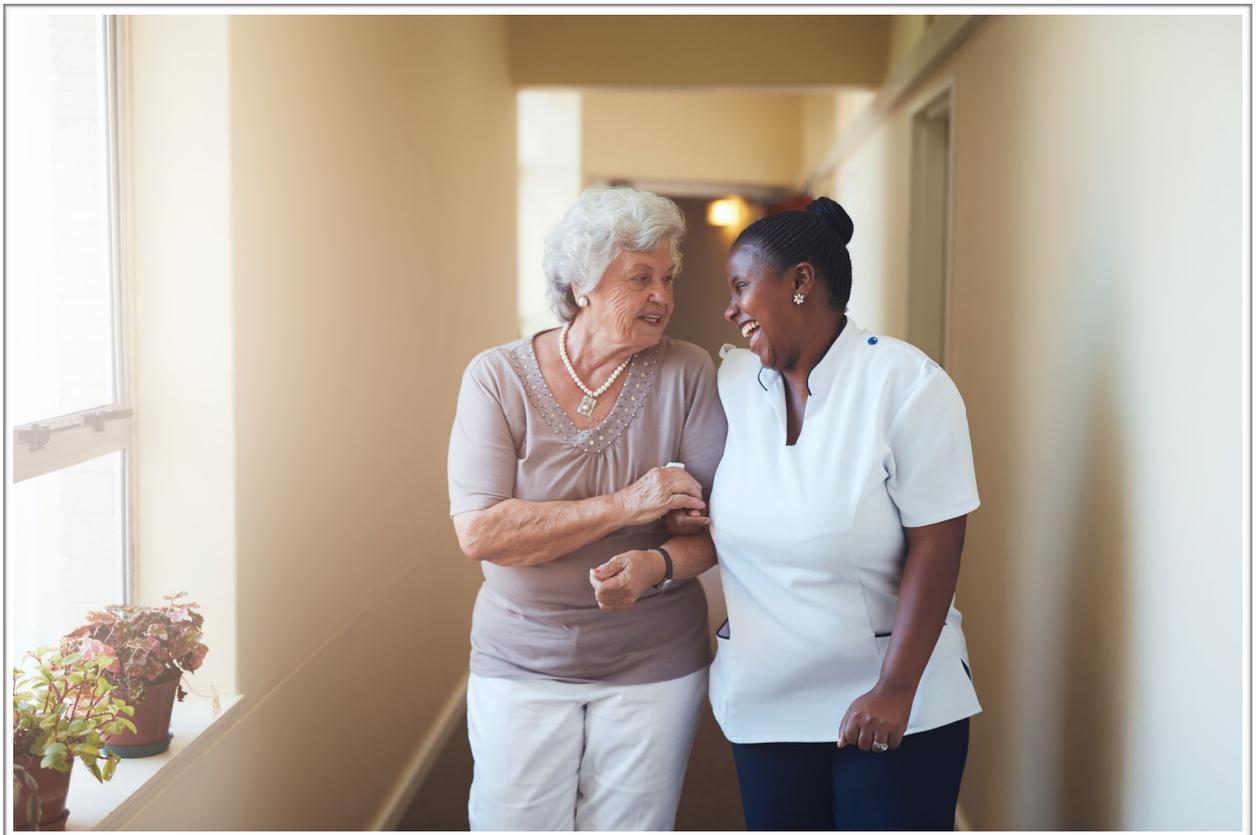


A Report on Migrants and the Role of the Minority language in Healthcare: A Theoretical and Practical Analysis An Overview



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Introduction

The COMBI project, funded by the European Commission Erasmus+ programme, has brought together academics and practitioners in the field of minority languages and migration. The project investigates the extent to which migrants are able to access language learning resources in the minority as well as the national language of the host communities. The project explores whether current language learning approaches and resources impact on the ability of migrants to function in their new society. For this, the project considers access of migrants to the job market and the requirements within a specific field of work, namely healthcare. This is particularly pertinent in a climate where knowledge and competence in both host community languages are increasingly required for employment and advancement.

