Impact studies

As part of our review, we chose to explore the evidence for the impact of cultural competence on health outcomes for patients and clients with limited English proficiency. Since clinical research studies recruit patients and other service users, we were keen to identify the type of interventions that are of greatest impact and, in particular, those relating to organisational strategies and operational management. Despite the growing body of evidence, there is a general consensus that the field is still under development and this is reflected in the lack of consistency in defining and measuring the concept (Balcazar, et al., 2009); the methodological challenges relating to impact assessments of complex interventions (Fortier and Bishop, 2003); and the limited efforts to control for confounding factors, such as socioeconomic status (Jacobs et al., 2006). Given this state of affairs, we narrowed our search to focus exclusively on systematic reviews; and this unveiled 12 studies published
between 2003 and 2011, as summarised in Appendix 2. One of the studies was from South Africa, three from Australia and the remaining eight from the United States. Whilst four reviews focussed exclusively on specific clinical populations, namely Hispanic adults with Type 2 Diabetes (Whittmore, 2007); clients with disabilities receiving community-based rehabilitation services (Chipps, et al., 2008); those accessing psychiatric services (Bauer and Alegria, 2010); and those with chronic disease (Henderson et al., 2011); the remainder of the studies included a broad range of service users.

Three systematic reviews examined the impact of interpreter services and bilingual providers in healthcare, demonstrating their positive effects on patient satisfaction, quality of care and health outcomes (Flores, 2005); as well as reducing communication errors and increasing patient comprehension (Karliner et al., 2007). Another three reviews evaluated cultural competence training, confirming its positive impact on improving the attitudes and skills of health professionals (Chipps, 2008); enhancing patient satisfaction (Beach et al., 2005); and improving access to services (Lie et al., 2011). A further two reviews from Australia (Manias and Williams, 2010; Henderson et al., 2011) demonstrated how bilingual health workers, in particular, can provide positive healthcare experiences for clients from linguistically diverse backgrounds.

Despite the emphasis on operational interventions, Tawara et al., (2006) note the paucity of research that examines the impact of organisational approaches, such as policies, structures and practices, in delivering culturally competent care. Although, on the basis of their systematic review, designed and conducted in accordance with the Joanna Briggs Institute, Pearson et al., (2007) concluded that cultural competence should be embedded into organisational processes and support systems; with protocols and guidelines established in line with the best available evidence.

Whilst global evidence demonstrates that responding in a sensitive way to language and cultural diversity improves health and reduces inequalities, our understanding of the impact of Welsh language health services is less well established; and the evidence is largely reliant on small-scale qualitative studies of user and provider experiences (Roberts, 1994; Thomas, 1998; Misell, 2000; Madoc-Jones and Dubberley, 2005; Irvine et al., 2008; Prys, 2010; Iaith, 2012). Nevertheless, these findings are strengthened by a rigorous large-scale (n=1,968) all-Wales survey of healthcare professionals (Roberts et al., 2004) indicating that organisational as well as individual factors are important in responding to language needs. These patterns are corroborated in a more recent cohort study reporting the impact of the deployment of Welsh-speaking staff on the health outcomes of patients receiving rehabilitation services in South West Wales (Owen and Morris, 2012).

Returning our attention to the international literature, it is evident that organisational cultural competence is an emerging theme; and empirically-based frameworks have been established to drive a whole-system approach (Office of Minority Health, US Department of Health and
These frameworks focus on key domains such as organisational structures, administration and governance, education and training, as well as the interface with service users. Whilst these domains have resonance with the organisation and delivery of language appropriate services in Wales, given the different contexts in which the frameworks have been developed, caution should be heeded in their wholesale adoption to guide Welsh healthcare systems. Thus, despite the current policy drive, the evidence-base to inform organisational planning for Welsh language services is complex and fragmented; and an alternative approach is sought to provide a foundation on which to build best practice.

Language awareness in research

Whilst cultural competence and cultural safety gain recognition in the delivery of healthcare services within diverse settings, the health research community has been slow to respond. Nevertheless, there is increasing evidence to suggest that culture and language responsive research enhances rigour (Papadopoulos, 2006) whilst promoting inclusivity and fairness (Lincoln and Gonzalez y Gonzalez, 2009). The literature uncovers three scholarly papers that identify 11 evaluation criteria in all for maintaining rigour in cross-cultural research (Meleis, 1996; Papadopoulos & Lees, 2002; Im et al., 2004). These include cultural relevance; contextuality; appropriateness; mutual respect; flexibility; communication styles; awareness of identity and power differentials; disclosure; reciprocation; empowerment; and time. Whilst language awareness does not feature in this lengthy inventory, arguably, it is integral to the notion of identity and power differentials, as illustrated by Squires (2009) in her synthesis of methodological recommendations from cross-language methods literature. Nevertheless, there is a stark lack of guidance as to how language awareness may be embedded within organisational strategy and delivery.

Nevertheless, given the importance and centrality of language in establishing cultural identity as well as effective communication, connecting with research participants through a language that is meaningful to them is key to good clinical research practice. The search also revealed that whilst current efforts are focussed largely at an individual level, there is increasing commitment towards facilitating organisation-wide transformation for cultural competence in healthcare.

In the context of a devolved bilingual Wales, the Welsh language is at the core of our national identity (Welsh Assembly Government 2012a); legislative frameworks (Council of Europe Charter for Regional and Minority Languages, 1992; Welsh Language Measure 2011); and health and social care strategic intent (Welsh Government 2012b). In light of these drivers, the NISCHR CRC regional networks are tasked to take account of Welsh language awareness in research and comply with statutory research governance requirements (Welsh Assembly Government, 2009).
For example, recruiting Welsh speakers to studies contributes to the mandate that ‘the body of research evidence available to policy makers should reflect the diversity of the population’. (Welsh Assembly Government, 2009, 2.2.7). Moreover, taking account of language needs means that ‘participants in Wales have the right to choose whether to have research conducted in Welsh or English in line with the requirements of the Welsh Assembly Government Welsh Language Scheme 2006.’ (Welsh Assembly Government, 2009, 2.2.7)

Upholding the language rights, safety and well-being of research participants not only embodies the principles of sound ethical practice (MHRA, 2012) but also enhances the rigour of cross-cultural research by improving the recruitment and retention of hard-to-reach groups (Sheldon et al., 2007); and producing results that have improved validity for diverse language settings (Meleis, 1996; Im et al., 2004; Papadopoulos and Lees, 2002; Papadopoulos, 2006).

Thus, embedding language awareness in health and social care research meets the statutory requirements of public sector providers in Wales. Moreover, it provides scope for communicative competence and understanding between researchers and participants that enhances the analysis and interpretation of research findings. As a result, Welsh speakers can be empowered to participate in research and thus have a voice in informing policy and practice.

Finally, in answer to our question about what is known about the effectiveness of embedding language awareness and cultural competence into health organisations, we concluded that organisational as well as individual interventions are important in responding to language and cultural needs. Nevertheless, the impact of these interventions is often context-based and heavily reliant on individual perspectives. Thus, whilst models for operationalizing cultural competence emphasise particular aspects of the healthcare delivery system, we favoured a whole system approach to embed language awareness into NISCHR CRC, informed not only by the wider evidence but also taking full account of individual perspectives as well as contextual and organisational barriers and facilitators.

On this basis, following on from our scoping review and within a structured workshop, the project team proceeded to undertake a soft systems analysis of the factors influencing language awareness in research participant recruitment within NISCHR CRC (see Figure 4). This unveiled the following key features:

- The service users that should benefit from language awareness in NISCHR CRC recruitment include researchers; Registered Research Groups; principle investigators of adopted studies; health and social care staff, patients, ethics and R&D staff; the wider public; and the Welsh Government.
- The key people that play a role in this respect include NISCHR CRC staff in their interactions with research teams and clinical staff.
• The key outcomes of language awareness in NISCHR CRC recruitment include the enhanced confidence, capability and knowledge of staff; and enhanced access, choice and research participation of Welsh speakers.

• The ‘bigger picture’ that may influence success includes perceptions of language awareness, organizational attention and adequate resources / economy; as well as the availability of data.

• The decision-makers that may influence success include NISCHR, the senior management team of NISCHR CRC, Felindre NHS Trust and the Welsh Government.

• The broader factors that may influence success include staff capability, attitudes and confidence; capacity, capability and quality of translation; access to training; barriers across research designs; and the timeliness of engagement.

