



**A report on Migrants and the Role of the Minority
Language in Healthcare:
a Theoretical and Practical Analysis**





Contents

This report delivers an overview of linguistic integration of migrants in minority language contexts in order to set out the objectives of the COMBI project. Specific attention is directed to the linguistic situation of each partner context in the project. Indications for best practices in minority language education for migrants are described and communication challenges that migrants face in the workplace are highlighted. Lastly, this report gives recommendations on how the COMBI project can respond to challenges and can support national minority language education in the workplace.

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1. Introduction

The 21st century is witnessing increased discussions on immigration in local, national and international contexts. Nowadays, over 3% percent of the world's inhabitants do not live in their country of birth (United Nations, 2016). Migration, integration and citizenship are highly contested issues. Moreover, sub-state nations in Europe and beyond are undergoing expanded devolution powers, localising policies on education and community cohesion. In many minority language contexts such as Welsh, Basque, Frisian etc., governments have the double task of regulating their minority language policies as well as mapping cohesion strategies in response to the increased multicultural reality of their societies.

A key aspect of successful integration is language (Esser, 2006). Without knowledge of the host country's language, migrants have trouble to engage in society and to find work that matches their skill and level of education. The COMBI project responds to the social, political and economic changes resulting from migration, targeting European regions where both state and minority languages coexist. Although the languages of these regions occupy the same geographical space, they may fulfil different functions in public life and education. As some jobs require workers to be proficient in both the majority language and the minority language, many migrants in these areas do not have easy access to the labour market.

Over the past 10 years there has been an increased interest in the role of migrants and their language skills in healthcare (e.g., Burns & Roberts, 2010; Tregunno, Peters, Campbell & Gordon, 2009; Magnúsdóttir, 2005). In studies that examined the most prominent challenges of migrants in their new countries, language was most frequently reported to be the major barrier in the workplace. Moreover, language issues are not resolved after a few months' time. Instead, it may take years before migrants become fully proficient and confident in their new language (Magnúsdóttir, 2005).

While research on migration and plurilingualism is increasingly prominent, the impact of migration on regions with more than one host community language is less researched. In this respect, 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 on the following page 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.

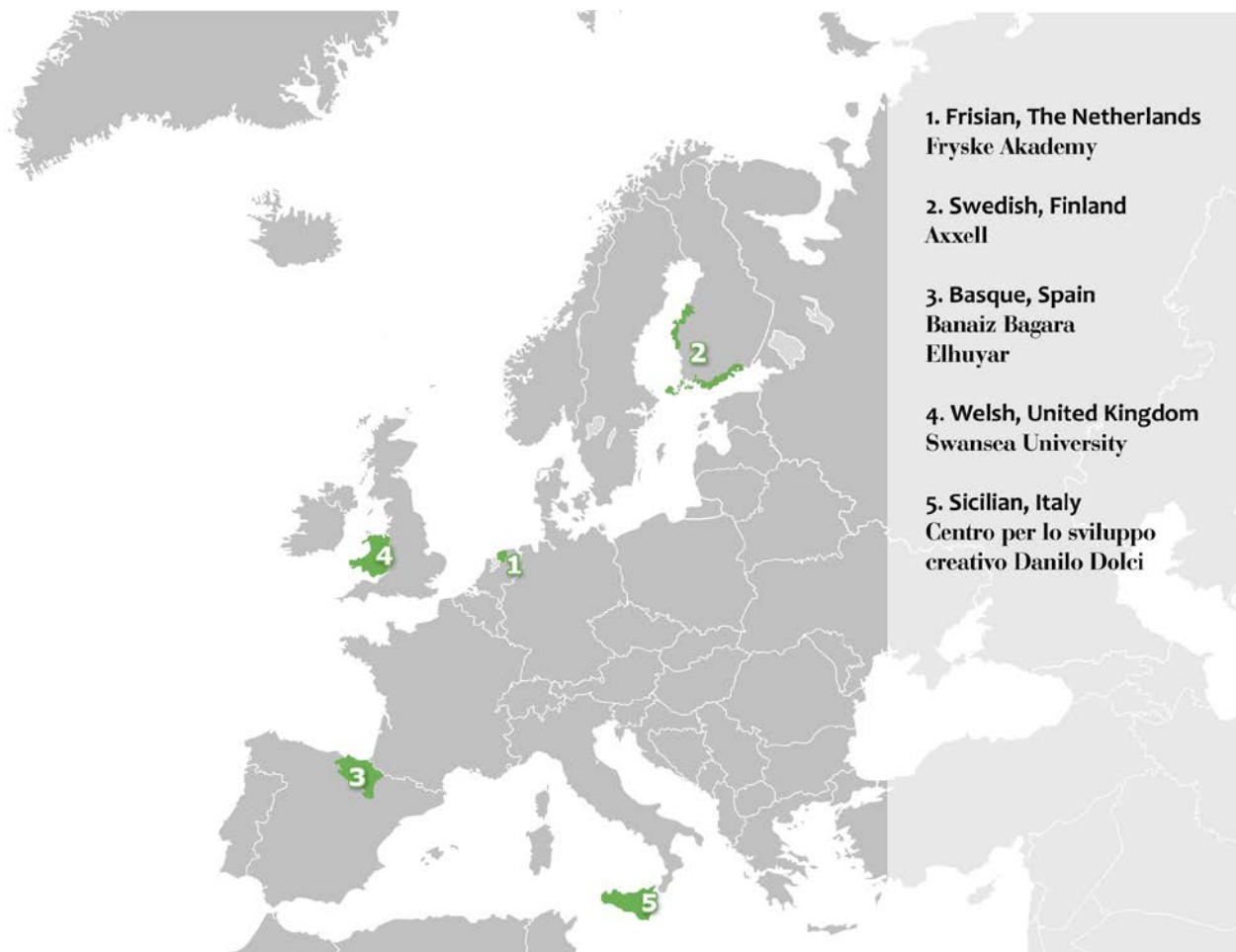


Figure 1: Map of the COMBI partners and their home regions

1.1 Aims

The COMBI 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. Besides access to



resources, the project also examines to what extent skills in the minority language are considered important. 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 examines migrants' access 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 COMBI project focuses on the healthcare sector since this is a sector in which minority languages play a major role while it is at the same time a sector in which many migrants work. According to the World Health Organization (2014), worldwide migration of healthcare workers is rapidly increasing. Due to the fact that many migrants seek work in the multilingual health sector and the important emphasis on multilingual communication skills and patient needs, the COMBI project seeks to go to the heart of understanding and responding to these needs by targeting migrants as well as other stakeholders involved in enabling migrants to be better equipped with language skills. With the intention to improve the language skills of migrants working or seeking work in the healthcare sector, the project further aims to train vocational teachers and teachers of minority language to be able to deliver courses in the minority language to migrants.

In order to involve migrants, the project will target first generation migrants. These migrants have to integrate into new host community environments and may require and/or benefit from knowledge of both the minority as the majority language to increase their employability and capability. The project targets migrants from different socioeconomic backgrounds including economic migrants and refugees (who have received status to remain and permission to work).

In this regard, this report is divided into two main analysis fields: firstly a literature review on research in the field of migration, language policy and minority languages. The objective will be to assess the current literature and research in the field with a specific focus on the use of the minority languages in the health care sector. Secondly a survey analysis will be discussed which was carried out among 216 participants across the 5 partners contexts. The objective of the survey is to assess the specific needs of



migrants and gaps in the provision which is not documented in the literature review.

The research questions that drive this research include:

1. What self-reported minority language skills do first generation migrants possess?
2. What factors determine attitude of first generation migrants towards the minority language?
3. To what extent does policy affect attitudes of first generation migrants towards the minority language?

1.2 Language and Migration Policy and Practice

Migration has jumped to the heart of the political, social and economic arena of Europe. International migration is at an all-time high with 4.7 million migrants to one of the 28 EU-member states in 2015 (Eurostat 2017). Likewise, the issues related to migration are continuously present in the media conjuring differing viewpoints on the acceptance of migrants and refugees and on the way in which they should be integrated into society. In addition, migration has also been a key issue in various national elections including the Brexit vote in June 2016. In terms of numbers, Germany accepts the highest number of international migrants (692,000 in 2013) as well as the highest proportion of asylum seekers: 150,233 in 2016 (BAMF 2016). France receives the second highest number of international migrants (322,00 in 2013). This makes 15% of the German population immigrant (12 005,700) while 12% of the French population is immigrant 784,400 (Eurostat 2016).

In this regard, academic discussion has responded to the impacts of migration on society. For instance, the term 'superdiversity' (Vertovec 2007) has been coined as a new theoretical concept to describe increased diversity and tries to explain the variables and complexities that are unprecedented in this current era (Meissner and Vertovec 2015: 542). Likewise, academia has acknowledged the impact of increased movement on communities with established languages (Heller 2007). 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.



Although language policies in bilingual communities are (in some cases) well established such as in Finland, they are often contested (Koskela 2014, Saukkonen 2012). Increasing diversity and multilingualism thus brings a new level of complexity to linguistic integration (May 2012).