The questions that drive this research include: What self-reported minority language skills do first generation migrants possess? What factors determine attitudes of first-generation migrants towards the minority language? To what extent does policy affect attitudes of first-generation migrants towards the minority language? Can the use of the minority language help migrants function better in the labour market?

Migration and Policy

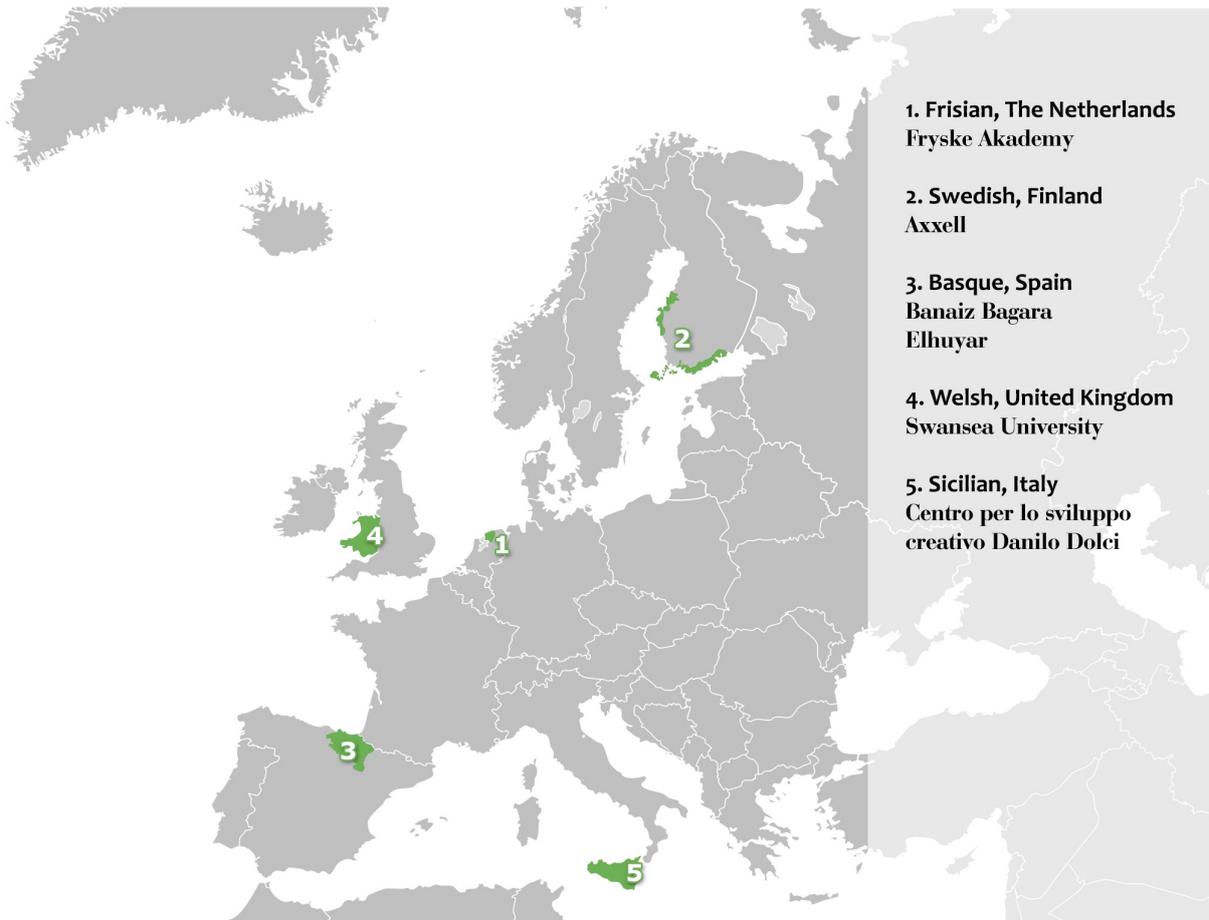
Migration has jumped to the heart of the political, social and economic arena of Europe. As a result of 4.7 million people migrating to one of Europe's 28 member states in 2015, language communities are undergoing challenges concerning how to integrate migrants, including providing adequate linguistic training for the labour market (Eurostat 2017).