Figure 4 Soft systems analysis of factors influencing language awareness in research participant recruitment within NISCHR CRC
Following this systems analysis, agreement was reached on a conceptual framework (Figure 5) for enhancing the recruitment of research participants from the Welsh speaking population based on the following principles:

- Enhancing the recruitment of research participants from the Welsh speaking population relies on increasing access and opportunities for Welsh speakers.
- The NISCHR CRC workforce builds capacity and capability through recruitment, leadership and training to work with research and clinical teams in a timely fashion, taking account of regional systems and ways of working.
- Funding that enables quality resource and translation support is fundamental as well as data systems that facilitate progress and monitoring.
- Legislation and policy act as drivers to enhance organisational attention and facilitate public awareness and attitudes.

Figure 5 Conceptual framework for enhancing NISCHR CRC recruitment of Welsh speakers to studies
Returning to the scoping review, a systematic approach was adopted to populate our conceptual model with discreet evidence arising from the key frameworks for establishing a culturally-competent healthcare organisation (see Appendix 3). This work formed the basis for the next phase of the study which focused on establishing evidence-based standards drawn out of the evidence synthesis.

**Phase 2: Standard setting**

Following on from the scoping review and in line with a formal consensus approach using a modified nominal group technique (Rycroft-Malone, 2001), the project team developed standards for language awareness in research, based on the evidence synthesis.

One hundred and forty eight statements were drafted to inform guidelines for NISCHR CRC on enhancing the recruitment of Welsh speakers to studies and these were aligned to 18 domains derived from the conceptual framework and informed by six theoretical frameworks (See Appendix 3). Based on the previously agreed median cut-off scores, consensus was achieved at the first postal rating round on 73 of these statements; 70 were retained for rating at the second consensus round; whilst 5 were rejected on the basis that no consensus was reached. The second round of rating resulted in the rejection of a further 13 statements and acceptance of 48. One hundred and thirty statements were thus left remaining at the end of this second consensus round (see Figure 6). Applying Framework Analysis (Ritchie and Spencer, 1994), these statements were collapsed and re-grouped within 9 revised domains and 28 categories (see Appendix 4) which aligned with NISCHR CRC aims and strategic objectives (see Appendix 5). Following minor edits, each of the 28 ELAN standards were unanimously accepted by the project team.

Figure 6 Results of formal consensus process for standard setting
Phase 3: Evaluation

Once the ELAN standards were established, plans were developed for the audit of NISCHR CRC organisational practice against them; identifying gaps; and generating new interventions for enhancing participant recruitment from the Welsh-speaking population. This was achieved through the audit and performance feedback framework (Greve, 2003) within which the development programme for ELAN champions was embedded. This involved five steps which were facilitated through action learning:

1. Establishing structures
2. Building aspirations
3. Developing search capacity
4. Solutions to enhance performance
5. Implementation

Language Awareness Champion development programme

A number of action learning cycles were conducted with the Language Awareness Champions within workshop and teleconference settings led by CB. The work focussed initially on how the champions managed their role and the dissemination of key messages to the workforce. Each champion was encouraged to try out new ways of promoting their role and to reflect on responses before subsequent meetings. This resulted in the collaborative development of a message map template as a way of supporting the champions to engage with the workforce to guide and facilitate the study (see Appendix 6).

Champions were reminded that the messages were aimed at the NISCHR CRC workforce and thus need to be convincing (positive rather than patronising; pragmatic rather than offering a moral case). On this basis, it was agreed that, whilst improving recruitment is high on the NISCHR CRC agenda, the ELAN study is unlikely to make a significant impact in this respect. Moreover, until the EDGE database is established, there is no process currently available to track the recruitment of Welsh speakers to portfolio studies. It was agreed that the strongest message for the workforce in support of the ELAN study was likely to be the way in which the study aligns with the Welsh Government Welsh language agenda. Another key message that was likely to attract support was the commitment of the champions to work with the workforce to guide and facilitate the study. On this basis, the following key messages were adopted and embedded in the NISCHR CRC staff newsletter and intranet bulletin (see Appendix 7):
1. The ELAN project aligns with the Welsh Government Welsh language agenda
2. The ELAN champions offer support and facilitation across the workforce
3. The ELAN project focuses on the core business of NISCHR CRC, that is, enhancing recruitment to studies

The NISCHR CRC staff symposium held on 22 - 23 November 2013 provided a valuable opportunity for the ELAN project team to further disseminate these messages and engage directly with the workforce. Particular efforts were made to attract the attention of delegates through project branding. ELAN team members were issued with project t-shirts; and dedicated signage was attached to the display stand. A multi-media presentation delivered by the champions offered further scope to publicise the project; and this was very well received by delegates who declared, for example, that ‘this an important project for us all to be aware of; ‘an exciting international model’; ‘great to see current issues being addressed by NISCHR CRC’ (see Appendix 8).

Developing a skill set for establishing transformational leadership amongst the champions was enhanced through self and peer evaluation, adopting the Multifactor Leadership Questionnaire (Bass and Avolio, 1997). Whilst the reports were not intended to offer a definitive profile, they were, nevertheless, useful to prompt further discussions, consider collective strengths and potential weaknesses.

Audit

The champions were reported to approach the audit exercise with enthusiasm to provide a wealth of evidence aligned with each standard; and they organised for a range of NISCHR CRC staff to participate in an interview as part of the audit process. Reports were produced for each of the networks, which outline the standards, the associated evidence provided, the self evaluation rating, the findings of the scrutiny and based on this appraisal, the rating awarded for each standard. It was evident from the review that the champions who completed the self-evaluation documents had a good understanding of their network’s current position in relation to the standards and thus the audit final ratings mainly corresponded with those of the self-evaluation ratings. Moreover, there was uniformity of achievement of standards across NISCHR CRC, since, for the most part; the ratings were comparable across the 4 audit sites. Any differences in ratings were largely attributable to individual site functions, local demography and the nature of the local health boards with which the networks collaborated (see Appendix 9 for overall audit report and ratings).

Numerous opportunities were identified for the organisation to reach the standards, whether they were graded amber or red in the audit process. Some, in particular, were identified as ‘quick wins’ for the organisation, that is, easy interventions that can be quickly implemented.
Others offered valuable opportunities for discreet projects where funding could be sourced externally (see Appendix 9 for further details).

During the audit interviews, some staff raised concerns about the value and effectiveness of the ELAN standards. Whilst most of their disquiet about the need for so many standards, the evidence base and prioritisation, was largely appeased during the audit process, concerns about the suitability of two of the standards (5.3 and 6.4) were upheld and these were later re-worded.

The audit highlighted the need to harness the learning experiences of the champions on the study and their newly-acquired transferable skills and competence. However, it revealed a lack of engagement on language awareness with cancer networks, demonstrating disparity and inconsistency across the organisation. Nevertheless, the overall message from the ELAN audit was one of distinct opportunities to develop a dissemination strategy that engages the workforce to drive interventions for change that contribute to the core work of NISCH CRC.

**Phase 4: Generation of interventions**

In advance of the dissemination strategy and, in view of the considerable interest of the workforce in the ELAN study (as demonstrated both at the staff symposium and during the audit process), the team was keen to maintain momentum and disseminate early feedback of the audit findings to NISCHR CRC stakeholders. Thus, a second message map template was established and embedded in the NISCHR CRC staff newsletter and intranet bulletin (see Appendix 10) to update staff with the following messages about the ELAN study:

1. The ELAN project is working well and there is organisational buy-in and engagement.
2. There is evidence of good practice with regard to embedding language awareness in the work of NISCHR CRC.
3. The ELAN project enhances our understanding of service improvement methods and this new learning is transferrable to other areas of the organisation.

In order to enhance the credibility and transferability of the ELAN standards for NISCHR CRC and prepare for the development of a benchmark tool for embedding language awareness within an organisation, mid-point anchors were established for each standard. In line with the work of (French et al., 2009), a collaborative activity was conducted amongst the champions whereby they were invited to reflect on their preparatory activities in establishing evidence for the audit process. Adopting a systematic approach where each standard was examined in turn, champions worked in pairs to identify the ‘best evidence’ to demonstrate a mid-point anchor where ‘basic systems are in place and working reasonably well’. Using post it notes, champions pasted their evidence on a 5 point Likert scale corresponding with a range of verbal descriptors ranging from ‘lack of routine systems’ to ‘good systems in place’.
Discussions then ensued amongst the team to identify the ‘best evidence’ to inform the mid-point anchors (see Appendix 11).