The linguistic integration of migrants has been a major concern of the European Union. Plans to integrate immigrants into individual European states has nevertheless taken place on an ad hoc basis. 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. However, the Council of Europe's LIAM (Linguistic Integration for Adult Migrants) project has identified that a one size for all language course is not suitable and that linguistic integration is not about learning the national language solely but is rather about reorganising and developing individual linguistic repertoires. This implies that various languages have various functions and can change and expand over time. In order to study this subject, it is essential to define the language needs of learners and to profile the migrants within this group. In this respect, The Council of Europe's LIAM project has set out guiding principles to help member states develop inclusive language policies¹:

[...] agencies responsible for language policy are invited to consider the extent to which they:

1. IMPLEMENT LANGUAGE PROGRAMMES THAT PROVIDE A CLEAR RESPONSE TO MIGRANTS' LANGUAGE NEEDS FOR PERSONAL, SOCIAL AND WORKING LIFE
2. ENSURE THAT PROGRAMMES ARE SUFFICIENTLY OPEN TO ACCOMMODATE THE DIVERSITY OF MIGRANTS
3. SUPPORT MIGRANTS IN DEVELOPING INDEPENDENT LEARNING SKILLS
4. MONITOR LANGUAGE AND CULTURE COURSES TO ENSURE THEY MEET INTERNATIONALLY ACCEPTED STANDARDS OF QUALITY ASSURANCE
5. DEFINE REQUIRED PROFICIENCY LEVELS IN A REALISTIC AND FLEXIBLE MANNER THAT REFLECTS THE ACTUAL NEEDS AND CAPACITIES OF MIGRANTS

¹ <https://www.coe.int/en/web/lang-migrants/guiding-principles>



6. ENSURE THAT FORMAL TESTS, WHERE USED, CONFORM TO ACCEPTED STANDARDS OF QUALITY AND ARE NOT MISUSED TO EXCLUDE MIGRANTS FROM SOCIETY
7. DEVISE EFFECTIVE INCENTIVES RATHER THAN INEFFECTIVE SANCTIONS; TANGIBLE REWARDS FOR LANGUAGE LEARNING, SUCH AS SPEEDIER ACCESS TO EMPLOYMENT OR SOCIAL BENEFITS, PROVIDE ENHANCED MOTIVATION
8. VALUE MIGRANTS' LANGUAGES OF ORIGIN AND THEIR UNIQUE PLURILINGUAL AND PLURICULTURAL IDENTITIES

In addition to a top-down language policy approach, there has been a shift in considering bottom-up approaches to language policy where local practitioners, teachers and even migrants initiate and claim ownership over language practices which may challenge current national and local language policy (McCarty 2011). The British Council's publication (2014) on *Language Issues in Migration and Integration: perspectives from teachers and learners* addresses the multilingual needs of immigrants in diverse communities as well as the multi-sited nature of integration. Moreover, the New Speakers' Network (COST Action IS1306), engages with multilingualism on a European level but has particular interest in research on migration, transnational workers and minority languages. The project aims to raise the status of the 'new speaker' profile, whether immigrant or low-skilled worker, as a key stakeholder in language and integration policies. It also places emphasis on the importance of developing educational resources to support the needs of new speakers of minority languages (O'Rourke, B, Pujolar, J & Ramallo, F. 2015). 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.

1.3 Canada as an example

Relatively little attention has been placed on the contribution of immigrants to language revitalization projects in the European context (Higham 2014). In Europe, the focus has been rather on the cultural, economic and political integration of migrants into the national state as well as aspects such as national citizenship testing. Issues of multiculturalism and interculturalism in Europe have revolved around ethnocultural diversity, race and religious equality as opposed to ethnolinguistic diversity of both home



nations and migrants (Kymlicka 2011).

It is by looking further afield, to the French-speaking provinces of Canada and namely the province of Quebec, that we can gain further insight into a sub-state context of linguistic integration. Quebec has invested much academic knowledge and resources into the linguistic integration of migrants through the French language. Migrants to Canada and Quebec in the 1960's who predominantly learned English were posing a threat to the future of the French language. Nevertheless, through powerful language legislation (Loi 101), French was invoked as the sole language of the province. This led to reforms in education and opened an integration pathway for migrants to learn French. Despite the unilingual language policy through French, recent statistics show that immigrants to Quebec are more multilingual than in any other province in Canada (Corbeil & Houle 2013). Emphasis on the linguistic integration (known as *francisation*) is nowadays placed on transferring skills into the workplace. According to Pagé (2011:26), "access and successful integration to the francophone workplace are the conditions of *francisation* which include an orientation towards the French language but also implies learning or having learnt English". The emphasis is placed on the instrumental value of the language whereby the l'Office Québécois de la Langue Française enforces the provision of French language services for companies with over 40 employees. Nevertheless, in other areas of Canada, where presence of the French language is not as strong, integration classes are in majority orientated towards English. The focus is rather directed towards offering services through the medium of French on a base of 'active offer'.

1.4 Health Care in Bilingual Settings

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). It is therefore widely agreed in language policy and planning in Europe and beyond that bilingual education is necessary in order to revitalise minority languages (Liddicoat 2013). Wagoner (2017) points out, however, that the need for bilingual education in contexts such as healthcare settings is not so widely recognised. This is illustrated in the Welsh case with the idea, as Davies (2009) puts it, that "they all speak English anyway".

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, Roberts and Paden (2000) affirm this by stating that “in health care, where, in circumstances of stress and vulnerability, denying opportunities for clients to communicate in their preferred language may place them at a personal disadvantage and compromise their health chances” (p.75).

In some bilingual regions in Europe, the need for bilingual health care has been acknowledged and worked upon. In the Basque country, the scheme to normalize the use of the Basque language in Osakidetza [public healthcare] was approved in 2005. This scheme included the aims, priorities and measures to promote the use of the Basque language in healthcare. Also in Wales, policy has taken shape in the form of the Welsh Language Act (1993) which places Welsh language requirements on health care organizations. One initiative that has come forth as a result of this policy is that of ‘active offer’. The active offer means that besides the English language, also the Welsh language is offered actively in greetings, in public information and by pin badges, worn by those who speak Welsh. Nevertheless, an inquiry by the Welsh language commissioner deemed that current policy was still insufficient and needed more attention (Welsh language commissioner, 2014).

In line with the recommendations of the Welsh language commissioner, health workers who responded to a survey carried out in Wales (Irvine et al., 2006) reported that language choice made elderly patients feel more at ease and comfortable. A survey that was carried out in the bilingual area of Fryslân found converging results (Afûk, 2013). In this survey, 395 patients were asked to share their attitudes towards the minority language Frisian. Especially elderly respondents indicated that speaking their (minority) mother tongue felt more natural, gave them a sense of safety and made them feel more at home. In addition, they were better able to express their feelings and emotions in their mother tongue. Respondents from both surveys pointed out the importance of the minority language in recognizing the caretaker as a holistic human being. A nurse in Wales stated: “Sometimes through speaking their own language – recognizing, you know, their own language, it means as well that you recognize them as a whole person” (Irvine et al., 2006)



Despite the fact that some advocate the use of interpreters, many experts in the field claim that interpreters do not meet the need of patients or equate to bilingual health care workers. Rather, 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. Nevertheless, Coffi (2005) points out that the negative side is that communication may be delayed as a result of waiting for a bilingual staff member to be on shift. Wagoner (2017) therefore 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 arguably need more support to learn not one, but two languages of the host community in order to meet the needs of patients and clients.



2. Language Policy and Migrant Integration in Case Studies

2.1 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)

The Welsh Language

Welsh, known as *Cymraeg*, is the original language of Wales, a country that is part of the United Kingdom. Despite close proximity to England and English (nowadays the language of globalisation) the Welsh language survives and prospers today albeit in a minority position. Despite a decline in the numbers of speakers over the last century, new interest in revitalizing the language has led to a surge in Welsh language education and has also improved the rights of Welsh language speakers in public life. Policy has been a driving force in establishing bilingualism in public life and especially in the field of education. As a result of the Welsh Language Acts in 1993 and the Welsh Language Measure in 2011, Welsh is not to be treated less favorably than English in the public sector. With this Measure, the Welsh Language Commissioner was appointed by the Welsh Government to ensure standards were set for organizations to use Welsh and to facilitate the use of Welsh in society. Although the Welsh Government is not



responsible for UK migration policy, it is responsible for many of the policies and services in Wales that can support the social and economic integration of migrants, including housing, equalities, social services, education and healthcare. The areas of policy of the greatest relevance to integration are those on well-being, equality, community cohesion and refugees and asylum.

Linguistic Integration of Migrants in Wales

Migration is not a new phenomenon to Wales. In-migration from other parts of the UK and abroad have been an ongoing tendency over many centuries. In the 19th and 20th century, Cardiff docks, once one of the busiest industrial coal exports in the world, attracted many migrants from overseas including Somalia, Caribbean, Norwegian, Irish etc. In the recent decades of the 21st century, an influx of migrants from the metropolises of England, such as Birmingham and Manchester, have had an influence on the demographics of Wales and consequently the fragmentation of the Welsh language in rural parts of Wales (Jones 2015).

The Welsh Government has not yet developed a migration strategy but it does have a specific approach on refugee and asylum seeker integration as detailed in the *Welsh Government's Refugee and Asylum Seeker Delivery Plan* (2016a). The Welsh Government's welcome pack for migrants also encourages the acquisition of Welsh and English (2010). Despite an English language strategy for migrants in the workplace, there is no direct strategy to equip migrants with Welsh language skills.