The linguistic integration of migrants has been a major concern of the European Union. Plans to integrate immigrants into individual European states have nevertheless taken place on an ad hoc basis (Spotti et al 2009). Countries vary in terms of linguistic requirements for residence and citizenship but all offer either compulsory or optional pathways to learn the national state language. Despite debate on how integration and cohesion should be carried out, there is an increasing awareness that language skills are key instruments in the integration process. In bilingual regions, acquiring the necessary language skills to be successful in the labour market might mean that two languages instead of one have to be learned. Despite the particularity of each

language context, parallels between European and international language contexts are increasingly compared in order to find best practice and new strategies for language policy and promotion.

Language in Health Care

Language lies at the core of professional healthcare. It has previously been described that “without language, the work of a physician and that of a veterinarian would be nearly identical” (Clark, 1983). Despite pervading monolingual ideologies, there is increasing research revealing the need for bilingual healthcare workers. Wagoner (2017) highlights two main reasons: (1) patients being unable to express themselves and understand others at the same proficiency in their second language as they would in their first; and (2) giving the patient some comfort during a stressful and/or vulnerable time. Moreover, many experts in the field claim that interpreters do not meet the need of patients or equate to bilingual health care workers. Coffi (2005) suggests that the best solution is to bypass the ‘middleman’ as health practitioners can give a higher level of care to their patient and have a higher level of authority, skill, and/or trust with the patient. Wagoner (2017) suggests that the way to tackle this is to increase the linguistic capabilities of healthcare workers to allow patients to be able to be treated in the language of their choice. Thus, migrants seeking or currently working in the healthcare sector would need more support to learn not one but two languages of the host community in order to meet the needs of patients and clients.



COMBI partners

The COMBI project brings together different European regions, all of which may be classified as ‘bilingual host communities’ and who have demand for healthcare workers to be competent in both languages of the host community. These areas include Wales with the presence of the Welsh and the English language, the Basque Country with the Basque language and Castilian Spanish, Finland with Swedish and Finnish, Sicily with Sicilian and Italian as well as Fryslân with Frisian and Dutch. The map depicts all areas and the corresponding partners who participate in the COMBI project as well as the minority languages that are spoken in these areas.

Wales (UK)

Population: 3 million

Official languages: English and Welsh

Number of Welsh speakers: 19% (562,000) of the total Welsh population can speak, read and write Welsh

UK: 13% immigrant population (2015)

Wales: 6% immigrant population (3% in 2000) (Migration Observatory UK 2016)

Basque Autonomous Community (Spain)

Population: 2.19 million

Official languages: Castilian, Basque

Number of Basque speakers: 33.9%

Immigrant population (Spain): 10% (2015)

Immigrant population (BAC): 6% 2015 (1% in 2000) (Ikuspegi 2015)

Finland

Population: 5.5 million

Official languages: Finnish (88.67%), Swedish (5.29%), Recognised regional languages: Sami (0.04%)

Number of Swedish speakers: 5.5% of the total Finnish population are Swedish mother tongue speakers 290 760 (Suomen virallinen tilasto (SVT): Väestön ennakkotilasto [verkkójulkaisu]).