In terms of feedback mechanisms, a multi-dimensional approach is proposed to include the following aspects:

- Web-site
- Multi-media
- Videos
- FAQs
- Newsletter
- Staff symposium
- Targeting of key personnel / regions
- Interviews with champions
- Regional and national events
- Purposive stakeholder workshop
- Rolling programme of workshops at a regional level with co-facilitation

The importance of integrating the Cancer Networks is highlighted within this strategy as well as other stakeholders who are not contractually bound. In exploring the most effective routes for feedback, it is evident that, whilst there are a wide range of theories, models and frameworks in the literature to help us think through these challenges, ideas from ‘organisational learning’ (Rushmer et al., 2003) and ‘communities of practice’ (Li et al., 2009) may help address these processes.

DISCUSSION AND CONCLUSION

Devolution in Wales has led to a changing political landscape where there is greater prominence for the Welsh language and enhanced opportunities for Welsh speakers to engage with public services in their language of choice (Welsh Government, 2012a). This has a particular bearing in healthcare where language barriers have a detrimental impact on the quality of service provision (Misell, 2000; Bowen, 2001; Jacobs, et al., 2006; Iaith, 2012); and in health research where language sensitivity enhances recruitment (Sheldon et al., 2007) and improves the validity of research findings (Papadopoulos, 2006).

Directives from the Welsh Government, Welsh Language Board and, more recently, the Welsh Language Commissioner’s Office have urged healthcare organisations across Wales to embed the Welsh language as part of their service delivery. Moreover, through adopting strong leadership around workforce planning and development, and revising information systems, they are encouraged to extend an ‘active offer’ of Welsh language provision to all who access their services (Welsh Government, 2012c). Nevertheless, whilst national
standards for culture and language appropriate services are employed across the US (Office of Minority Health, Department of Health and Human Services, 2001), there is a lack of evidence based frameworks to guide best practice approaches for the planning and delivery of health services and health service research in Wales.

Focussing on NISCHR CRC as an organisation that supports the clinical research infrastructure across Wales, the ELAN study offered a unique opportunity to fill this gap through drawing on implementation science and adopting a systematic, participatory approach for fostering change within its organisational strategies and management. As far as we are aware, this is the first study of its kind that employs this approach to embed culture and linguist competence within a health organisation. Although existing frameworks draw on systematic reviews on which to base their evidence (Office of Minority Health, Department of Health and Human Services, 2001; Betancourt et al., 2003; London Deanery, 2008; Purnell et al., 2001) and some employ a consensus approach for developing standards (Office of Minority Health, Department of Health and Human Services, 2001), the ELAN study is novel in that it responds to the challenges of knowledge translation and takes account of wider evidence informed by individual perspectives as well as contextual barriers and facilitators (Rycroft-Malone et al., 2004). Moreover, in marrying the expertise and interests of the project team, we were able to refine our systematic participatory approach (Pawson et al., 2004) and implementation methods (Greve, 2003).

The scoping review of the literature undertaken during the first phase of the study provided a comprehensive approach for mapping the empirical evidence on which to base the ELAN standards. Given the breadth and exclusivity of our research question, we were compelled to analyse the conceptual basis before evaluating the relevant research, policy and framework documents. Whilst the evidence from the Welsh context is slow to emerge, the international literature reflected our breadth of enquiry and resonated with the soft systems analysis of NISCHR CRC undertaken by the champions. Unlike a systematic review, a scoping study does not set out to appraise the quality of evidence or to address the issue of synthesis (Arksey and O'Malley, 2005). Nevertheless, this was a valuable, pragmatic approach for the purpose of the ELAN study, where we needed a broad overview of a wide field of enquiry on which to establish the standards.

The modified nominal group technique (Rycroft-Malone, 2001) proved effective in offering a formal consensus approach for standard setting where rigour and transparency were imperative. Although this was a lengthy process requiring close scrutiny of the standards, it provided a valuable opportunity for the project team to collaborate and further evaluate the evidence base. Audit trails of this step by step approach confirmed the rigour of the work; and the alignment of the 28 standards with the NISCHR CRC strategic aims and objectives demonstrated the extent to which they were embedded within organisational norms.
Adopting the standards as a benchmark for an audit of practice, the Language Awareness Champions were instrumental in facilitating the audit and performance feedback. Facilitation plays a key role in implementation work (Rycroft-Malone et al., 2004) and the ELAN study was no exception. Establishing the role of the champion from the outset was fundamental to the success of this study; and the dedicated development programme was crucial in supporting champions to manage their role through employing a variety of techniques and approaches. Facilitation embodies three broad themes, of purpose, role, skills and attributes (Rycroft-Malone et al., 2004). Despite their initial anxieties, the champions soon demonstrated a clear vision of their role in the study and this was enhanced through the action learning cycles. Their progress was accompanied by the development of an advanced skill set in terms of leadership styles and growing confidence, as reflected within their presentation at the staff symposium and their enthusiastic approach to the audit exercise. The impact of the champion role was further enhanced with astute project branding, marketing and management that called for a clear communication strategy and director-level buy-in.

These advanced skills and activities provided a bedrock for the ensuing audit which confirmed that NISCHR CRC is ready to embed language awareness into its organisational strategies and operational management; and that good practice is already evident within aspects of its work. Adopting an established audit framework (NMC 2011) and ensuring independent scrutiny by an external auditor offers credibility to these findings. Moreover, efforts by champions to appease staff of their concerns should help build future working relationships to support the generation and implementation of new interventions. Given the demography of Wales, it is inevitable that there is a degree of variation in practice across the networks. However, the overall message from the audit is one of marked opportunities where, in a number of cases, minimal efforts to address language awareness at an organisational level can yield maximum impact, with the ultimate goal of enhancing the recruitment of Welsh speakers to studies and improving the quality of their engagement in the research process. Harnessing the newly-acquired skills of the champions and supporting their cause will be crucial to the success of this work. Hence, plans for disseminating the audit findings, as well as generating and prioritising new interventions are already underway. Moreover, benchmarks derived from the ELAN standards offer a refined tool for evaluating the extent to which language awareness is embedded across the organisation and for shedding light on service improvement methods.

In conclusion, a systematic, participatory approach that draws on implementation science and deploys champions as facilitators has been shown to be a valuable method for embedding language awareness into a health organisation. Evidence-based organisational standards derived from this work can be adopted as a benchmark to evaluate practice and refined as a tool to assess progress. Lessons that emerge from this approach enhance our understanding of service improvement methods; and offer new learning which is transferrable to other areas of the organisation as well as across other health systems.
acknowledgements

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- the staff of nischr crc for their support with this study.
REFERENCES


Appendix 1 NISCHR CRC Language Awareness Champions Role Description

This role offers a unique professional development opportunity to contribute, at an all-Wales and international level, to the development of evidence-based standards for language and cultural awareness in health and social care research. NISCHR CRC Language Awareness Champions will be formally supported to work with the project team and facilitate change within the organisational strategies and operational management of NISCHR CRC to take account of language and cultural competence in clinical research. This will be achieved through working collaboratively within NISCHR CRC to:

- Contribute towards reviewing and evaluating the literature and synthesising the evidence base on language awareness in research
- Engage with colleagues to establish the context for language awareness within the organisation
- Contribute towards establishing standards to guide and facilitate best practice
- Participate in the audit of practice within network activities
- Identify barriers and facilitators to maintaining standards on language awareness in research
- Identify the operational, training and resource implications for enhancing language awareness in research
- Participate in the generation of new interventions to enhance practice and evaluate their impact
- Liaise with stakeholders in promoting best practice on language awareness in research

Attributes

Understanding

- Contextual understanding of the legal, ethical and methodological framework for language awareness in research in the bilingual context of Wales
- Insight of the strategic and operational systems of NISCHR CRC
- Appreciation of the principles of organisational change management

Skills

- Leadership
- Communication
- Team work
- Networking
- Advocacy
- Reflection
- Negotiation
- Facilitator of learning
- Presentation
- Motivation
- Commitment
- Resilience
- Engender support
- Inspire others
## Appendix 2 Systematic reviews of cultural competence interventions in healthcare

