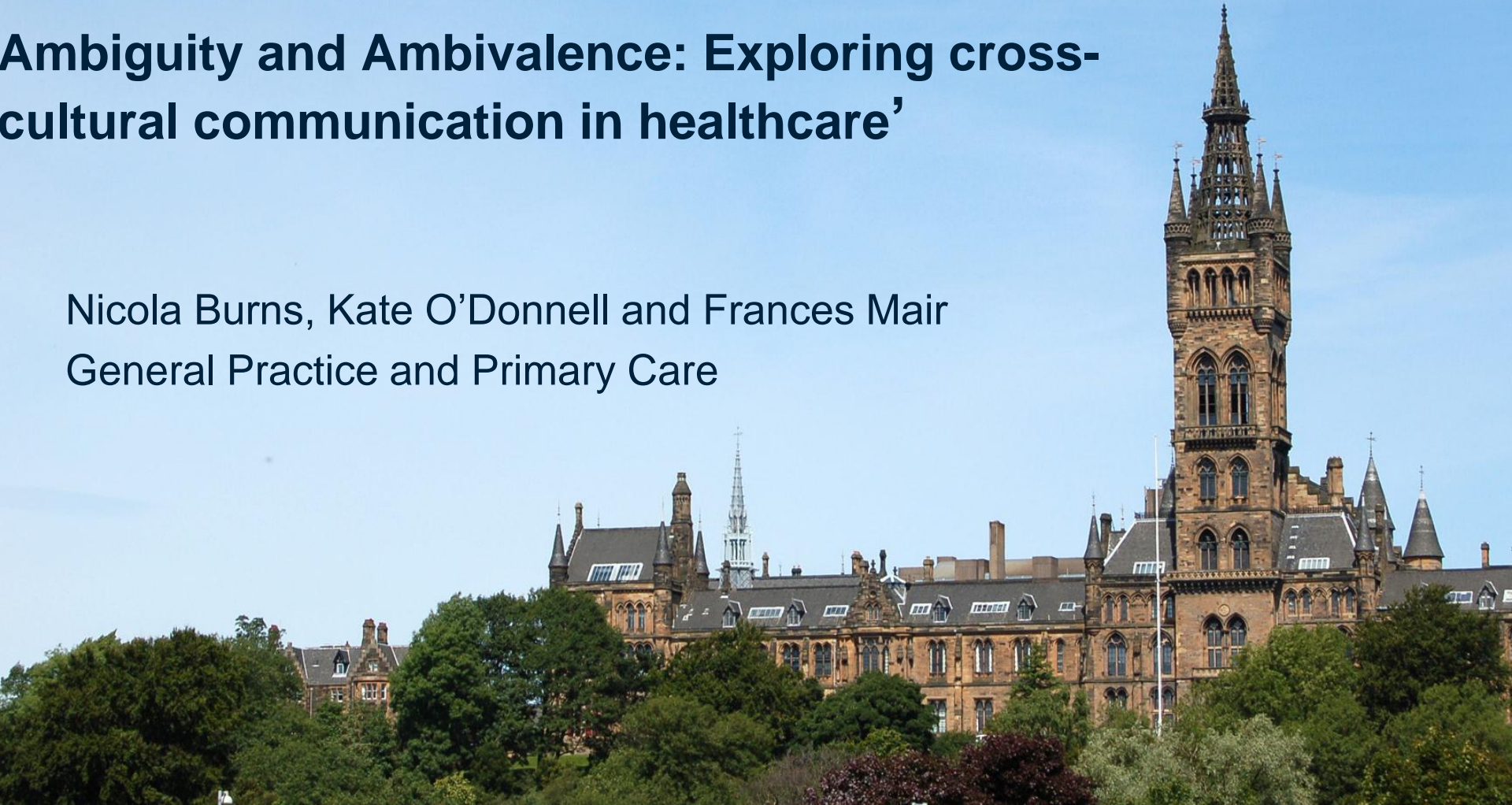


Institute of Health & Wellbeing

Ambiguity and Ambivalence: Exploring cross-cultural communication in healthcare'