Although international migration is still a relatively small percentage in Wales, the effects of migration are becoming more and more acknowledged. Likewise, there is increasing interest in research on the subject on migration, especially from a linguistic point of view. Recently, the teaching of Welsh to adult immigrants was studied in a doctoral research project (Higham 2016). 40 interviews were conducted with members of the Welsh Government, ESOL (English for Speakers of Other Languages) Welsh for Adults tutors and immigrants students of ESOL. A central aspect of the study was a Welsh language pilot course for ESOL students. Students were asked about their opinions on learning Welsh and their motivation for learning the language. In many cases, learning Welsh was linked to their socialisation into Welsh life, including both integrative and instrumental reasons for learning the language:



“I say yes to socialise with other people. I think it is important for the job too. In the hotel, it is important to speak in Welsh for those who arrive. Like you, if you don't speak Italian it is important to understand to protect me.” - ESOL Student, Cardiff

‘Even if it's only for my pride, it is good enough. But it's not the case. It's about business—some jobs require Welsh. At this moment—just some. How I said earlier, maybe in the near future, more and more jobs will require knowing Welsh. This is quite a powerful reason. I can't see any other reason to be honest.’ - ESOL Student, Cardiff

The conclusions of this research show that a number of migrants to Wales view the Welsh language as a added value to their lives as communicative and economic tool. Nevertheless, Higham (2016) states governmental and community practices and attitudes appear to view language integration through either English or Welsh and therefore view that the Welsh language for migrants would be detrimental to their integration. Moreover, the research reveals a lack of resources for teaching Welsh to migrants as well as understanding the various linguistic and cultural needs in order to learn both languages of the host community.

Healthcare and the Welsh language

Language policy in the Health Boards of Wales follow the Welsh Government's language strategy (2012). There are 15 appointed Welsh language policy officers in each of the 7 Health Boards in Wales with the role of supporting and increasing the provision of the Welsh language in health care to both workers and clients. There are Welsh language policy initiatives such as ‘Mwy na Geiriau’ (More than just Words) which introduces the active offer scheme for patients to opt in for Welsh language provision in health and social care (2016b). The Betsi Cadwaladr Health Board in Gwynedd is a leader in enacting this initiative. Also, the Welsh Language Commissioner and Welsh Government will be introducing Language Standards which will enforce the provision of Welsh in healthcare. Concerning workforce training, ‘Mwy na Geiriau’ requires the Welsh Government to work with the National Centre for Learning Welsh to develop the Welsh language skills of staff through promoting and developing resources and provision. There is however no direct link between training healthcare workers from migrant backgrounds and



Welsh language training neither are there dedicated Welsh language courses for migrants at present in the health and social care sector.

2.2 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)

The Basque Language

Basque, or *Euskara*, is the original language of the Basque Country. Although surrounded by Indo-European languages, Basque is a distinct language variety which bears no resemblance to its neighbour, Spanish.

Like the Welsh language, the use of Basque has diminished in numbers over the 20th century but language revitalisation of Basque gained vigour and momentum during the latter part of the 20th Century due to its sociopolitical and sociocultural context. The use of Basque in public institutions is closely linked to the recognition of the language's official status which was obtained in 1979 in the Basque Autonomous Community and in 1982 in Navarre. In 1989 the Basque Autonomous Community (BAC) started a programme to introduce Basque into the administration to ensure there were proportionally enough speakers in administration for each region. As in Wales, efforts to revitalize the language have been concentrated on the educational sector. The growth of Basque has been such that while in 1981 there were 431,219, by 2006 there were 755,640 of Basque speakers (Gobierno Vasco 2008). The 1990s saw a distancing from the nationalist discussion and a new focus on professionalism of Basque as an economic and communicative tool. In this respect, policies have been drawn up in relation to the social cohesion of its citizens.

Linguistic Integration of Migrants in the Basque Country

Although the Basque country has not witnessed the numbers of international migration as seen in



Catalonia, there has been nevertheless an increase in external migration to the BAC (Ikuspegi 2016). In more recent years, policies on integration by the autonomous government have been designed, such as 'III Plan for Immigration, Citizenship and Intercultural Cohabitation 2011-2013' ['Plan de Inmigración, Ciudadanía y Convivencia Intercultural' (PICCI)]. The 'New Plan for the Promotion of the Use of Basque 2012' ['Plan de Acción para la Promoción del Uso del Euskera' (ESEP)] was conceived as part of the Basque language policy through an initiative called 'Euskara 21', based on the idea of bringing the policy up to date with linguistic, economic and social challenges posed at the beginning of the twenty-first century. ESEP takes into account the cultural variety that has emerged as a result of the recent wave of intense migration into Spain, and the BAC's growing population of migrants. The Euskara 21 initiative points out the following regarding migrants and Basque speakers:

Euskara 21 aims: 'To bring Basque and its contexts closer to immigrants, in order to ease their broad and rewarding integration, as well as to bring Basque closer to the environments of use that are demographically dynamic.' (Gobierno Vasco 2008:18)

Like in the Welsh case, there is increasing research on the Basque language and new interest in new speakers of Basque (Ortega et al. 2015). Nevertheless, there has not been so much focus on new immigrant speakers of Basque until recently. A doctoral research project on migrant attitudes to learning Basque conducted participant observations in two AISA courses (Basque courses for migrants) as well as semi-structured interviews with the students. The main findings of this research project showed that there is demand for Basque language provision from migrants for economic reasons. There is however no institutional Basque course directed at migrants which take into account their language learning needs, apart from NGOs and social organisations such as Banaiz Bagara and Topagunea. Moreover, it was found that integration in the Basque country is understood as social integration and therefore basic knowledge of language (through AISA courses) is deemed sufficient without considering the professional integration of migrants. Those who wish to obtain a higher level of Basque must direct themselves to Basque language schools at their own expense (Augustyniak 2016).

Healthcare and the Basque language

While the advancement of the Basque language has been notable as a result of the Basque language



plan, especially in jobs profiles where Basque is mandatory, the scheme to normalise the Basque language in public health care acknowledges that it has seen less advancement in the sphere of internal relations with staff, training etc. (2013). Therefore, the main aim of 2nd Basque Scheme of Osakideta is to “guarantee the presence and use of Basque as a language of service both orally and in writing, in external relations (with the patients, their relatives, suppliers, administrations, etc.) and in internal relations (with the staff and with Osakidetza’s various organisations and units)” (2013:9). Nevertheless, language rights organisations continue to receive regular complaints from citizens due to the lack of provision through the Basque language, especially in the case of pediatric services during holiday periods. Another issue is the possibility for medical students at the University of the Basque Country (EHE-UPV) to carry out their studies through in Basque Language (2015).

2.3 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 [verkkajulkaisu]).

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

The Swedish Language

Swedish and Finnish are the two official languages of Finland. Finnish is by far the largest spoken language of its inhabitants but a minority (5.5%) have Swedish as their native language. They are known as Finland-Swedes. Such as the Basque and Welsh case, the number of Swedish speakers has declined over the last century. In 1900, 13.5% of the population were Swedish speakers. This is due to the increase in the Finnish speaking population as well as Finland-Swedes emigration to Sweden.

Different to Wales and the BAC, Finland’s language legislation dates back to 1922 although revised in 2003 (Mercator 2013). This legislation states that public authorities should provide for the cultural and societal needs of both language groups on an equal basis. A citizen of Finland has the right to use his or



her own language, Finnish or Swedish, before courts and administrative authorities everywhere in the country, with the exception of Åland which is declared unilingual (Swedish). Finnish municipalities (and administrative regions) are either officially unilingual or bilingual, depending on the size of minority language community. In a bilingual municipality, the speakers of the minority group have the right to use their own language and to get service in that language according to certain rules and regulation. The revised language legislation does not change or add to the original only that it ensures the practical implementation of the rights. Language policy is therefore decentralised in comparison to other cases such as Wales and the BAC and duties of local authorities to carry out services in both Finnish and Swedish is subject to the linguistic status of each municipality. In 2015, there were 22 bilingual authorities out of 316 authorities in Finland, 14 of them with Swedish as the main official language and 18 with Finnish as the majority language. The 17 officially Swedish unilingual municipalities on the Åland Island are not included in the numbers (NPLD 2016).

According to Saukkonen (2012), the current language policy situation in Finland is anachronistic. Despite the unilingual and bilingual municipalities, contemporary Finland is many of Finland's citizens speak English as well or instead of Swedish or Finnish. Moreover, there are increasingly new linguistic communities adding to the multilingual and multicultural character of Finland (p.11). Nevertheless, Williams et al. suggest that other contexts can learn from Finland's language legislations in terms of the length and breadth of its active offer system and evaluation mechanisms (2014: 60).

Linguistic Integration of Migrants in Finland

2016 saw the record number of international immigration to Finland with a figure of 34,905, 21% higher than the previous year. The Ministry of Employment and Economy is responsible for the general integration of migration and there is therefore an inherent link with the economic integration of migrants. On a more local level, municipalities take charge of the 'Individual Integration Plan' for each individual migrants arriving in the region. In this case, immigrants are offered literacy education in Finnish or Swedish as well as other social competencies such as life management skills and further education. This training is directed towards the labour market training. However, according to Koskela (2014), there is some concern regarding the extent to which municipalities can offer language courses



and work-experience placements. Koskela also points out that immigrants are not always entitled to such provision as access to language courses are only available to unemployed migrants (2014:11).