<table>
<thead>
<tr>
<th>Author, Year, Country of Origin</th>
<th>Focus of Study</th>
<th>Specific Clinical Focus</th>
<th>Number of Studies included in Systematic Review</th>
<th>Interventions Examined</th>
<th>Outcomes Examined</th>
<th>General Findings</th>
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<td>Anderson et al., (2003) United States</td>
<td>Systematic review of 5 interventions to improve cultural competence in healthcare systems.</td>
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<td>Programmes to recruit &amp; retain staff members who reflect the cultural diversity of the community served</td>
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<td>Use of interpreter services or bilingual providers for clients with limited English proficiency</td>
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<td>Cultural competency training for healthcare providers</td>
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<td></td>
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<td>Use of linguistically and culturally appropriate health education materials</td>
<td>Knowledge, attitudes &amp; behaviour;</td>
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<td>Flores (2005) United States</td>
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<td>Communication; Patient satisfaction; Processes, outcomes, complications, and use of health services.</td>
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<td>No studies identified that addressed ultimate health and mental health outcomes</td>
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<p>| Karliner et al., (2007) United States | Systematic review of impact of professional and ad hoc medical interpreters on clinical care for limited English proficiency (LEP) patients | No | 28 | Use of professional and ad hoc medical interpreters | Communication errors; Patient comprehension, Utilization of healthcare Clinical outcomes; Patient satisfaction. | Use of professional medical interpreters is associated with an overall improvement of care for LEP patients through decreasing communication errors, increasing patient comprehension, equalizing healthcare utilization, improving clinical outcomes, and increasing satisfaction with communication and |</p>
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<td>No</td>
<td>19</td>
<td>Any strategy that had a cultural competence component, which influenced the work environment, &amp;/or patient &amp; nursing staff in the environment</td>
<td>Nursing staff outcomes; Patient outcomes; Organisational outcomes; Systems level outcomes</td>
</tr>
<tr>
<td>Whittmore (2007)</td>
<td>United States</td>
<td>Systematic review of impact of culturally competent interventions for Hispanic adults with Type 2 Diabetes</td>
<td>Type 2 Diabetes</td>
<td>11</td>
<td>Multifaceted cultural competence interventions</td>
<td>Clinical outcomes; Behavioural outcomes; Diabetes-related knowledge</td>
</tr>
<tr>
<td>Chipps et al.,</td>
<td></td>
<td>Systematic review of Community-based</td>
<td>Community-based</td>
<td>5</td>
<td>Cultural-competence training and its impact on Provider cultural knowledge, attitude &amp;</td>
<td>Reasonable evidence exists to indicate that</td>
</tr>
<tr>
<td>Author and Year</td>
<td>Country</td>
<td>Topic</td>
<td>Methods</td>
<td>Findings</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(2008) South Africa</td>
<td>Impact of cultural-competence training programmes for health professionals caring for clients with disabilities in community-based rehabilitation settings</td>
<td>Rehabilitation</td>
<td>Health professionals caring for clients with disabilities in community-based rehabilitation settings</td>
<td>Patient satisfaction; Cultural-competence training can increase knowledge, attitudes &amp; skills of health professionals. Some evidence that cultural-competence training affects patient satisfaction but little evidence that it improves patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bauer and Alegria (2010) United States</td>
<td>Systematic review of impact of patient language proficiency &amp; interpreter service use on quality of psychiatric care</td>
<td>Mental health</td>
<td>Evaluation in patient’s non-primary language through professional interpreters.</td>
<td>Disclosure in patient-provider communications; Referral to specialty care; Patient satisfaction; Findings insufficient to inform evidence-based guidelines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Evaluation in patient’s non-primary language through untrained interpreters.</td>
<td>Clinical impact; Compromised diagnostic accuracy; Clinician’s detection of disordered thought or</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Lie et al., (2011) United States</th>
<th>Systematic review of impact of cultural competency training on patient-centred outcomes</th>
<th>No</th>
<th>7</th>
<th>Cultural competence training &amp; its impact on patient outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient perceptions of provider cultural sensitivity and counselling skills;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient clinic attrition rates;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient &amp; family satisfaction;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Utilisation of professional interpreters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient reported ethnic affinity with environment and staff;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Activities of daily living;</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Patient resource utilization;</td>
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<td></td>
<td>Patient use of social resources;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Functional capacity;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Disease-specific outcomes;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Physician cultural</td>
</tr>
</tbody>
</table>

Three studies reported positive effects of patient perceptions of counselling and counsellors; patient family satisfaction; self-reported satisfaction; resourcefulness; access to services; mental & physical health & activities of daily living.

None of the studies demonstrated a negative effect.

Cultural competence training alone is inadequate to improve patient outcomes.
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Methodology</th>
<th>Setting</th>
<th>Intervention</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manias and Williams (2010)</td>
<td>Australia</td>
<td>Systematic review of impact of interventions on medication adherence in people of culturally and linguistically diverse backgrounds</td>
<td>No</td>
<td>Bilingual staff; Translated materials; Conceptual model</td>
<td>Medication adherence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46</td>
<td>20 studies showed statistically significant improvements. Metas-analyses showed modest improvements.</td>
</tr>
<tr>
<td>Henderson et al., (2011)</td>
<td>Australia</td>
<td>Systematic review of impact of culturally appropriate interventions on service delivery for culturally &amp; linguistically</td>
<td>Chronic disease</td>
<td>Use of community based bilingual health workers; Cultural competence training for health workers; Using interpreter services for CALD people;</td>
<td>Range of outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24</td>
<td>Use of bilingual community health workers can provide positive healthcare experiences, greater knowledge, and increased preventative service usage in CALD communities.</td>
</tr>
<tr>
<td>diverse communities (CALD)</td>
<td>Using multimedia &amp; culturally sensitive videos to promote health for CALD; Establishing community point of care services for CALD people with chronic disease.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3 Key frameworks for establishing a culturally and linguistically competent healthcare organisation

<table>
<thead>
<tr>
<th>Author, Year, Country of Origin</th>
<th>Title</th>
<th>Evidence base</th>
<th>Framework overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Minority Health, Department of Health and Human Services (2001) United States</td>
<td>National standards for culturally and linguistically appropriate services (CLAS) in healthcare</td>
<td>Systematic review of cultural and linguistic competence standards / measures and stakeholder review.</td>
<td>14 standards across 3 domains of: Culturally competent care; Language access services; Organisational supports.</td>
</tr>
<tr>
<td>Betancourt et al., (2003) United States</td>
<td>Defining cultural competence: a practical framework for addressing racial / ethnic disparities in health and healthcare</td>
<td>Systematic review of sociocultural barriers to healthcare; and cultural competence interventions.</td>
<td>3-part framework of organisational, structural and clinical cultural competence.</td>
</tr>
<tr>
<td>Purnell et al., (2011) United States</td>
<td>A guide to developing a culturally competent organisation</td>
<td>Report of the Expert Panel of the American Academy of Nursing on developing cultural competence (Giger et al 2007)</td>
<td>4-part framework of cultural competence focussing on administration and governance; orientation and education; language; and staff competencies</td>
</tr>
<tr>
<td>Author</td>
<td>Title</td>
<td>Language Legislation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Felindre NHS Trust (2010)</td>
<td>Welsh language policy</td>
<td>Welsh language legislation</td>
<td>Policy reflecting the principle enshrined in legislation to treat the Welsh and English languages on an equal basis; and to improve access to service users who wish to converse or correspond in Welsh.</td>
</tr>
</tbody>
</table>
## Appendix 4 Embedding Language Awareness in NISCHR CRC (ELAN) Standards

