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Why educators and health professionals need to engage with language loss of immigrant communities in the times of uncertainty?

One big marker of uncertain times is migration. Migration for many individuals and communities leads to language loss. Loss of a home language is often presented as a natural language shift or freedom of choice, as evidenced in my study on attitudes to bilingualism (Mehmedbegovic, 2011). Evidence shows that underprivileged communities suffer more language loss than affluent ones. Therefore, by not equipping underprivileged communities with awareness on the equal benefits of all languages we are widening the rich-poor gap in yet another way. Every effort needs to be made to ensure that children from minority groups do not drift towards language loss – loss of their home language.

Language loss is a loss for all who aim to achieve:

- Better attainment across the curriculum;
- A better equipped workforce for a globalised world;
- Better self-esteem at an individual level;
- Longer dementia-free lives and significant cost savings for society.

Therefore the maintenance of home languages and learning of other languages, bilingualism, should be positioned in education and life-long learning as a basis for enhancing human cognitive potential and equipping oneself for a better quality of life in later life. The equal value of cognitive benefits linked to bilingualism and language learning/use regardless of what combination of languages is in question (English-French or English-Bengali or English-Welsh) needs to be promoted and explicitly communicated to all stakeholders: children, parents, carers, teachers and school leaders.

In my research and engagement with stakeholders in different contexts I have identified one big obstacle in utilising the existing linguistic diversity in the UK: hierarchy of languages. By hierarchy of languages I mean the outcome of processes and perceptions which result in a small number of select languages being considered high status, desirable to learn and 'have' such as French and Spanish, and a much larger number of languages which are not seen as an asset and have a very low status value, resulting in language loss at the individual level (Punjabi is one example I identified as such in my research) and language death at the societal level (Cornish is one of the languages which, in recent years, was identified as endangered and then dead, although there are attempts to revive it) . The dichotomy of high and low status languages, underpinned by historic reasons such colonialism and/or economic dominance, prevent minority groups from being aware of the value of their languages. Hence my plea that a sharp U-turn needs to be made in terms of presenting and promoting the cognitive benefit rationale for

developing bilingual/plurilingual skills. The rationale embedded in the cognitive benefits of bilingualism overcomes the issue of language hierarchy and this is the winning card that I suggest should be used to promote language learning in the UK and globally too. The cognitive benefits rationale also overcomes the 'English is enough' fallacy often encountered in public discourse in the UK and other English speaking countries.

Therefore the approach which I have conceptualised: Healthy Linguistic Diet promotes the equality of all languages in terms of their impact on our well-being and cognitive functioning. It makes every individual aware that no matter what languages they have the opportunity to learn and be exposed to: French, German, Bengali, Polish or any other, they are making an equally valuable effort and investment in their own long-term well-being and consequently also the long-term well-being of the wider society as a whole.

Educational priorities

The research evidence which underpins my argument identifies bilingualism as a source of cognitive advantage so significant at the individual and societal level that it is not only an education imperative to promote it, but a moral one too. According to the Alzheimer's Society, delaying the onset of dementia by five years would reduce deaths directly attributable to dementia by 30,000 a year. Dementia costs the UK £23 billion per year, yet the government has no plan on how to deal with dementia now or in the future.

The most recent research studies conducted in Canada identify bilingualism as a big hope in equipping ourselves better to engage with the threat of dementia: 'Executive brain power', developed by the use of two languages, has been identified as a key factor in prolonging quality life in later life and fighting off the onset of dementia by three to five years (Bialystok et al, 2012, Freedman et al, 2014).

Similarly, researchers from the University of Edinburgh examined the medical records of over 600 people in India. They found that people who spoke two languages did not show any signs of dementia for more than four years longer than those who used one language (Mortimer et al, 2014, Freedman et al, 2014).

Based on this evidence bilingualism is increasingly appreciated as successful brain training, contributing to a cognitive reserve which can help delay dementia. Dr Thomas Bak, the principle researcher at University of Edinburgh, states that: "These findings suggest that bilingualism might have a stronger influence on dementia than any currently available drugs. This makes the study of the relationship between bilingualism and cognition one of our highest priorities." (<http://www.bilingualism-matters.ppls.ed.ac.uk>)

If bilingualism is currently identified as the most promising strategy known in terms of prolonging a dementia free life there certainly should be no delay in working on timely and necessary changes throughout the education system in order to benefit from its' advantages.

For these changes to happen it is necessary to shift the thinking throughout the education and health care system, from policy makers to school and health care leaders, practitioners, learners and parents. The first imperative is that all the stakeholders are aware of what qualitative difference bilingualism can make to their cognitive functioning in general, and specifically in later life. The second imperative is that all stakeholders need to be equipped with strategies which can transform school practice and independent learning.

This shift in policy and practice needs to start with school leaders and the school workforce. By promoting development of school policies and practices which are crucial for an extended, dementia-free life, we are at the same time offering enhanced cross-curriculum performance for bilingual children and all those eager to learn other languages. Enhanced school performance is a key aspect in this shift which will be of interest to every school leader and teacher.

I envisage my Healthy Linguistic Diet as a strategy which would in the first instance: provide structured spaces for children and adults to discuss 'being bilingual' with the aim of raising awareness of bilingualism and its' benefits. The reason I start with explicit discussions about bilingualism is derived from a 'critical incident' moment I had in a London school, which led to my conceptualisation of a Healthy Linguistic Diet. While facilitating a discussion group focusing on exploring reasons for underachievement with a group of Bangladeshi boys one participant stated: 'We underachieve because we speak two languages'. His friend replied: 'It is not true, I read in a scientific journal that bilingualism improves your brain.' (Mehmedbegovic, 2011). What struck me here as a critical incident was realising that 14 year old bilingual children were not given opportunities to learn about bilingualism in terms of research evidence and the impact of bilingualism on cognitive functioning. From this example it is clear that some children internalise a deficit model of bilingualism through a lack of any other model or explicit information on what it means to be bilingual, while those who are looking to gain knowledge about bilingualism have to do their own research of literature outside of expected interests and reading for young people in secondary education.

Based on this first-hand experience from an inner London school I have been working on developing principles and strategies which can be used for an approach conceptualised as similar to thinking about a healthy diet – in this case it is a linguistic diet. Considering the big push for healthy lifestyles and healthy eating under the umbrella initiative Healthy Schools, I would like to suggest that the concept of a healthy linguistic diet should be integrated into this Healthy Schools initiative, which can be accessed on this website: <http://dera.ioe.ac.uk/6798/1/Introduction.pdf>.

A Healthy Linguistic Diet has a real potential to contribute to the aims outlined by the government: raise achievement across the curriculum, improve long-term health, enhance well-being and improve inclusion.

In the times of uncertainty bilingual children and their parents need to be given clear, affirmative and consistent messages by schools and their teachers in terms of the benefits of bilingualism and home language support. Students (and parents) should be given advice on what they can do themselves in

order to support their own bilingual development. These messages should include raising awareness on the cognitive advantages of bilingualism, which are applicable to all languages.

All children (monolingual and bilingual/plurilingual) and adults (monolingual and bilingual/plurilingual) in schools and other contexts should be encouraged to develop behaviour and habits which would support life-long development of bilingual/plurilingual competencies. These practices need to become an integral part of efforts to bring up children in the spirit of the Healthy School Initiative leading to a healthy life style as the backbone of being able to cope with uncertainty.

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