Healthcare and the Swedish language

The Finnish Government published a Health care Act (2010) which describes how language provision in healthcare should reflect the language situation in each municipality. Therefore, unilingual local authorities should make their healthcare services available in the language of the language authority. Likewise bilingual local authorities should make services available in both Finnish and Swedish language 'so that clients and patients have access to the services in the language of their choice' (2010:2). Moreover, it emphasises that citizens of the Nordic countries be able to use their languages (Danish, Finnish, Icelandic, Norwegian or Swedish) when using health services. Despite a health care act which gives explicit detail to the role of language, reports to the Finnish Government (2006) (2009) and (2013) have raised concerns regarding the implementation of the language act in public services, especially in the realm of healthcare (NPLD 2016).

2.4 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)

The Sicilian language

Compared to the other partner contexts in the COMBI project, Sicilian is in a different legal position. Sicilian is not considered an official language and is not recognised by Italian Law 482/99 although 12 other Italian minority languages are included therein (Albanian, Catalan, German, Greek, Slovene, Croatian, French, Franco-Provençal, Friulian, Ladin, Occitan and Sardinian). Neither is the European



charter of rights for minority and regional languages ratified by Italy. Sicilian is neither mentioned in the Euromosaic Report nor in the Opinion of the Advisory Committee of the Council of Europe (van der Jeught 2016). While the autonomous Regions of Trentino-Alto Adige/Südtirol, Valle d'Aosta/Vallée d'Aoste and Friuli Venezia Giulia are recognised as autonomous regions due to the presence of linguistic minorities, the autonomy of Sicily and Sardinia are not recognised on the basis of linguistic difference (van der Jeught 2016). The reason is that Sicilian is considered to be a dialect of Italian instead of a language. Nevertheless, Sicilian is alleged to be spoken by the vast majority of Sicilians as their mother tongue. Thus, Sicilian is increasingly recognised as a language by some linguists (Nunez-Mendez, Eva and Chakerian, Raven (2012). The language is not officially taught in school, and therefore it is more common to hear Italian spoken on the streets among younger generations (Cruschina, 2013: 25).

Linguistic Integration of Migrants in Sicily

With the influx of migration to Sicily, migrants have increasingly come into contact with the Sicilian language. Multiple projects aimed at the integration of migrants have been put into place. For example, the department for employment in Sicily has designed a project called 'Safe integration with migrants', which is mainly aimed at people aged 20-45 from North Africa, Bangladesh, Ghana and Nigeria. This project targets entrepreneurs or aspiring immigrant entrepreneurs and promotes the protection of their rights. Besides this project, centres for hosting refugees and migrants are very active in training and educating migrants to the profession required by the job market. Therefore, these centres organise a VET training for those who wish to work in health care which specifically targets migrants and refugees (as reported in the SAMIN project (saminvet.eu)).

Healthcare and the Sicilian Language

The Sicilian language today is mostly spoken on a daily basis by elderly and, consequently, most of the people who predominantly or exclusively speak Sicilian are elderly. Although there is no specific data available for Sicilian speakers, the tendency is detectable nationwide, especially in Southern Italy (Istat 2014). Moreover, Elderly people constitute one of the main groups consuming healthcare services. Although Sicilian is not officially recognized as a minority language (Albanian in Piana degli Albanesi,



next to Palermo, has specific laws regarding language in the healthcare sector) and therefore lacks institutionalized presence in the healthcare system. Most healthcare personnel in Sicily are able to speak or at least understand Sicilian. Therefore, being able to communicate in, or at least understand Sicilian, would be a very useful skill to acquire for migrants wishing to approach healthcare professions, especially those ones which are more in touch with elderly people.

2.5 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)

The Frisian Language

Over seventeen million people live in the Netherlands; 645,000 of whom live in the Province of Fryslân. Among those Frisian inhabitants, 93.7% understands the language at least to some extent. In addition, 46.2% speaks the language at a high level and, whereas 20.4% speaks the language at a moderate level. For just over half of the population the mother tongue is Frisian (Provinsje Fryslân, 2015).

Nowadays, Frisian is recognized as an official language in Netherlands. Its spelling has been standardised and Frisian is now used in the domains of judiciary, public administration, radio, television and education. In 1997, the name of the province Friesland was changed into Fryslân (Mercator, 2007). Frisian language policy on national level started with the Commissie Friese-Taalpolitiek of 1969-1970 that produced a report that recognised the responsibility of the national government with regard to Frisian (Ministerie van Cultuur, Recreatie en Maatschappelijk Werk, 1970). An important principle of the report was the recognition of Fryslân as a bilingual province. This report is considered the formal recognition of Frisian as the second official language of the Netherlands (Mercator, 2007). In addition to this report, in 2014 a law came into force that allowed the use of Frisian in governmental and legal



relations. Moreover, a Frisian organ was created to advise the Dutch Government on matters related to Frisian language policies (Rijksoverheid, 2014). As a direct result, of the municipal elections in 2014, many politicians made use of their right to make their vow in Frisian (Provinsje Fryslân, 2015).

Linguistic Integration of Migrants in Fryslân

As of 2016, 28.069 inhabitants of Fryslân have been born outside of the Netherlands. Within this group, 55% (15.468 inhabitants) was born in a non-Western country and 45% (12.601) was born in a Western country. It is expected that the number of immigrants in Fryslân will rise in the coming years, due to an influx of refugees in the Netherlands in general and the building of new asylum seekers' centres. This development could possibly diminish the overall decline of the population in Fryslân. However, the Fries Sociaal Planbureau points out that it is unclear if these immigrants will stay in Fryslân for a longer time. This will depend on the possibility for them to work in Fryslân (Fries Sociaal Planbureau, 2015). Immigrants from outside the European Union who want to move to the Netherlands are obliged to pass an integration exam. For this exam, they have to learn about the values and traditions of Dutch society and also to learn to speak Dutch. Over 200 schools offer special courses in Dutch for immigrants. Immigrants can apply for a special loan from the Dutch government which allows them to pay for the both the course as well as the exam. In contrast to the emphasis on learning Dutch, so far, no policy exists when it comes to learning Frisian.

Healthcare and the Frisian language

In 2013, a research was conducted by the Afûk foundation which examined the use of Frisian in healthcare (Afûk, 2013). Both care staff and patients were asked to share their experiences and opinions on the role of Frisian in their daily life. Over half of the patients spoke Frisian as their mother tongue. In addition, a majority (92%) declared to have a clear preference to converse in their mother tongue. By doing so, they felt more at ease and were better able to express their true feelings. Furthermore, most of the patients indicated to speak their mother tongue on a regular basis and were satisfied with the current state of affairs. Within the care staff, a majority of the workers were able to speak Frisian. 90% of the staff tried to speak the patients' mother tongue as far as possible. They stated that by speaking Frisian, they were able to offer the patient the optimal care. Amongst others they declared that



speaking Frisian:

- strengthened the connection between care staff and patient
- made it possible for patients to express themselves without the need to search for words
- made it easier for patients to discuss troubling matters

The researchers conclude their research with the statement that language is an essential factor with regard to the well-being of patients in Frisian healthcare.

3. Best Practices on Language in Health Care

The COMBI project focuses on vocational training at secondary and tertiary levels for migrants who work or wish to work in the healthcare sector in bilingual communities, responding in turn to the EU's agenda on New Skills and Jobs. This initiative from the European Commission strives to reach 75% rate of employability in the labour market between the ages of 20-64 by 2020. Various research projects have already examined been carried out on linguistic training in the workplace such as the European Commission Language for Work project. In addition, the ArbetSam project (2013) has focused on developing the Swedish language skills of migrant workers in the healthcare sector in the Stockholm area. The COMBI project will draw on good practice from such projects and apply it to equipping teachers and migrants in bilingual communities.



In this respect, we will consider good practice already in place in each of the partner contexts based on vocational training in the workplace and where focus has been placed on targeting migrant workers;

3.1 Best Practice in Wales

In 2012, the Welsh Government launched a strategy for Welsh language services in health care. This strategy introduces a system of 'Active Offer' in which health care staff are expected to actively offer Welsh language services to patients instead of waiting for patients to ask in turn. This requires that staff are equipped with sufficient Welsh language skills to respond to this strategy. A follow up strategy for 2016-19 was launched (Welsh Government 2016b).

In the Betsi Cadwaladr Health Board in North Wales, the Active Offer scheme had been trialed in various wards of Ysbyty Gwynedd (Hospital in Bangor, North Wales). An internal audit was taken place to measure the impact of patients opting in for Welsh language health care. It was noted that 85% of patients made a language choice and that patients felt more at ease as a result. Moreover, due to the fact that the language choices of patients were more obvious, staff were able to target the language needs of patients more effectively. As a result, non-Welsh speaking staff saw the importance of learning Welsh. A Welsh language trainer has been appointed to teach staff at the hospital, including migrant workers. Staff on the courses reported to have been helped to understand and comfort patients and to increase their confidence (Hughes-Jones 2017).