<table>
<thead>
<tr>
<th>Domain</th>
<th>Category</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategy</td>
<td>1. Equality and diversity</td>
<td>1.1. The strategy of NISCHR CRC demonstrates commitment towards promoting Welsh language awareness as part of its equality and diversity agenda.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2. The strategy of NISCHR CRC demonstrates commitment towards enhancing the recruitment of Welsh speakers as research participants.</td>
</tr>
<tr>
<td>2. Operational systems</td>
<td>1. Governance</td>
<td>2.1. Welsh language awareness is a key component of NISCHR CRC governance procedures.</td>
</tr>
<tr>
<td></td>
<td>2. Integration</td>
<td>2.2. Welsh language awareness is integrated across all NISCHR CRC operational systems.</td>
</tr>
<tr>
<td></td>
<td>3. Evaluation</td>
<td>2.3. Welsh language awareness across NISCHR CRC operational systems is subject to on-going evaluation.</td>
</tr>
<tr>
<td>3. Information management</td>
<td>1. Items</td>
<td>3.1. NISCHR CRC data systems include information on the Welsh language background of research participants.</td>
</tr>
<tr>
<td></td>
<td>2. Assimilation</td>
<td>3.2. National and local population data on Welsh speakers are assimilated into NISCHR CRC data systems.</td>
</tr>
<tr>
<td></td>
<td>3. Analysis</td>
<td>3.3. NISCHR CRC data systems are used to inform the recruitment of Welsh speakers as research participants.</td>
</tr>
<tr>
<td>4. Staff recruitment</td>
<td>1. Level</td>
<td>4.1. The staff recruitment policy of NISCHR CRC demonstrates commitment towards recruiting Welsh speaking staff at all levels.</td>
</tr>
<tr>
<td></td>
<td>2. Marketing and advertising</td>
<td>4.2. Information about vacancies at NISCHR CRC demonstrates commitment towards</td>
</tr>
<tr>
<td>3. Community focus</td>
<td>4.3. The Welsh language profile of the NISCHR CRC regional workforce reflects the local demography of Welsh speakers.</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>4. Role specifications</td>
<td>4.4. Staff recruitment at NISCHR CRC takes account of Welsh language proficiency requirements within role specifications.</td>
<td></td>
</tr>
<tr>
<td>5. Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Quality</td>
<td>5.1. NISCHR CRC monitors the quality and appropriateness of Welsh language materials for research participants.</td>
<td></td>
</tr>
<tr>
<td>2. Research participant information</td>
<td>5.2. Research participant materials used by NISCHR CRC are available in Welsh.</td>
<td></td>
</tr>
<tr>
<td>3. Funding</td>
<td>5.3. NISCHR CRC evaluates the costs of implementing Welsh language provision on an annual basis.</td>
<td></td>
</tr>
<tr>
<td>6. Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Access and delivery</td>
<td>6.1. NISCHR CRC staff at all levels receive on-going training and development on Welsh language awareness.</td>
<td></td>
</tr>
<tr>
<td>2. Content</td>
<td>6.2. NISCHR CRC Welsh language awareness training addresses the legal, socio-political and theoretical implications of Welsh language awareness in research.</td>
<td></td>
</tr>
<tr>
<td>3. Appraisal</td>
<td>6.3. NISCHR CRC Welsh language awareness training is subject to on-going evaluation as part of the wider training programme.</td>
<td></td>
</tr>
<tr>
<td>4. Quality assurance</td>
<td>6.4. NISCHR CRC Welsh language awareness training is quality assured.</td>
<td></td>
</tr>
<tr>
<td>7. Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Distribution</td>
<td>7.1. NISCHR CRC develops leadership on Welsh language awareness across all levels.</td>
<td></td>
</tr>
<tr>
<td>2. Focus</td>
<td>7.2. Leadership at NISCHR CRC demonstrates commitment towards promoting Welsh language awareness in research.</td>
<td></td>
</tr>
<tr>
<td>3. Champions</td>
<td>7.3. NISCHR CRC fosters champions to promote Welsh language awareness across the organisation.</td>
<td></td>
</tr>
<tr>
<td>8. Workforce planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Language proficiency</td>
<td>8.1. NISCHR CRC takes account of the Welsh language proficiency of staff in workforce planning.</td>
<td></td>
</tr>
<tr>
<td>2. Language awareness</td>
<td>8.2. NISCHR CRC takes account of the Welsh language awareness of staff in workforce planning.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public</td>
</tr>
<tr>
<td>2. Community networks</td>
</tr>
<tr>
<td>3. Research participants</td>
</tr>
<tr>
<td>4. Research community</td>
</tr>
</tbody>
</table>
### Appendix 5 Aligning ELAN Standards with NISCHR CRC Strategic Objectives (2011)

<table>
<thead>
<tr>
<th>NISCHR CRC Aim</th>
<th>NISCHR CRC Strategic Objective</th>
<th>ELAN Standard Domain</th>
</tr>
</thead>
</table>
| **Increase capacity** | 1. Increase Wales’ research capacity by providing networks of highly skilled and trained research support staff to deliver NISCHR portfolio studies across Wales  
2. Establish NISCHR CRC as a cohesive, effective, well managed and sustainable organisation which leads by example | 8. Workforce planning  
4. Staff recruitment |
| **Improve relevance** | 3. Promote and manage the NISCHR Research Portfolio of high quality studies with the research community in and outside Wales increasing its accuracy, coverage and completeness  
4. In collaboration with NISCHR partners, the NHS and social care and in line with the NHS Wales AOF, double the number of participants recruited into studies on the NISCHR portfolio by March 2015 | 1. Strategy  
2. Operational systems  
7. Leadership |
| **Underpin quality** | 5. Increase the proportion of NISCHR Portfolio studies that deliver in line with the planned study delivery time and recruitment targets  
6. Ensure research carried out by NISCHR CRC is conducted to a high standard, in line with research governance framework  
7. Provide a high quality and effective research training and development programme for NISCHR research active staff in Wales | 3. Information management  
5. Resources  
6. Training |
| **Involve people** | 8. Promote and increase public awareness of NISCHR research and health and social care service user involvement and inclusion in NISCHR research | 9. Engagement |
| **Engage partners** | 9. Communicate the impact of research and demonstrate how the translation of research results has improved the care of people in Wales  
10. Increase collaboration with commercial partners and support the development of NISCHR’s commercial portfolio – doubling the numbers of studies and accrual by March 2015 and ensuring delivery to agreed performance targets | 9. Engagement |
FOCUS: Embedding Welsh language awareness within NISCHR CRC

STAKEHOLDER / AUDIENCE: NISCHR CRC Workforce

ANTICIPATED AREA OF CONCERN:
- Impacts on individual workload
- Strategic importance relative to other organisational imperatives
- Relevance across the nation, and variable requirements for bilingual provision in recruitment

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Welsh Government requires that the Welsh language is promoted in all aspects of health and social care. The ELAN project is important as it demonstrates how NISCHR CRC is responding to this requirement.</td>
<td>There will be individuals in each CRC network whose role is to support staff and to facilitate the project.</td>
<td>The ELAN project is important as it aims to help increase the recruitment of Welsh speakers to studies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 2.1</th>
<th>Supporting Fact 3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language sensitivity and bilingual practice are key components of quality provision in public sector services.</td>
<td>ELAN Champions have a designated role within the project.</td>
<td>Increasing access to studies for Welsh speakers enables the refinement of recruitment processes within NISCHR CRC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.2</th>
<th>Supporting Fact 2.2</th>
<th>Supporting Fact 3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting language awareness responds to the legal and statutory requirements of the devolved Welsh government.</td>
<td>ELAN Champions are supported by a developmental programme that enables collaborative working.</td>
<td>Language awareness forms part of the wider equality and diversity agenda reflected in the core business of NISCHR CRC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.3</th>
<th>Supporting Fact 2.3</th>
<th>Supporting Fact 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language awareness in research enhances the validity of research findings for policy and practice.</td>
<td>ELAN Champions are in a prime position to share good practice across the workforce.</td>
<td>Promoting language awareness in research is key to effective research governance which underpins the work of NISCHR CRC.</td>
</tr>
</tbody>
</table>
The **ELAN** project

**Embedding Language Awareness in NISCHR CRC**

**What is the purpose of the project?**

The project aims to foster change by setting standards and strategies to promote language and cultural awareness in health and social care research in order to enhance recruitment from the Welsh-speaking population.

**Why is it important?**

It will ensure that NISCHR CRC staff are working within the ‘Research Governance Framework for Health and Social Care in Wales’ and improve access to health and social care research by embracing cultural sensitivity and language choice.

**How does it relate to the core business of NISCHR CRC?**

The standards will:

- Allow the workforce to demonstrate good practice;
- Allow them to work as advocates for language awareness in the support of NISCHR Registered Research Groups (RRGs); and beyond;
- Contribute to the equality and diversity agenda;
- Align with the core functions of NISCHR CRC.