Immigrant population (Finland): 339 925 (7%)

Sicily (Italy)

Population: 5 million

Official languages: Italian

Number of Sicilian speakers: 5 million, with different dialects and accent differences in the nine provinces of Sicily

Immigrant population (Italy): 5.026.153 in 2016 (9.5% of the Italian population)

Immigrant population (Sicily): 174.116 in 2015 (3.5% of Sicilian population)

Fryslân (The Netherlands)

Official languages: Dutch, Frisian

Population (Fryslân): 645.456 (Fries Sociaal Planbureau, 2016)

Percentage of Frisian speakers: 66.8% (Provinsje Fryslân, 2015)

1st generation immigrant population (The Netherlands): 1.920.877 (Fries Sociaal Planbureau, 2016)

1st generation immigrant population (Fryslân): 28.069 (Fries Sociaal Planbureau, 2016)

It is important to note that each partner context differs in terms of its history and socio-economic background as well as the current linguistic status of its minority language. This means that each context has different practices relating to the linguistic integration of migrants. The table below indicates commonalities and differences in policy and practice in each partner context:

Language	# of speakers	% of the regional population	Regional language policy aimed at migrants	Language courses in both languages aimed at migrants	Regional language policy in health care	Linguistic training for workers in health care
<i>Sicilian</i> (no official status)	5,082,000	98%	X	X	X	X Local initiatives to help the integration of migrants, but no focus on Sicilian
<i>Frisian</i>	431,200	67%	X	X	X	✓ Available: Frisian language materials aimed at health care workers, and a facultative Frisian course for health care students.
<i>Basque</i>	742,410	34%	✓ Arranged at both regional /municipal level	✓ AISA (EU) 20%, EPA (ES) 90%	X No specific support for migrants.	✓ Specific courses by different providers, economic help from local government.
<i>Welsh</i>	562,000	19%	X Welsh Language Act 1993, Welsh Language Measure 2011	X	X No specific support for migrants.	✓ Local training initiatives as a result of 'Mwy na Geiriau' language strategy

<p><i>Swedish</i> (bilingual provisions arranged at the level of the municipality)</p>	<p>290,760</p>	<p>6%</p>	<p>✓</p>	<p>✓</p>	<p>✓ Specific support for migrants is available</p>	<p>✓/X Policy-wise, pathways are available despite little practice</p>
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Survey

The aim of the surveys was to find out about respondents' experiences and attitudes towards the use of the minority language in the healthcare workplaces. The surveys were carried out in all 5 partner contexts targeting four groups which included the following:

1. First-generation migrants who work in healthcare
2. First-generation migrants who wished to work in healthcare but were not doing so at the time of the survey
3. Healthcare managers and policy officers
4. Teachers and vocational trainers of minority languages

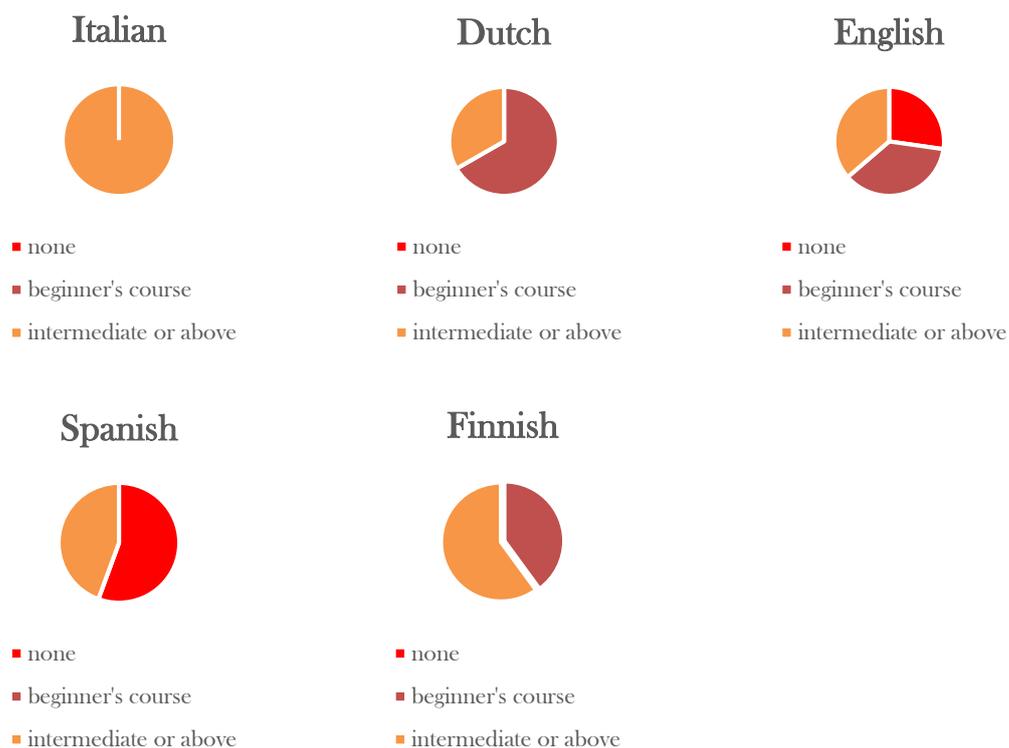
In total, 216 participants took part in the study, of which 61 were migrants who worked in healthcare, 38 were migrants who wished to work in healthcare, 43 were managers and policy officers in healthcare and 74 were teachers or vocational trainers of minority languages.