Challenges

In a climate of increased financial cuts to the healthcare and educational sector, financing courses for migrant in health settings (or any other settings) is currently not a government priority in either official language of Wales. In this climate, targeting the specific needs of migrant workers in healthcare settings poses a challenge for the future of such training. Nevertheless, the example of the Betsi Cadwaladr board indicates that initiatives on a local level can be carried out and have positive impacts on both patients and staff.

3.2 Best Practice in Finland

Best practice in Finland is arguably through its extensive policy and evaluation mechanisms on education



for migrant workers. Finland has a coherent strategy from the Finnish National Board of Education (2010) on vocational qualifications in social and health care. There is particular reference to linguistic training and the needs of immigrant workers in both Finnish and Swedish language. It also recognises the importance of considering the mother tongue of migrants. An example of which is an extract from the document on teaching immigrants:

If necessary the students' background, like mother tongue, culture and the language skills developing during the training, must be observed. Teaching arrangements are made to support students' own lingual identity alongside with the majority language and culture. The education provider's curriculum is to comprise the implementation immigrants' and other language and culture group students' teaching arrangements (2010: 283).

Unlike the other partner contexts, there is a clear language assessment framework for migrants in both the Finnish and Swedish language. The table below shows breakdown of the assessment criteria targeting three different levels for migrants and trainers to aim towards. The strategy emphasises that language courses in the official languages of Finland supports the "student's growth into an active and balanced member of both his/her own language and cultural community and Finnish society" (2010: 284).



TARGETS OF ASSESSMENT	ASSESSMENT CRITERIA		
	Satisfactory 1	Good 2	Excellent 3
	Student		
Acquiring information	knows the basic principles of using dictionaries and other information sources	uses dictionaries and also other, for example electronic information sources	uses dictionaries, electronic and other sources to acquire further information from simple foreign language instructions in his/her own vocational field
Comprehension of text and written communication	understands the contents of short and simple written messages related to his/her own work and work safety, using helpful tools	writes such short work related texts as work and safety instructions following an example	writes short work related notes, instructions or order forms
Interaction and acting in working life language situations	tells about himself/herself in few words or about familiar things in his/her work	manages routine day-to-day conversation situations, if the other person talks slowly and uses simple, basic vocabulary	acts in common communication situations both face-to-face and on the phone and asks for elaboration or clarification if needed
Significance of language and culture	is aware of the significance of Swedish language and culture	understands the meaning of Swedish language and culture when meeting people from the Nordic countries	understands the position of Swedish language and culture in multi-cultural Finland
Language studies	recognizes his/her own learning strategies.	recognizes the strengths and weaknesses of his/her own learning strategies.	tries new strategies and ways of learning.

Table 1: Swedish language assessment in vocational training in Finland (2010: 234)

Challenges

Despite the detailed policy infrastructure in Finland, reports have been published indicating that language training for some migrants is insufficient. Some, such as physicians and health care workers are expected to reach a higher level of language skills than in other countries (COPE 2017). This is more apparent for migrant healthcare workers with qualifications from abroad and who are not required to do the vocational training provided in Finland. The Ministry of Justice report on the language legislation (2013) notes that “there are not always home helpers with a knowledge of Swedish and, occasionally, not even a knowledge of Finnish either. In addition, some municipalities only arrange home care in Swedish in certain districts. Since the number of elderly people, including Swedish speakers, will continue growing, the situation might worsen.” (2013: 59)



3.3 Best Practice in the Basque Country

Euskara Plana, the Basque language plan and LAN-HITZ, a Basque Government funding program for language normalization at work environments, is an important institutional programme in the Basque Country which is actively helping organizations adopt Basque language in their professional environments. Moreover, there is vocational training available for elderly care and healthcare assistants either in Spanish or Basque. However, language is not a component in this training programme. In this respect, there is no language support for speakers of Basque (nor Spanish) who wish to improve their language skills. Nevertheless, language profiles are established to support the linguistic needs of clients in elderly care homes (corresponding to CEFR). Although there are Basque language courses (AISA courses) aimed at migrants, these courses do not offer workplace learning. Some local councils offer language courses like 20-40 hour courses for migrants in professional fields, held by private voluntary organizations. KABIA is a new institution established in 2015 in Gipuzkoa area, organising elderly homes and other elderly care services where communication is predominantly through the medium of Basque. KABIA is currently holding multidisciplinary workgroup meetings in order to implement these guidelines.

Challenges

Like in most of the partner contexts, one challenge in the Basque Country is the transition from learning the Basque language, whether it be for use in healthcare settings or for other uses, and using the language regularly. There is increasing demand for more speakers of Basque at various levels of professionalism and therefore there is discussion regarding a revision of the current evaluation system and training programmes for migrants. Moreover, the challenge is furthermore to integrate elements of Basque language training throughout all healthcare training programmes.

3.4 Best Practice in Sicily

One example of good practice in Sicily is a healthcare training course directed at migrants, such as sub-Saharan women from Ghana and Côte d'Ivoire. Volunteers who were already working as professional health care assistants taught immigrant students the theory and practice on how to take care of elderly people. This training course lasted for 3 months and included 100 hours of intense training on specific matters related to healthcare. Some specific work in this area has been carried out by one centre for



migrants in Palermo, Centro Astalli (<http://www.centroastallipalermo.it>). This is a local organization in the network of CSC Danilo Dolci, which has held a course called “Badiamoci” organised by volunteers. This course was aimed at providing migrants with basic skills in order to pave their career path to be care workers. Several workshops were organised, including basic healthcare service. One of the workshops was on how to communicate with elderly people for health first aid interventions. This was a way to raise the awareness of migrants to words in the Sicilian language often used by elderly to express needs.

Challenges

Although elderly people are the main group of Sicilian speakers, the training lacked a more linguistic perspective. Moreover, contrary to other linguistic minorities on the territory such as Arbëreshe in the Albanian community, since Sicilian is considered a dialect, there is no institutionalized teaching or official effort in order to preserve the language. In turn, this is leading to a decrease in usage among younger generations. Nevertheless, there are centres which are working towards the preservation of the Sicilian language, such as the newly established Sicilian Language Academy (2017).

3.5 Best Practice in Fryslân

Language use in health-care institutions in Friesland was researched by the ministry of the interior and the province of Fryslân (2001; 2008; 2013). Results from the study in 2001 showed that residents review the use of Frisian in nursing homes in Friesland as positive by nurses and other staff members. Although there is no direct language policy which relates to the use of Frisian in healthcare, namely in nursing homes, research (Afûk, 2013) shows that the use of Frisian by care workers is widespread, depending on how much Frisian is spoken in that area. There is therefore a call by the research project on multilingualism in Frisian nursing homes for language policies in order to structure current practice and to increase language awareness amongst health care workers.

Challenges

Over the last decade, the province of Fryslân had to cope with a negative ‘natural growth’ of the population: the birth rate was smaller than the death rate. In recent years however, the population of



the region has nevertheless increased, due to an influx of asylum-seekers and refugees (Bosma, 2016). Although these 'new' residents of the province receive governmental support to learn the majority language Dutch, no policy exists when it comes to learning the Frisian minority language. Hence, migrants usually do not become proficient in the minority language. Since a considerable part of the population is proficient in Frisian and, as can be read in the former paragraph, Frisian plays an important role in several fields of work, the inability to speak or understand Frisian may worsen migrant's integration into society. Moreover, the influx of migrants who will not become proficient in Frisian, is also a threat to the Frisian language itself. It is a future challenge to combat these issues by improving both the integration of migrants into the Frisian society as well as the position of the Frisian language.

4. Survey Analysis

4.1 Introduction

The literature review and study of best practices indicates that there is scope for research in the field of teaching minority languages to migrants in bilingual settings. Nevertheless, in order to investigate the situation in more detail, a mixed-method qualitative-quantitative approach was adopted, focusing on respondents' experiences and attitudes towards the use of the minority language at the workplace. Surveys contained open-ended questions and Likert items were used to construct an explorative view on the position of minority languages in healthcare. 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. Managers in healthcare
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 in healthcare and 74 were teachers or vocational trainers of minority languages.