**What are the potential benefits?**

- Standards and interventions will contribute to the development of an ethos within NISCHR CRC where access to research is not denied due to language or cultural barriers;
- All staff will be working to the same standards;
- Access to research will be improved for participants whose first language is Welsh;
• Recruitment from the Welsh speaking population may be enhanced;

• Demonstration of an international model of good practice in a bilingual / multilingual context.

**What impact will it have on research participants?**

Research participants taking part in a study with the support of NISCHR CRC staff will not be denied access due to language and cultural barriers. There will be opportunities for demonstration of satisfaction and rigour.

**How will it influence the work of NISCHR CRC staff?**

Over time NISCHR CRC staff will be able to respond to Welsh language needs as readily and naturally as English.

**Project team and expertise:**

Language Awareness Infrastructure Support Service (LLAIS)

Implement@Bangor, Centre for Health Related Research, Bangor University

NISCHR CRC senior operational and training staff

NISCHR CRC Language Awareness Champions from the three regions and the Central Office
Appendix 8 Evaluation of ELAN Project Presentation at NISCHR CRC Staff Symposium (2012)

<table>
<thead>
<tr>
<th>Embedding Language Awareness in NISCHR CRC (ELAN)</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>23</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

- Well presented and informative. Really enjoyed.
- Great PowerPoint presentation, very different layout. Great talk by the team – let’s move forward!
- Great presentation, the structure of delivery kept people interested.
- Well presented, an important project for us all to be aware of.
- Excited to see how this will impact on NISCHR CRC.
- Good to gain a bit more information on the project.
- Clear and well presented. Useful to hear more about the project.
- Excellent video and intro. Swish slides!
- Clear and engaging, clear message, facilitated with relevant videos.
- Exciting international model!
- Great to see current issues being addressed by NISCHR CRC.
- Excellent but shame about the video clip problem!
- Not really relevant to me.
- Good use of talking and slides/videos.
- Need to be aware of other languages not just Welsh!
- I would have liked to have known a little bit more about what was actually involved in the project but still very interesting and I look forward to seeing the final results.
- Excellent. Being bilingual myself, I understand the importance of the Welsh language.
Appendix 9 ELAN Independent Audit of Practice Report

Ratings

The majority of the standards were rated as Amber with a small number rated as Green and a significant minority rated as Red. In the case of the Red ratings, the audit and the self ratings were mainly in accord. Moreover, Language Awareness Champions and NISCHR CRC staff were able to articulate reasons for the rating and could indicate whether or not these were surmountable. The final ratings across all networks are given in Table 1.

Opportunities

It was evident that a number of opportunities exist for NISCHR CRC to improve the ELAN standards that were graded Amber or Red in the audit process. In particular, some give the opening for a ‘quick win’ for the organisation, whereby easy interventions can be quickly implemented to achieve a Green rating. Others offer valuable opportunities for discreet projects where funding could be sourced externally, as follows:

2.3. Welsh language awareness across NISCHR CRC operational systems is subject to ongoing evaluation.

The audit has provided the catalyst for ongoing evaluation, which could be realistically achieved by embedding the measures of Welsh language awareness in existing or planned auditing processes across the organisation.

4.3. The Welsh language profile of the NISCHR CRC regional workforce reflects the local demography of Welsh speakers.

Although these data are not currently collected, the introduction of the EDGE system and the recently published census results give the opportunity to collect and analyse data to establish the current position. This is likely to indicate that the Welsh language profile of the workforce exceeds that of the local demography.

5.1. NISCHR CRC monitors the quality and appropriateness of Welsh language materials for research participants.

Currently there is some disparity across the regions in terms of whether or how quality monitoring of Welsh language material for research participants is undertaken. The introduction of a Standard Operating Procedure could readily address the disparities and ensure that appropriate, high quality Welsh language materials are provided consistently.

5.2. Research participant materials used by NISCHR CRC are available in Welsh.
The audit revealed some disparity across the regions from ‘active offer’ of Welsh language materials to the provision of such materials ‘on demand only’ with an associated delay. Whilst, on the surface, the consistent and timely availability of Welsh language materials appears to be an opportunity for a quick win, it is evident that the range of projects and collaborating organisations impedes such an endeavour. Nevertheless, it is possible that a minimum data set could be established with the introduction of a related SOP to meet fundamental policy/legal requirements.

A number of longer term opportunities are also possible in the context of the following standards:

3.1. **NISCHR CRC data systems include information on the Welsh language background of research participants.**

Whilst the EDGE system is not yet in force across NISCHR CRC, the introduction of the system will facilitate the opportunity to collect data on the Welsh language background of research participants. An opportunity exists to work with the IT manager to establish a small project, to identify how the field related to language in the EDGE system could be used and interpreted to best effect.

3.2 **National and local population data on Welsh speakers are assimilated into NISCHR CRC data systems.**

Although currently this work is not undertaken and therefore rated Red for each network, the recent availability of 2011 Census data should make assimilating population data into data systems reasonably straightforward. This therefore provides an opportunity to work with IT to identify how this can be achieved in the medium to long term.

6.1. **NISCHR CRC staff at all levels receive on-going training and development on Welsh language awareness.**

All NISCHR CRC staff undertake the statutory language awareness induction session. However, this training addresses language awareness in general and does not explore the specific issues that are of importance in a research context. With a small amount of funding, an opportunity exists to develop a new training pack, which could be used widely for training the research community.

6.2. **NISCHR CRC Welsh language awareness training addresses the legal, socio-political and theoretical implications of Welsh language awareness in research**
The current training offer, delivered by LLAIS addresses this standard and is well evaluated. However, the uptake of this training by the wider research community is minimal. There is an opportunity for NISCHR CRC to explore how research staff could be actively engaged to undertake this training.

8.1. NISCHR CRC takes account of the Welsh language proficiency of staff in workforce planning and 8.2. NISCHR CRC takes account of the Welsh language awareness of staff in workforce planning

At present, NISCHR CRC does not adopt a strategic approach to consider the Welsh language awareness or proficiency of staff in workforce planning. Since some good practice was evident at network level and guidelines for workforce planning of this nature exist at a cross-sector level, these practices and guidelines could be readily drawn upon to produce guidelines for NISCHR CRC.

9.2. NISCHR CRC collaborates with community networks to enhance the recruitment of Welsh speakers to research studies.

Although at network level there has been some effort to work with community groups, this has been minimal and only in response to challenges with recruitment to specific projects. There is an opportunity to work with Involving People to establish a project that focuses on this standard. The first step would be to secure funding to take such a project forward.

**Effectiveness of Standards**

Through the audit process and particularly during the interviews with NISCHR CRC staff, some discussion focused on the value and effectiveness of the ELAN standards and these fell into four main categories:

1. **The evidence base underpinning the standards.**

   Some questions were raised about the process that had been followed to arrive at the definitive set of standards and whether these were derived from a robust evidence base.

   To reach their final set of standards, the ELAN project team engaged the following activities:

   - A scoping review of the literature
   - System mapping
   - Formal consensus through modified nominal group technique
   - Alignment of domains with NISCHR CRC strategic objectives
Thus it can be concluded that the ELAN team adopted conventional and thorough processes to develop standards

2. **The need for the large number of standards**

There are 28 standards in total and whilst this may appear to be an intimidating number, they have been categorised within 9 domains of practice. It is likely that each domain will be relevant to a specific group of NISCHR staff, for example, the 3 standards grouped in domain 3 relate to information management and are especially relevant to the IT department. The message to NISCHR CRC staff therefore should be that although all standards are important, they should focus particularly on those that are relevant to their area of practice.

3. **The need to prioritise standards**

According to the effort that should be made to effect their achievement, this could be accomplished as a NISCHR CRC internal exercise through a consensus approach, such as a Delphi or Q sort exercise. In light of the aspects raised in point 2, it may be necessary for the ELAN team to work with each separate NISCHR grouping to identify priorities for their area of work.

4. **The value of individual standards**

The suitability of some of the standards was questioned during the audit process, as follows:

5.3. **NISCHR CRC identifies the cost benefit of implementing Welsh language provision on an annual basis.**

After individual discussion during the audit interviews and group deliberation with the ELAN team, it was agreed that the role of NISCHR CRC in this context is to contribute to discussions at a cross-sector level, for example, with health and education, for pioneering work to build models and frameworks for establishing the cost benefit of Welsh language services. In light of this discussion, the team agreed that the standard should be reviewed and either **reworded** or **discarded**.