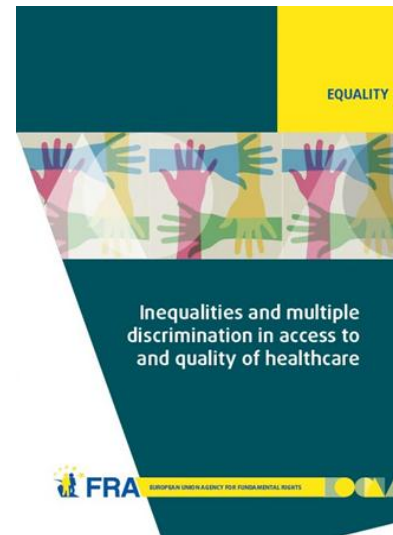
Nicola Burns, Kate O'Donnell and Frances Mair
General Practice and Primary Care



- Contextualising implementation
- Migrant health and the ‘politics of polarisation’ in the EU
- Policy Analysis
- Culturally competent migrants? **Immigration and integration**
- **Linguistic and cultural rights**
- Language and culture matters in health
- Ambivalence to new European languages: what place for medical interpreting?
- Discussion

- Different health care systems, migrant rights and government policies impact on the way in which migrants and health care professionals encounter and interact with one another
- Importance of policy environments in which implementation journeys of RESTORE stakeholders are situated

- Recognition of differences in *entitlement, access and quality* of healthcare
 - *Between migrant and host populations*
 - *Between migrant groups*



Invisible Suffering



Prolonged and systematic detention of migrants and asylum seekers in substandard conditions in Greece





University
of Glasgow

'The politics of polarisation': migration discourses and health



Increasingly politicised and sensitive nature of migration in the EU necessitates critical analyses

Policies give shape to problems, they do not address them
(Bacchi, 2009:x)

- Identify national policies and analyse using NPT
- Policy expert interviews at national level
- Synthesis with data from implementation journeys (WP3-6)

- Integration has been reconfigured towards ‘*socio-political membership, the preservation of core national norms and values and towards social cohesion*’ (Kostakopoulou 2010:11).
- Multi-culturalism to assimilation
- Use of language competency tests:
 - Pre-entry requirements
 - Residence
 - Citizenship
- Discrimination

The ambiguous place of community languages

- *a language group any group of persons sharing the same language which is established in the territorial space of another language community but which does not possess historical antecedents equivalent to those of that community. Examples of such groups are immigrants, refugees, deported persons and members of diasporas. Article 1(5)UDLR (1996)*
- "regional or minority languages" ...does not include either dialects of the official language(s) of the State or the languages of migrants Article 1ECRML
- Language: now you see it, now you don't ...
- Community languages in Europe
 - *'migrant, immigrant, community languages should be explicitly recognised through appropriate instruments at European level' (2013: 11)*

- Language and cultural competence as key to migrant sensitive health systems (WHO, 2010)
- Article 12 of ICESCR

‘information accessibility ‘the right to seek, receive and impart information and ideas concerning health issues’ (12b). Acceptability (12c) refers to medical ethics and cultural competence observing that: ‘All health facilities, goods and services must be respectful of the culture of individuals, minorities, peoples and communities’.

This is not a language plan for the NHS. It does not consider issues of or methods for encouraging use either of English or of other community languages, important as they may be in their own right to improving access to health and other services. Instead, it covers planning for TICS services that recognise the reality of need amongst patients and aim to satisfy that need. [SCO PRD14]

- Rights to speech and access
- ‘the politics of Britishness’
(Aspinall and Hashem 2011)

- Either/or

Or

- Both/and?

- Looking at the bigger picture: health policy does not exist in a vacuum
 - Language rights = Patient rights
 - Medical ethics- patient safety and informed consent
- ‘what matters at the point of contact is not whether they should have learned the language, but whether they have’ (CM (2011)141 add, 2011:7)*