Results

Migrants

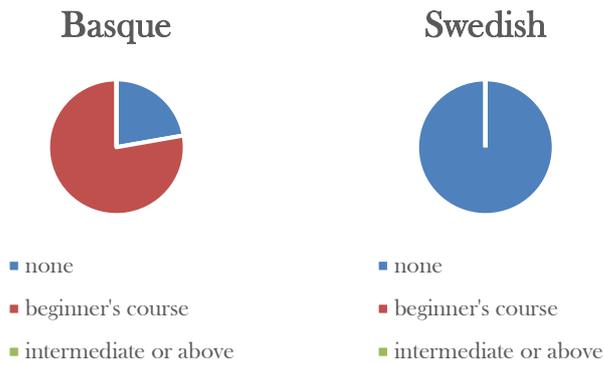
In all contexts, clear differences were found in respect to the skills of migrants in the national majority and the minority language of each context, as seen below.

National Majority Language Skills (Speaking and Reading)

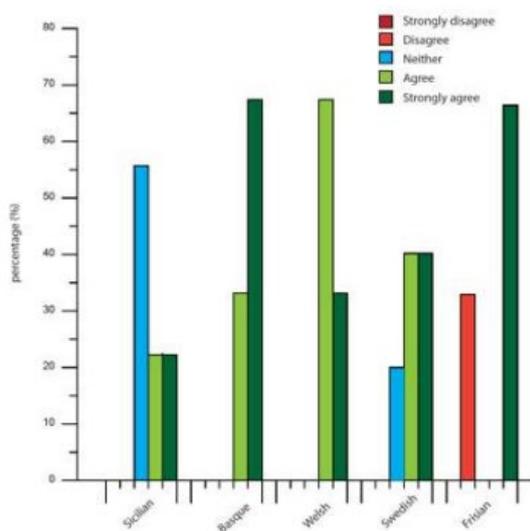


Minority Language Skills (Speaking and Reading)