6.4. **NISCHR CRC Welsh language awareness training is subject to accreditation by an appropriate body.**

A number of accreditation issues need to be considered before efforts can be made to address this standard. Together with the training department, the ELAN team should consider:
• Who should accredit the training?
• What level of accreditation would be appropriate?
• Whether any accreditation costs are acceptable?
• Which target audience should accreditation be directed towards?

Again, in light of this discussion, the team should review the standard and either reword or discard it.

Cancer Networks

It is evident from the audit that the work of the ELAN team has been well received and as a result of the project, Welsh language awareness has become more visible within NISCHR CRC at the organisational and regional level. One area of concern however relates to the Cancer networks. Throughout the audit it was apparent that the level of engagement with ELAN and the appreciation and visibility of Welsh language awareness within the Cancer networks was less evident than that of the regional networks. As a result of the disparity, the ratings attributed to each standard are based on evidence from the regional networks rather than the cancer networks.

Measures now need to be taken by the ELAN team and the cancer network leads to focus efforts on improving the visibility of Welsh language awareness in the cancer networks.

Sustainability

Some of the success of ELAN is attributed to the particular methods of delivery that were adopted for the project. These approaches, including the use of Champions in each regional network, the development of written materials, collaborative working and the participation in NISCHR CRC events should be highlighted as areas of good practice, which are readily transferable to other NISCHR CRC ventures. Indeed, the practices have led to the development of new competencies amongst ELAN Champions which can now be harnessed by NISCHR CRC.

To further develop their work so that Welsh language awareness becomes fully embedded into NISCHR CRC, it is important that the ELAN team continue to promote their work and publicise their successes. Thus the team should consider developing a dissemination strategy that explores all avenues for marketing their work from local through to international level and to various audience segments including NISCHR CRC staff, potential participants, the research community and wider community networks. Within this strategy it is important that the work of ELAN is promoted as a core element of NISCHR CRC’s work that makes a
valuable contribution to the overall mission of increasing the quality and quantity of people-centred research in Wales.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Category</th>
<th>Standard</th>
<th>SWW</th>
<th>SEW</th>
<th>Central</th>
<th>NW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategy</td>
<td>1. Equality and diversity</td>
<td>1. The strategy of NISCHR CRC demonstrates commitment towards promoting Welsh language awareness as part of its equality and diversity agenda.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>2. Research participant recruitment</td>
<td>1. The strategy of NISCHR CRC demonstrates commitment towards enhancing the recruitment of Welsh speakers as research participants.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber/Green</td>
</tr>
<tr>
<td>2. Operational systems</td>
<td>1. Governance</td>
<td>2.1. Welsh language awareness is a key component of NISCHR CRC governance procedures.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>2. Integration</td>
<td>2.2. Welsh language awareness is integrated across all NISCHR CRC</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td>3. Evaluation</td>
<td>2.3. Welsh language awareness across NISCHR CRC operational systems is subject to on-going evaluation.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>3. Information management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Items</td>
<td>3.1. NISCHR CRC data systems include information on the Welsh language background of research participants.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>2. Assimilation</td>
<td>3.2. National and local population data on Welsh speakers are assimilated into NISCHR CRC data systems.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>3. Analysis</td>
<td>3.3. NISCHR CRC data systems are used to inform the recruitment of Welsh speakers as research participants.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>4. Staff recruitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Level</td>
<td>4.1. The staff recruitment policy of NISCHR CRC demonstrates commitment towards recruiting Welsh</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
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<td>-----</td>
<td>-----</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>3. Community focus</td>
<td>4.3. The Welsh language profile of the NISCHR CRC regional workforce reflects the local demography of Welsh speakers.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>4. Role specifications</td>
<td>4.4. Staff recruitment at NISCHR CRC takes account of Welsh language proficiency requirements within role specifications.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber/Green</td>
<td></td>
</tr>
<tr>
<td>5. Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Quality</td>
<td>5.1. NISCHR CRC monitors the quality and appropriateness of Welsh language materials for research participants.</td>
<td>Red</td>
<td>Red</td>
<td>N/A (self-evaluation)</td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>2. Research participant information</td>
<td>5.2. Research participant materials used by NISCHR CRC are available in Welsh.</td>
<td>Amber</td>
<td>Amber</td>
<td>N/A (self-evaluation)</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>3. Funding</td>
<td>5.3. NISCHR CRC identifies the cost benefit of</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td></td>
</tr>
</tbody>
</table>
### 6. Training

<table>
<thead>
<tr>
<th>Access and delivery</th>
<th>6.1. NISCHR CRC staff at all levels receive on-going training and development on Welsh language awareness.</th>
<th>Amber</th>
<th>Amber</th>
<th>Amber</th>
<th>Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>6.2. NISCHR CRC Welsh language awareness training addresses the legal, socio-political and theoretical implications of Welsh language awareness in research.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td>Appraisal</td>
<td>6.3. NISCHR CRC Welsh language awareness training is subject to on-going evaluation as part of the wider training programme.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td>Accreditation</td>
<td>6.4. NISCHR CRC Welsh language awareness training is subject to accreditation by an appropriate body.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
</tbody>
</table>

### 7. Leadership

<table>
<thead>
<tr>
<th>Distribution</th>
<th>7.1. NISCHR CRC develops leadership on Welsh language awareness across all levels.</th>
<th>Amber</th>
<th>Amber</th>
<th>Amber</th>
<th>Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Focus</td>
<td>7.2. Leadership at NISCHR CRC demonstrates commitment towards promoting Welsh language awareness in research.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
</tr>
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<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>3. Champions</td>
<td>7.3. NISCHR CRC fosters champions to promote Welsh language awareness across the organisation.</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>8. Workforce planning</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1. Language proficiency</td>
<td>8.1. NISCHR CRC takes account of the Welsh language proficiency of staff in workforce planning.</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber/Red</td>
<td>Amber</td>
</tr>
<tr>
<td>2. Language awareness</td>
<td>8.2. NISCHR CRC takes account of the Welsh language awareness of staff in workforce planning.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Amber</td>
</tr>
<tr>
<td>9. Engagement</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1. Public</td>
<td>9.1. NISCHR CRC engages with the public on Welsh language awareness in research.</td>
<td>Red</td>
<td>Red</td>
<td>Amber</td>
<td>Red</td>
</tr>
<tr>
<td>2. Community networks</td>
<td>9.2. NISCHR CRC collaborates with community networks to enhance the recruitment of Welsh speakers</td>
<td>Amber</td>
<td>Red</td>
<td>Amber</td>
<td>Amber</td>
</tr>
<tr>
<td>3. Research participants</td>
<td>9.3. NISCHR CRC facilitates opportunities for research participants to engage in the research process in Welsh, according to their need or preference.</td>
<td>Amber</td>
<td>Amber</td>
<td>Not applicable</td>
<td>Amber/Green</td>
</tr>
<tr>
<td>4. Research community</td>
<td>9.4. NISCHR CRC engages with the research community to prioritise Welsh language awareness in research.</td>
<td>Amber</td>
<td>Amber</td>
<td>N/A (self-evaluation)</td>
<td>Amber</td>
</tr>
</tbody>
</table>
**Appendix 10 ELAN Audit Message Map**

<table>
<thead>
<tr>
<th>STAKEHOLDER / AUDIENCE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NISCHR CRC Workforce</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTICIPATED AREA OF CONCERN:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How did we do?</td>
<td></td>
</tr>
<tr>
<td>How do we keep up the momentum?</td>
<td></td>
</tr>
<tr>
<td>What next happens next?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ELAN project is working well and there is organisational buy-in and engagement.</td>
<td>There is evidence of good practice with regard to embedding language awareness in the work of NISCHR CRC.</td>
<td>The ELAN project enhances our understanding of service improvement methods and this new learning is transferrable to other areas of the organisation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness and motivation of staff, as noted by external auditor.</td>
<td>Evidence of organisational commitment to language awareness within NISCHR CRC strategy and delivery.</td>
<td>Insight regarding core components of Communities of Practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>High profile of ELAN project at NISCHR CRC Staff Symposium.</td>
<td>Evidence of active recruitment of Welsh speakers to studies.</td>
<td>Enhanced understanding of role of champions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
<th>Supporting Fact 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for ELAN project, as noted by NISCHR CRC Staff Symposium feedback.</td>
<td>Wealth of evidence of good practice across the regions – details to follow.</td>
<td>Validation of model for change.</td>
</tr>
</tbody>
</table>
## Appendix 11 ELAN Standards and Anchors

