

Social exclusion in service settings amongst Swedish-speaking older adults in Finland: Language incongruency or identity discrimination, or both?

By *EMILIA HÄKKINEN*¹, *FREDRICA NYQVIST*¹, *CAMILLA NORDBERG*¹,
*MIKAEL NYGÅRD*¹, *SIV BJÖRKLUND*² & *JESSICA HEMBERG*³

Abstract

Previous studies suggest that older adults from minority linguistic groups are at a higher risk of experiencing social exclusion, with service exclusion being a highly evident form. This article explores how Swedish-speaking older adults in Finland experience the availability and adequacy of services in their first language and how their experiences are linked to social exclusion. Anchored in the intersection between two dimensions of social exclusion, service exclusion and identity exclusion, this study presents findings from 14 semi-structured interviews with uni- and bilingual Swedish-speaking older adults. The results indicate that inequitable access to services and facing language discordant services can shape experiences of exclusion. The inability to receive

¹*Emilia Häkkinen, Fredrica Nyqvist, Camilla Nordberg & Mikael Nygård, Department of Social Policy, Faculty of Education and Welfare Studies, Åbo Akademi University, Vasa, Finland*

²*Siv Björklund, Department of Education, Faculty of Education and Welfare Studies, Åbo Akademi University, Vasa, Finland*

³*Jessica Hemberg, Department of Health Sciences, Faculty of Education and Welfare Studies, Åbo Akademi University, Vasa, Finland*

everyday services in Swedish further fosters feelings of inferiority and identity discrimination. This study findings contribute to the social gerontological literature on social exclusion and demonstrate how identity intersections with service exclusion.

Keywords: Finland, linguistic identity, official linguistic minority, older adults, services, social exclusion.

Introduction

It has been argued that official linguistic minority older adults encounter barriers and obstacles when seeking and receiving services in their own native language (Holmqvist & van Vaerenbergh 2013; Nyqvist et al. 2021a). Additionally, differences in service quality as well as a lack of linguistic congruency in care services have commonly been experienced amongst official linguistic minority older adults in various contexts (Batista et al. 2019; Guerin et al. 2018; Martin et al. 2018; Stout et al. 2008). Even if service exclusion has mainly been addressed amongst unilingual minority older adults, even bilingual older adults have expressed a strong desire to be served in their preferred language in both high- and low-involvement services (Holmqvist & Van Vaerenbergh 2013). High-involvement services, such as medical, social and financial services, are services that tend to rely heavily on coproduction and communication between service provider and receiver, whereas communication is not such a crucial tool in low-involvement services, such as grocery shopping or visiting a restaurant or café (Holmqvist & van Vaerenbergh 2013).

Various services, with an emphasis on care services, play an increasingly fundamental role in the everyday life of an ageing person. Older adults' health and social care needs are diverse and possibly complex (Evans et al. 2019). Receiving services in one's native language(s) also becomes increasingly important in later life. In later life stages, a person is likely to experience a reduced ability to maintain fluency in multiple languages and may encounter heightened difficulties in activating their second language(s) (Holmqvist & van Vaerenberg 2013). Age-related cognitive changes may lead to a reduced fluency or even a complete loss of second language skills, highlighting the importance of native language(s)

(de Moissac & Bowen 2019; Martin et al. 2018). Alternatively, a gradual decrease in second language proficiency may be caused by changes in everyday language use as a result of life transitions (e.g. retiring from a job where one functioned in a second language) or simply from an increased willingness to use one's native language(s).