Country	Number
Finland	40
Migrants working in healthcare	15
Migrants wishing to work in healthcare	6
Managers in healthcare	4
Vocational teachers of minority languages	15



Sicily (Italy)	33
Migrants working in healthcare	7
Migrants wishing to work in healthcare	9
Managers in healthcare	5
Vocational teachers of minority languages	12
Fryslân (The Netherlands)	47
Migrants working in healthcare	16
Migrants wishing to work in healthcare	2
Managers in healthcare	20
Vocational teachers of minority languages	9
The Basque Country (Spain)	47
Migrants working in healthcare	10
Migrants wishing to work in healthcare	9
Managers in healthcare	0
Vocational teachers of minority languages	28
Wales (United Kingdom)	49
Migrants working in healthcare	13
Migrants wishing to work in healthcare	12
Managers in healthcare	14
Vocational teachers of minority languages	10



Age (years)

Migrants who work in healthcare	61
< 30	17
30-39	21
40-49	17
≥50	6
Unknown	1
Migrants who wish to work in healthcare	38
< 30	22
30-39	10
40-49	5
≥50	1

Gender

Migrants who work in healthcare	61
Male	20
Female	41
Migrants who wish to work in healthcare	38
Male	14

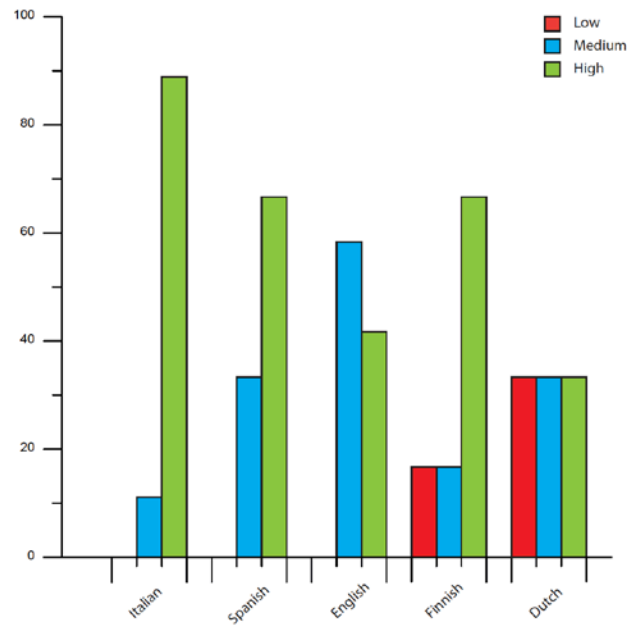


4.2 Migrants seeking employment

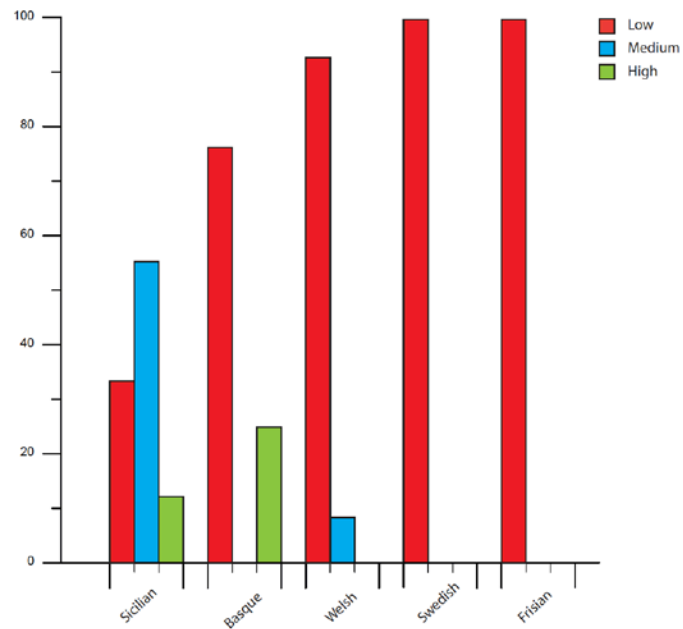
Questions were posed regarding the fluency of migrants in the state and national minority language. In each context, the graphs below (1a & 1b) confirm clearly that migrant's knowledge of the national majority language far outweigh any knowledge of the minority language ranging from low (red), medium (blue) to high (green).



1a - Fluency in the majority language

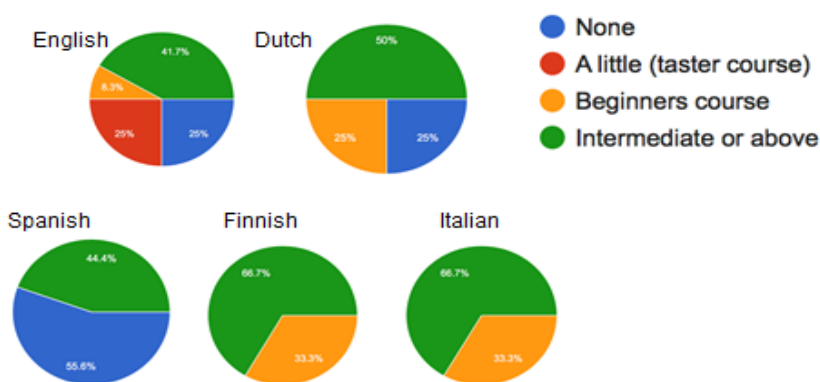


1b - Fluency in the minority language

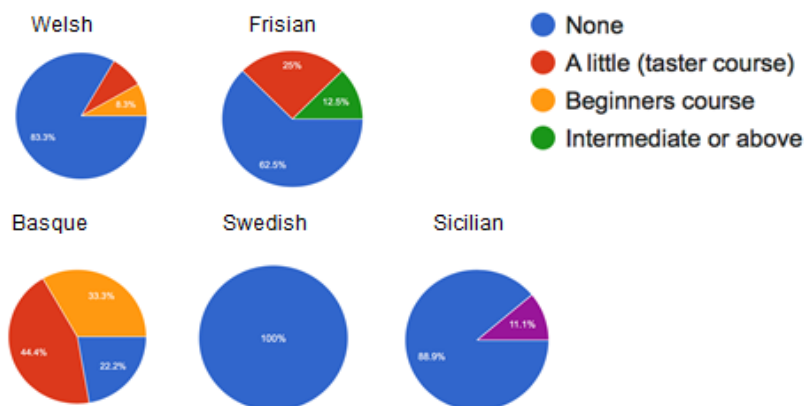


The divergence in levels of fluency between the majority and minority language is also reflected in the level of education received in the state and minority language. This is shown in the pie charts below which range from no formal education (blue) to an intermediate or above level of education (green). Interestingly, the Basque case diverges somewhat from the other contexts in that some of the recipients have noted formal education in the Basque language, reflecting arguably the Basque language provision for migrants through AISA courses as discussed in 3.3 Best Practice in the Basque Country .

Education in the National Language

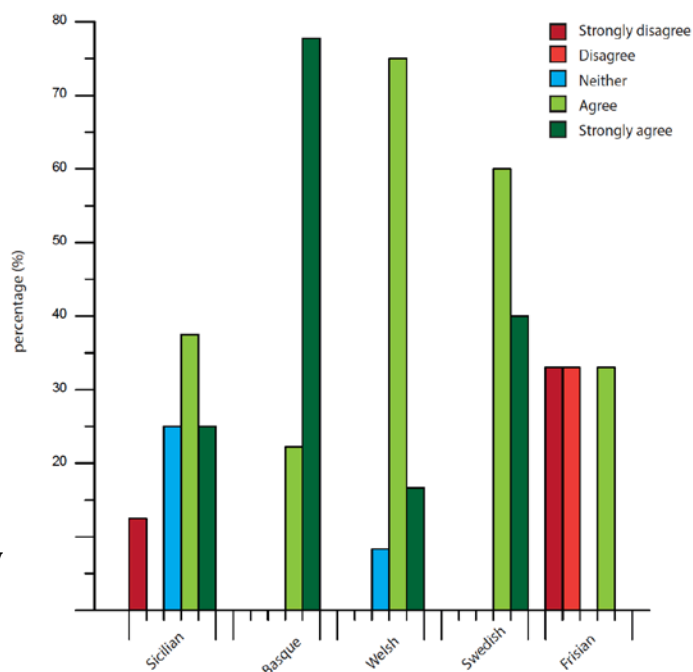


Education in the Minority Language



When asked the extent to which learning the minority language is important for migrant seeking employment in healthcare, the answers were generally in favour albeit varying in degrees from predominantly ‘strongly agree’ in the Basque case, to predominantly ‘agree’ in the Welsh and Swedish case with more mixed answers in the Frisian and Sicilian case. See graph 1e.

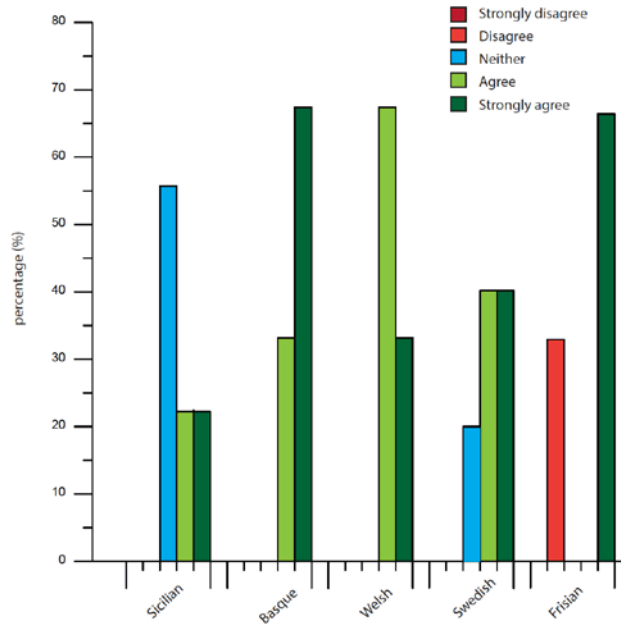
1e - Importance of learning the minority language