<table>
<thead>
<tr>
<th>Domain</th>
<th>Category</th>
<th>Standard</th>
<th>Mid-point Anchors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Equality and diversity</td>
<td>1.1. The strategy of NISCHR CRC demonstrates commitment towards promoting Welsh language awareness as part of its equality and diversity agenda.</td>
<td>Sensitivity towards the Welsh language is given prominence in key strategies / policies; and staff understand its importance. E.g. strategic objectives / annual work plan.</td>
</tr>
<tr>
<td></td>
<td>2. Research participant recruitment</td>
<td>1. 2. The strategy of NISCHR CRC demonstrates commitment towards enhancing the recruitment of Welsh speakers as research participants.</td>
<td>Staff are aware of the importance of recruiting Welsh speakers to studies and this is reflected in key policies / strategies; E.g. selection and recruitment policy.</td>
</tr>
<tr>
<td>2. Operational systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Governance</td>
<td>2.1. Welsh language awareness is a key component of NISCHR CRC governance procedures.</td>
<td>Governance procedures reflect the implications of the Welsh language in research; and staff acknowledge its importance. E.g. SOPS.</td>
</tr>
<tr>
<td></td>
<td>2. Integration</td>
<td>2.2. Welsh language awareness is integrated across all NISCHR CRC operational systems.</td>
<td>Sensitivity towards the Welsh language is addressed within PDR; embedded in work plans; and staff acknowledge its importance.</td>
</tr>
<tr>
<td></td>
<td>3. Evaluation</td>
<td>2.3. Welsh language awareness across NISCHR CRC operational systems is subject to on-going evaluation.</td>
<td>An ongoing audit cycle and reporting mechanism is in place to evaluate sensitivity towards the Welsh language; and staff are conversant with its importance.</td>
</tr>
<tr>
<td>3. Information management</td>
<td>1. Items</td>
<td>3.1. NISCHR CRC data systems include information on the Welsh language background of research participants.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data systems are in place to capture the Welsh language profile of research participants; and staff understand their potential. E.g. EDGE system.</td>
<td></td>
</tr>
<tr>
<td>2. Assimilation</td>
<td>3.2. National and local population data on Welsh speakers are assimilated into NISCHR CRC data systems.</td>
<td>There is connect between internal and external data systems to capture the Welsh language profile of research participants; and staff appreciate this facility. E.g. EDGE system.</td>
<td></td>
</tr>
<tr>
<td>3. Analysis</td>
<td>3.3. NISCHR CRC data systems are used to inform the recruitment of Welsh speakers as research participants.</td>
<td>Data systems are used to facilitate the recruitment of Welsh speakers to studies; and staff are aware of their responsibility to use this intelligence. E.g. EDGE system.</td>
<td></td>
</tr>
<tr>
<td>4. Staff recruitment</td>
<td>1. Level</td>
<td>4.1. The staff recruitment policy of NISCHR CRC demonstrates commitment towards recruiting Welsh speaking staff at all levels.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The staff recruitment policy takes account of the Welsh language skills of the entire workforce; and staff are conversant with this strategy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Marketing and advertising</td>
<td>4.2. Information about vacancies at NISCHR CRC demonstrates commitment towards Welsh language awareness in research.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Job adverts and role specifications take account of the Welsh language and this message is communicated on a web site.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Community focus</td>
<td>4.3. The Welsh language profile of the NISCHR CRC regional workforce reflects the local</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Systems are in place that report the language match between the workforce and the local demography of Welsh speakers;</td>
<td></td>
</tr>
<tr>
<td>Demography of Welsh speakers</td>
<td>and staff appreciate their significance.</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Role specifications</td>
<td>4.4. Staff recruitment at NISCHR CRC takes account of Welsh language proficiency requirements within role specifications.</td>
<td>Role specifications reflect levels of Welsh language proficiency requirements; and staff understand this obligation.</td>
<td></td>
</tr>
<tr>
<td>5. Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Quality</td>
<td>5.1. NISCHR CRC monitors the quality and appropriateness of Welsh language materials for research participants.</td>
<td>Systems are in place to monitor the quality and appropriateness of Welsh language research participant materials; and staff understand their importance.</td>
<td></td>
</tr>
<tr>
<td>2. Research participant information</td>
<td>5.2. Research participant materials used by NISCHR CRC are available in Welsh.</td>
<td>Systems are in place to promote Welsh language research participant materials; and staff understand their importance.</td>
<td></td>
</tr>
<tr>
<td>3. Funding</td>
<td>5.3. NISCHR CRC evaluates the costs of implementing Welsh language provision on an annual basis.</td>
<td>An ongoing audit cycle and reporting mechanism is in place to evaluate the cost of Welsh language provision; and staff appreciate their significance.</td>
<td></td>
</tr>
<tr>
<td>6. Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Access and delivery</td>
<td>6.1. NISCHR CRC staff at all levels receive on-going training and development on Welsh language awareness.</td>
<td>Records confirm that staff at all levels attend regular Welsh language awareness training events; and appreciate their importance.</td>
<td></td>
</tr>
<tr>
<td>2. Content</td>
<td>6.2. NISCHR CRC Welsh language awareness training addresses the legal, socio-political and theoretical implications of Welsh language awareness in research.</td>
<td>The learning outcomes of Welsh language awareness training events reflect the legal, socio-political and theoretical context; and staff can report their significance.</td>
<td></td>
</tr>
</tbody>
</table>
3. Appraisal

6.3. NISCHR CRC Welsh language awareness training is subject to on-going evaluation as part of the wider training programme.

An ongoing audit cycle and reporting mechanism is in place to evaluate Welsh language awareness training; and staff are familiar with this process.

4. Quality assurance

6.4. NISCHR CRC Welsh language awareness training is quality assured.

Systems are in place to monitor the quality and appropriateness of Welsh language awareness training; and staff are familiar with this process.

7. Leadership

1. Distribution

7.1. NISCHR CRC develops leadership on Welsh language awareness across all levels.

Departments, teams and their work plans draw attention to the Welsh language; and staff are conversant with its importance.

2. Focus

7.2. Leadership at NISCHR CRC demonstrates commitment towards promoting Welsh language awareness in research.

Attention to the Welsh language is evident within the business of the board / senior team; and this is recognised amongst staff.

3. Champions

7.3. NISCHR CRC fosters champions to promote Welsh language awareness across the organisation.

Systematic plans are in place to draw attention to the Welsh language; and staff are aware of these mechanisms. E.g. Language Awareness Champions.

8. Workforce planning

1. Language proficiency

8.1. NISCHR CRC takes account of the Welsh language proficiency of staff in workforce planning.

Systems are in place to forward plan the language skill mix of the future workforce; and staff understand their importance. E.g. feasibility assessment;

2. Language awareness

8.2. NISCHR CRC takes account of the Welsh language sensitivity of the future workforce;
<table>
<thead>
<tr>
<th>Engagement Area</th>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Engagement</strong></td>
<td></td>
<td>Language awareness of staff in workforce planning. and staff understand their importance. E.g. training analysis.</td>
</tr>
<tr>
<td>1. Public</td>
<td>9.1. NISCHR CRC engages with the public on Welsh language awareness in research.</td>
<td>Attention is given to the Welsh language on a web site and staff are conversant with this requirement.</td>
</tr>
<tr>
<td>2. Community networks</td>
<td>9.2. NISCHR CRC collaborates with community networks to enhance the recruitment of Welsh speakers to research studies.</td>
<td>Interaction with community networks is evident around Welsh language issues; and staff are aware of these opportunities.</td>
</tr>
<tr>
<td>3. Research participants</td>
<td>9.3. NISCHR CRC facilitates opportunities for research participants to engage in the research process in Welsh, according to their need or preference.</td>
<td>Systems are in place to interact with research participants in Welsh; and staff are familiar with these mechanisms.</td>
</tr>
<tr>
<td>4. Research community</td>
<td>9.4. NISCHR CRC engages with the research community to prioritise Welsh language awareness in research.</td>
<td>Interaction with the research community is evident around Welsh language issues and staff are aware of these opportunities. E.g. showcase events.</td>
</tr>
</tbody>
</table>