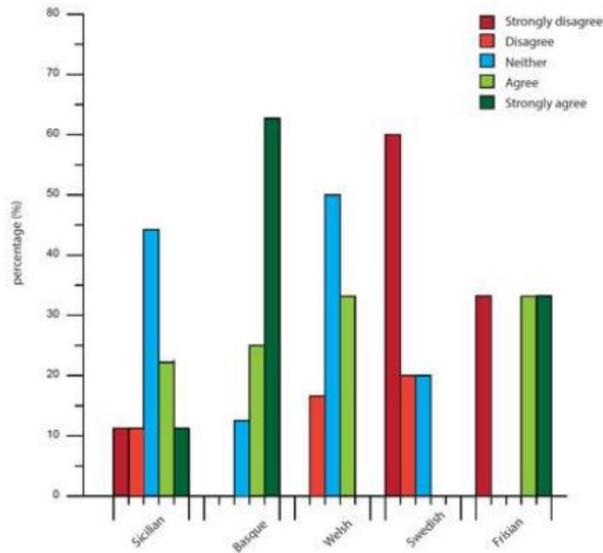




Moreover, differences were found within each context regarding attitudes of migrants towards the minority language. It is not surprising that the more politically established minority languages (Basque, Welsh, Swedish) were deemed more useful to learn than Sicilian and Frisian by respondents in their respective contexts. However, when asked if the minority language is essential for the labour market, respondents were less certain and mixed in all contexts apart from Basque respondents. See graphs below



Minority language is useful for employment



Minority language is essential for employment

Interestingly, although no Finnish respondents saw the learning of the minority language as essential for their employment, 40% of the Finnish respondents did agree with the statement that it was important to learn the minority language.

Teacher and Vocational trainers

In most cases, teachers and vocational trainers acknowledged that a targeted minority language course would be beneficial for migrants especially in the field of health care as noted below:

The ability to understand the spoken language (dialect or minority language) I think is very important in workplaces in general and especially when providing socio-health benefits to properly understand the needs. **Sicilian vocational trainer**

It is important to have a good command of two languages in all areas of society, not just the elderly care sector. **Basque language teacher**

Everyone who works in healthcare should be able to speak some Welsh

(at least Entry level). **Welsh language teacher**

Providing equal provision for migrants was described on a needs as well as a rights-based level. Also, teachers expressed the need for flexible and adaptive training programmes which consider intercultural communication and the reality of the workplace.

Healthcare Manager and Policy Officers

No consensus was found amongst health care managers and policy officers concerning the precise role of the minority language in healthcare. This may be partially due to the divergence in language policies and practices across contexts but also variations within local language policy contexts:

There is no top-down policy and there is no need for it. Only at the call center, where emergency calls come in one has to understand Frisian.

Frisian healthcare manager

This is absolutely a good idea. The feeling of security among inhabitants

increases when they know that they will be understood. **Swedish healthcare manager**

In some cases, it suggests personal views were expressed rather than experience or knowledge in the field. Nevertheless, language policy officers believed in general that there were limitations to top-down policy initiative and that local based initiatives were more successful.

Key Findings

All cases show different policies and practices at work. Although Wales, Finland and the Basque Country have the most extensive policies, only the Basque country has a direct provision for migrants in the Basque language albeit voluntary based.

- In the Sicilian and Frisian case, less policy is replaced with more apparent practice and voluntary based projects.
- None of the cases in question carry out direct practice of training teachers or providing language training for migrants in healthcare settings
- In Basque and Welsh cases, policies exist on migrant integration and bilingualism but no strategy directly linking migrant integration in bilingual society & workplaces
- Integration policies favour one language for integration instead of regarding migrants' needs for competence in both languages
- Frisian is a case where language policy is recent and deficient although practice of Frisian in healthcare is widespread
- Sicily is a case in point where there is no direct language policy for Sicilian nor local policies on migrant integration despite languages policies being in place concerning other minority languages in Italy
- In spite of local policies in the Sicilian case, local initiatives have been designed to integrate immigrants with consideration of the Sicilian language.
- Local initiatives exist in the Basque context to train migrant workers in health care using the Basque language
- The Finnish example shows policy objectives to train workers from migrant backgrounds through both national languages, Swedish and Finnish



Future Directions

There is a general call for more research, policy and practice in the domain of minority language teaching to migrants in order to fully equip workers in the healthcare sector across Europe. Taking into consideration the commonalities and differences of the partner contexts involved, the needs analysis of the COMBI project has led to the following recommendations. There is a need to:

- raise awareness of the importance of bilingualism in the workplace
- recognise that linguistic skills and cultural knowledge of migrant workers differentiate between other workers in the healthcare sector
- recognise that linguistic integration can take place in more than one language of the host community
- acknowledge that the linguistic integration of migrants can not only focus on social and cultural inclusion but also economic inclusion
- create pathways for migrants to be able to integrate into the linguistic and cultural practice in the workplace
- develop training for teachers and trainers to be able to educate and assist in increasing language skills and capabilities of migrants in the workplace
- develop resources which meet the linguistic needs of migrants in both languages of the workplace
- pilot language training courses for migrants in bilingual workforces

- develop and disseminate a pedagogical method and a teacher training toolkit for migrants in bilingual communities which serves as a European model for teaching language to migrants in bilingual workplace

Bibliography

Clark, M. M. (1983). Cultural context of medical practice. *Western Journal of Medicine*, 139(6), 806.

Coffi, J. (2003). Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences. *International Journal of Nursing Studies* 40, pp. 299-306.

Eurostat. (2017). Migration and migrant population statistics. [Online] Eurostat: Statistics Explained. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics

Extra, G., Spotti, M. a Van Avermaet, P. 2009. Language Testing, Migration and Citizenship. *Journal of Ethnic and Migration Studies*, 36 (5),pp. 753-72

Finnish National Board of Education. (2010). Vocational Qualification in Social and Health Care, Practical Nurse. Retrieved from http://www.oph.fi/download/140436_vocational_qualification_in_social_and_healthcare_2010.pdf

Gobierno Vasco (2008) Euskara 21. Plan de Acción para la Promoción del Euskera. Retrieved from http://blog.euskara21.euskadi.net/?lang_pref=es

Higham, G. (2014). Teaching Welsh to ESOL Students: issues of intercultural citizenship. In Mallows, D. ed. *British Council Innovation Series: Language and Integration*. London: British Council.

Ikuspegi (2016) Panorámica de la Inmigración. Población Extranjera en la CAPV 2015. VitoriaGasteiz.

Irvine, F. E., Roberts, G. W., Jones, P., Spencer, L. H., Baker, C. R., & Williams, C. (2006). Communicative sensitivity in the bilingual healthcare setting: A qualitative study of language awareness. *Journal of Advanced Nursing*, 53(4), 422-434.

Istat. (2014). L'uso della lingua italiana, dei dialetti e di altre lingue in Italia. Retrieved from http://www.istat.it/it/files/2014/10/Lingua-italiana-e-dialetti_PC.pdf

Liddicoat, A. J. (2013). *Language-in-Education Policies: The Discursive Construction of Intercultural Relations*. Great Britain: Short Run Press Ltd.

Magnusdottir, H. I. L. D. U. R. (2005). Overcoming strangeness and communication barriers: a phenomenological study of becoming a foreign nurse. *International nursing review*, 52(4), 263-269.

Osakidetza (2013). II Scheme to normalize the use of Basque in Osakidetza – 2013-2019. Retrieved from https://www.osakidetza.euskadi.eus/contenidos/informacion/publicaciones_euskera/es_osk/adjuntos/euskararenPlanaEn.pdf

Roberts, G. W., & Paden, L. (2000). Identifying the factors influencing minority language use in health care education settings: a European perspective. *Journal of Advance Nursing* 32(1), pp. 75-83

Wagoner, C. (2017). Language Capacity Building and Strengthening in the Welsh Statutory Education and Health and Social Sectors. PhD. Cardiff

Welsh Government. (2016a). Refugee and Asylum Delivery Plan. Cardiff: Welsh Government

Welsh Government. (2016b). More than just Words: Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. Cardiff: Welsh Government

Welsh Language Commissioner (2014). My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care. Retrieved from: <http://www.comisiynyddygygymraeg.cymru/English/Publications%20List/Health%20inquiry%20full%20report.pdf>

World Health Organization. (2014). Migration of health workers: the WHO code of practice and the global economic crisis. Retrieved from http://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf?ua=1

For more details about the COMBI project, visit www.combiproject.eu

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