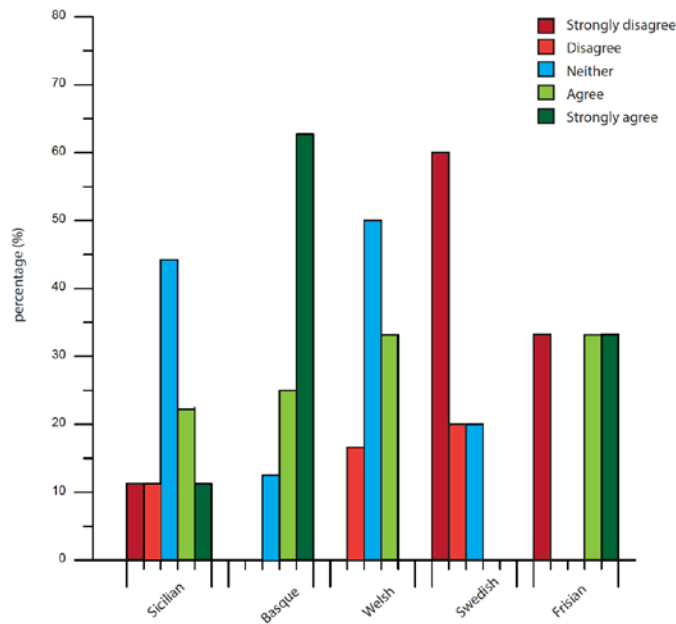
Nevertheless, when asked the extent to which the minority language would be useful or essential for their employment, the results differed. The graphs below (1f and 1g) convey the differences between those who view the minority language as useful and essential, again showing the Welsh and Basque and Swedish cases with a higher number who (strongly) agree compared to a more mixed or undecided response in the Frisian and Sicilian case. It is notable however that the responses in the Welsh and

Finnish case vary between noting the minority language as ‘useful’ or ‘essential’ for their employment.

1g – “The minority language would be useful”



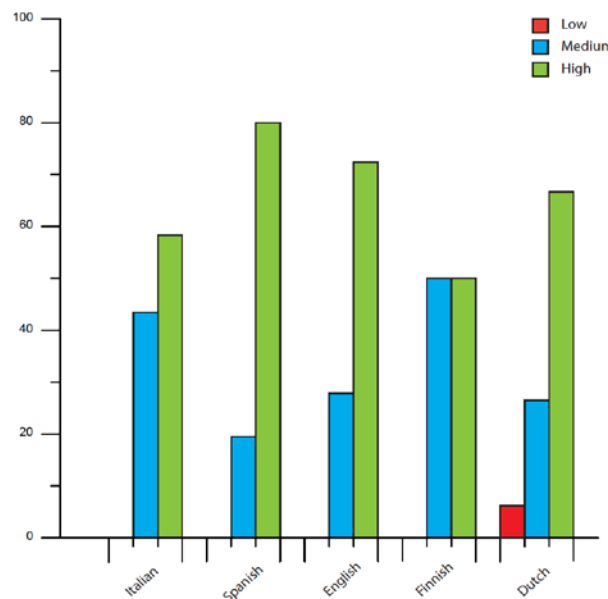
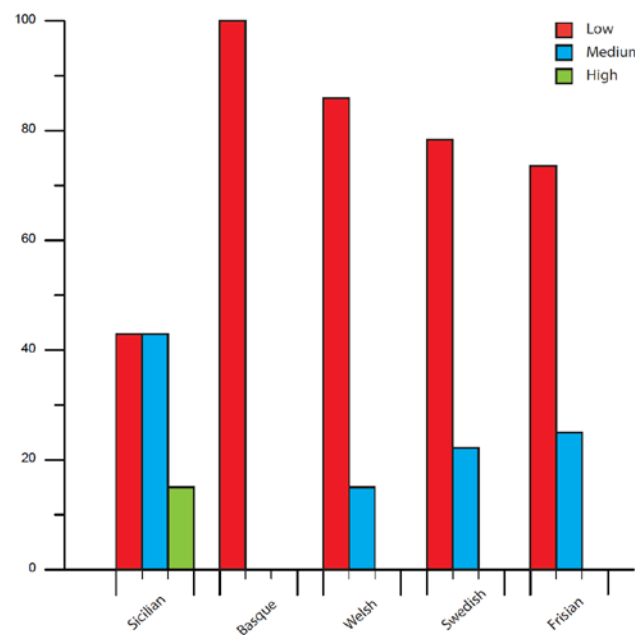
1h – “The minority language would be essential”



4.3 Migrants in Health Care

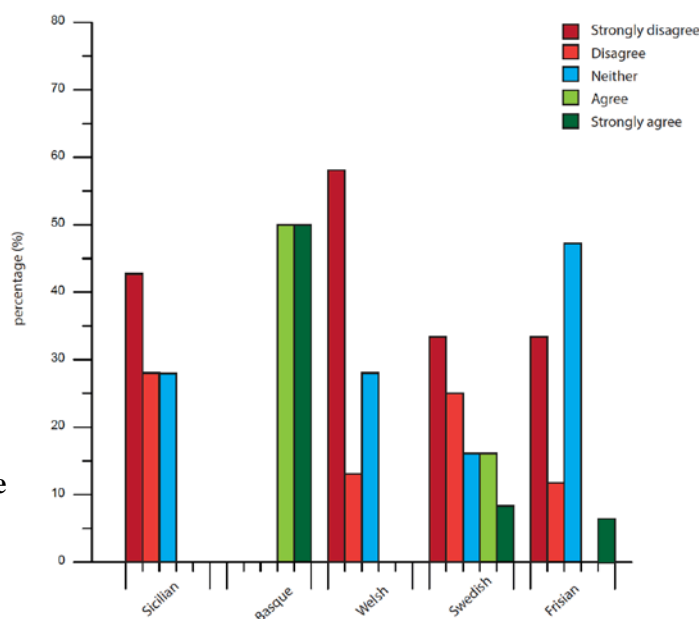
The second survey was distributed to migrants already working with the healthcare sector. They were also asked for their fluency in both the national and minority languages. There is equally little variation in fluency between knowledge of national and minority language as compared to survey 1, indicating that no formal education in the minority language has been introduced as a result of employment. This is indicated in graph 2a & 2b. It is however not clear whether formal education in the majority language has either been introduced as a result of employment.

2a -Fluency in the National Language



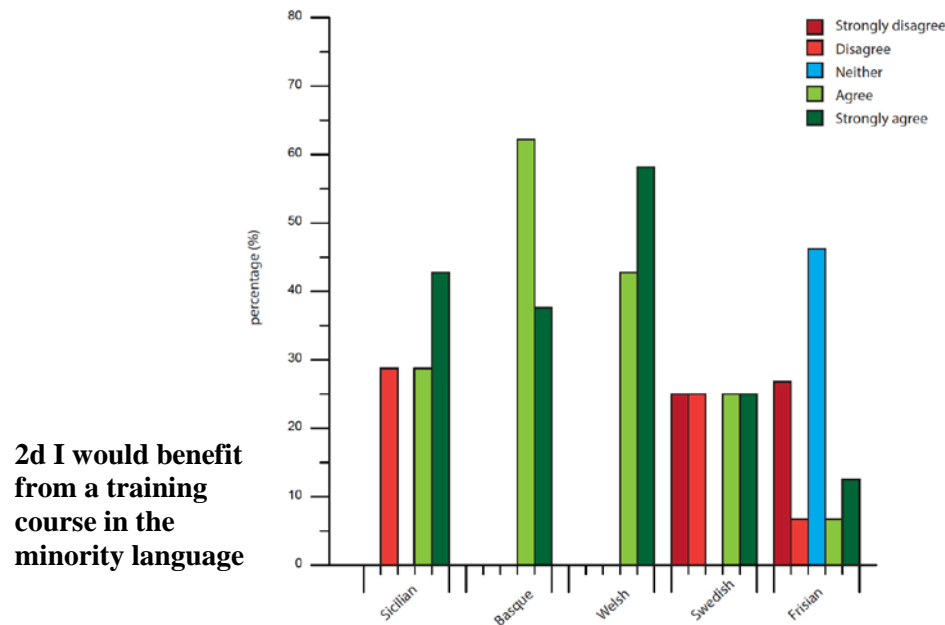
In this respect, it was asked if participants believed that they received government support to be able to learn the minority language of the host community. It is clear from the results (shown in graph 2c) that all cases bar the Basque Country believe they do not receive equal opportunity and access to language training. The Basque case differs showing an overwhelming positive result. Nevertheless, it would be questionable the extent to which language training for migrants is offered above an elementary level in the Basque Country and also the extent to which current provision targets precise workplace needs. The results arguably are based on assumptions based on widespread promotion of the Basque language in health care settings and beyond.

2c. Support from local government to learn the minority language



Finally, it was asked if participants would benefit from a language course in the minority language which would target precise needs in the workplace. The results show an affirmative response throughout although results vary somewhat in Frisian and Swedish cases. The graph below indicates these results. All research cases clearly differ in status and exposure and this necessarily has an effect on migrant attitudes towards language. It could be argued that variation in the results is also linked to language

status in the public sphere.



Attitudes of migrant who wish to work in healthcare

Clear differences between countries were found with respect to the attitudes towards the minority language of respondents. For instance, large differences between the Netherlands and Spain exist. Whereas none of the Dutch respondents expected to benefit from a minority language course, the opposite result was found in Spain where all respondents indicated that they would benefit from a language course. In addition, the Dutch respondents did not consider it important to learn the minority language, whereas again, the opposite result was found for Spain as well as for the UK. 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.



4.4 Managers in Health Care Settings

Open-ended questions were posed to this category of participants. It proved a challenge in some cases to find appropriate participants to fill in the survey. Nevertheless, their contribution is valuable to the research as key stakeholders in policy and implementation. It was shown that there was an acknowledgement for the need for bilingual skills in the workplace.

The need for bilingual skills

In order to study whether or not there is a need for bilingual skills of migrants in healthcare, managers were asked to what extent a course in the minority language would increase their abilities and skills in the workplace. In Wales, all but one manager expressed that such a course would indeed be valuable to the healthcare that was administered. However, many of them also stated that at current, there were no funds available for such a language course:

“It [a language course] would do [help] but resources are very tight at the moment. Nevertheless the Government is striving to create 1 million Welsh speakers by 2050. This would be one possible target area although they are likely to target the more obvious groups such as parents with children in Welsh medium education.”

In Fryslân, a language course was not seen as useful by the majority of the managers. Although they did express that it was an additional ‘bonus’ to speak the minority language in some situations, knowing only Dutch would also be sufficient. Others predicted problems of intelligibility when an employee would start using the novel minority language:

“No [a course would not be useful]. You speak either your mother tongue or you don’t. I don’t believe in poor Frisian over the phone. In health care I would like to converse in a native, natural way without Frisian as a second language.”

In Finland, all managers reacted positive to the idea of a minority language course aimed at migrants:



“This is absolutely a good idea. The feeling of security among inhabitants increases when they know that they will be understood.”

Policy

Managers of healthcare in Wales were aware of the Welsh government’s policy on bilingual healthcare. However, the effect of this policy was often questioned and said not to reach local healthcare institutions:

“[...] on a general national level [there exists a policy] as well as general health care level but it doesn't always filter down to local healthcare setting.”

No policy exists in Finland: *“No demands, mostly recommendations.”*

Nor in Fryslân, where many managers indicated that there was also no need for a national policy:

“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.”

However, some institutions in Fryslân had created their own policy:

“[the] main language is Dutch. However, if the patient speaks Frisian and the care giver speak/understands it, then it is advised to speak Frisian.”

In Italy, also no policy exists:

“There are no specific approaches dictated by management in this regard. They [health care professionals] use Italian and Sicilian according to their knowledge.”



Recruitment

Managers in healthcare were asked whether they took proficiency in the minority language into account when hiring new staff. In the UK, most managers stated that this depended on the type of job:

“We do on a case by case basis. If the job requires Welsh in a particular way such as with elderly care in a Welsh speaking area, then yes.”

In the Netherlands, some of the managers stated to indeed consider minority language skills when hiring staff, especially when it comes to elderly care or children’s care:

“To be able to understand the language is a requirement to work in children's care. It is not a hard criterion though, however, our nurses try their best to understand Frisian.”

Even so, most of the Dutch managers did not see it as a problem when the new employee did not speak the minority language:

“[...] as long as the employee speaks and understands enough Dutch s/he is able to administer responsible care.”

In Finland, all managers were unanimous in stating that they took language proficiency in Swedish into account when hiring new staff:

“It is [Swedish] always taken into consideration.”

The results show that there is no consensus amongst managers/policy officers in healthcare within partner contexts as well as across partner contexts 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. It would also suggest that results, in



some cases, were based on personal views and experiences of language and migration as opposed to experience or knowledge in the field. Nevertheless, there was a general response from language policy officers that there were limitations to top-down policy initiative and that local based initiatives were more successful.

4.5 Language Teachers and Vocational Trainers

Both language teachers of minority language and vocational trainers were targeted. In most cases, this group acknowledged that a targeted minority language course would be beneficial for migrants especially in the field of health care. In the Basque Country, providing equal provision for migrants was described on rights-based level:

“I think it is essential, the level of human rights.”

In Fryslân, most teachers were aware of a potential need for carers to communicate well with patients:

“Yes, when you work in Frisia this is really important. In this way it makes it easier for you to have good contact with care takers and their family.”

In Wales, this attitude was reiterated but reference to the level required by new speakers of Welsh in health was emphasised.

“Everyone who works in healthcare should be able to speak some Welsh (at least Entry level).”

There was however no consensus which level should be desirable:

“In my opinion, migrant care workers would have to reach intermediate level before they can be confident to hold a conversation in Welsh.”



In the Basque country, the need of learning Basque was on a par with the Spanish language in all areas of society:

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

In Finland, teachers clearly demarcated the difference between the Finnish and Swedish-speaking municipalities, noting that what happens regarding healthcare language training in Finnish should in theory take place in the Swedish-speaking areas with the same language requirements:

“The areas that are typically Swedish-speaking must be taken into consideration. If someone wants to get a job in those areas, he/she must need at least level A1.3-A2.2 in Swedish, so that the senior or the patient with a memory disorder can tell his/her needs to care taker.

Nevertheless, despite language policy in both Finnish and Swedish healthcare contexts, not all teachers were convinced of the need for migrants to learn the minority language:

In Finland only 2 % speaks Swedish. It is difficult for migrants to learn Finnish and it takes a long time. They don't need to learn other languages.

In Sicily, despite a lack of policy, teacher attitudes towards the acquisition of Sicilian was positive. The focus was not so much on the language level but the importance of intercultural communication and trust between carers and patients:

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

Likewise in Sicily and Fryslân, teachers emphasis the communication benefits of being able to



community in the most comfortable language of patients:

“In fact, many old men renounce to tell the operators what their needs and desires are, convinced that they will not be understood for both language reasons and willingness to listen to the operators.

“When a person regresses, also the language skills regress and even a person, who knew many languages can't express him/herself with any language but his/her mother tongue.”

The surveys results amongst teachers and vocational trainers show a general support for migrants learning the minority language for professional purposes. The Basque language teachers showed awareness of the need to adapt language courses to cater needs of specific workplace:

To know the communicative situations that live in this profession. In short, it is based on our teaching: our students are preparing to fulfill certain communicative goals. If we identify these goals, we will have to determine what is to be taught.

Moreover, Basque language teachers reveal constraints concerning adapting courses when workplace demands are in contrary to giving time and space for language learning. Survey participants noted the need to use teaching methods linked to the individuals work duties and that timetabling language teaching around working hours was of vital importance.

First of all, you need knowledge of the profession and to identify the needs associated with the use of the language. Secondly, to know the work environment (factory, colleagues, etc.) and thirdly, it would be important to acquire pedagogical resources related to these characteristics and to have the appropriate physical space to develop their work (room, coffee maker etc...). However, all this is not necessarily compatible for companies and employee requirements.

The surveys show there is no consensus amongst teachers and vocational trainers of minority languages



regarding how to cater a provision for migrants. Results show that teacher regard each situation to be different to each other depending on the students and their contexts. Research by Higham (2017) suggests that current language courses and resources would need to be developed and rethought in a flexible manner in order to include various cultural and linguistic needs of migrants as well as employer conditions.



4.6 Summary

The contents of this report have reflected on the changes to society brought about by migration, especially the case of bilingual host communities where a state and minority language coexist. The review has discussed the common theme of migration in these European contexts and the national and sub-national response to an increasing multicultural society. It has also reflected on the differing responses and challenges to each society brought about by increased migration. In this respect, 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 best practice in one context may lie in the breadth of its linguistic integration policy and its challenge may be transforming this into practice. Another context's best practice may lie in the practices of integrating migrants through its national minority language but lack in the policy mechanisms which support such practices. Such a case could be Finland, with its extensive strategies and evaluation mechanisms on integrating migrants via Finnish and Swedish despite reports claiming the deficiency in the practice of teaching Swedish (and Finnish) to migrant workers. Sicily, on the other hand, is a case where language policy is absent (although present in other minority contexts in Italy) but where the practice of teaching Sicilian to migrants in healthcare settings is available.

The table below indicates commonalities and differences in policy and practice in each partner context:

	Sicily	Wales	Finland	Friesland	Basque
Language policy	no	yes	yes	yes	yes
Integration policy	no	yes	yes	no	yes
Linguistic integration policy for both host community languages	no	no	yes	no	yes



Courses for migrants in both host community languages	yes	no	yes	no	yes
Healthcare policy for migrants	no	no	yes	no	no
linguistic training for migrants in healthcare	yes	no	yes	yes	yes



5. 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, there are policies on migrant integration as well as bilingual language strategies 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 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 in the Basque context to train migrant workers in health care using the Basque language
- Finnish example shows policy objectives to train workers from migrant backgrounds through both national languages, Swedish and Finnish
- Questions are posed in all cases on the extent policy is translated into practice. Although there is a shift towards the 'active offer' system, as shown in the Canadian case, it does not necessarily follow that citizens receive full entitlement to long established services in the language of their choice (Cardinal and Sauvé 2009).



In all cases, there is a general call for more research, policy and practice in the domain of minority language teaching to migrants in general in order to fully equip workers in the healthcare sector across Europe. The COMBI project is therefore well positioned to respond to this demand. 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 meets 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 workplaces

The second phase of the COMBI project focuses on the abovementioned recommendations with particular focus on creating and developing an innovative language training model for migrants in bilingual communities which will be piloted in each partner context. Afterwhich, guidelines, good practices and recommendations will be published for the use of European policy makers as well as



national and local authorities and practitioners in the field of migrant integration and healthcare in bilingual host communities.

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