Earlier studies on service exclusion amongst official linguistic minorities tend to focus broadly on a lack of linguistic proficiency and linguistic incongruity, whereas service exclusion deriving from questions of identity, identity exclusion and language preference is more under-researched (e.g. Alimezelli et al. 2013; Bowen 2001; Kalland & Suominen 2006; Martin et al. 2018). Language is not only merely a tool for interaction but also a way of producing and reproducing identity, which accentuates the importance of the use of one's first language(s) (Bucholtz & Hall 2004). In the contextual framework for social exclusion presented by Walsh et al. (2017), both exclusion from services and sociocultural exclusion – including aspects of identity exclusion – are presented as dimensions of social exclusion. This present study strives to address these dimensions as interlinked by highlighting the aspect of linguistic identity as an aspect that plays a part in service quality. Such a link between dimensions of exclusion is especially evident in the case of bilingual service seekers, to whom straying from their first language is possible but not desired. Thus, this study emphasises identity as a possible key component in social exclusion studies, focusing on services for linguistic and/or ethno-linguistic minorities.

In the Finnish context, both unilingual and bilingual Swedish-speaking older adults belong to a societal minority language group that is often referred to as a privileged minority due to the official national language status of Swedish in Finland. However, it has been reported that the social inclusion of Swedish speakers is challenged by them not being able to use their first language regardless of their strong linguistic rights (e.g. Törmä et al. 2014). Finland is an officially bilingual country, and authorities are obliged to offer services in both Finnish and Swedish (Language Act 2003; The Constitution of Finland 1999). Regardless of their robust legal status, research shows that the position of the Swedish language in Finnish society, as well as in the linguistic climate in general, is deteriorating (Herberts & Suominen 2019; Lindell 2021).

This study brings to light older Swedish speakers' experiences of seeking and receiving services as an official linguistic minority older adult. This study addresses language barriers and the lack of availability of services, with further reflections on linguistic identity, and how it can be compromised in linguistically discordant services. The first section introduces the theoretical framework, drawing upon theories of social exclusion, with a focus on the intersection between service exclusion and identity exclusion. Second, this study addresses the methodology and presents the qualitative data drawn from 14 individual semi-structured interviews with uni- and bilingual Swedish-speaking older adults residing in the western parts of Finland. Third, this paper analyses the participants' experiences of service availability and adequacy, not only with a focus on language proficiency and exclusion from services but also on language sensitivity and discrimination, tackling exclusion on a broader sociocultural level.

Service Exclusion Amongst Official Linguistic Minority Older Adults

Earlier research on exclusion from services from an official linguistic minority perspective has greatly focused on larger population samples, with less of a focus on age differences and the specific attributes and needs of older groups (e.g. Hughes et al. 2009; Savard et al. 2018; Stout et al. 2008). The contextual realities between the study countries vary, making the study findings largely context-bound, highlighting the specific conditions and peculiarities that make the experiences of each population special (Nyqvist et al. 2021a). Furthermore, the status of the linguistic minority group is likely to affect the intensity and nature of the exclusion experience, with official linguistic minorities having a more robust legal foothold than minorities lacking official status (Nyqvist et al. 2021a).

Limited access to services amongst official linguistic minority older adults has been reported in terms of housing, transport, leisure, home support, health care and home care (Dupuis-Blanchard & Villalon 2013; Dupuis-Blanchard et al. 2014; Simard 2019). Lacking availability of health information in the official minority language, as well as longer waiting times, has also been addressed, affecting perceived service quality (e.g. Eriksson-Backa 2008). Lacking service access has been argued to have negative effects on ageing in

place, health outcomes and well-being, amongst other things (Batista et al. 2019; Dupuis-Blanchard & Villalon 2013; Martin et al. 2018).

Additionally, differences in service quality in terms of language have received attention in social exclusion research. Generally, lacking service quality has been discussed as linguistically and culturally incongruent services, including difficulties in communicating with the service provider, sometimes leading to misinformation and misunderstandings (Eriksson-Backa 2008; Martin et al. 2018). Dupuis-Blanchard et al. (2015) consider adequate communication with professionals to be a hallmark of safe practice. The inability to use one's native language whilst receiving services has been argued to increase feelings of vulnerability and insecurity (Bouchard et al. 2012; Day et al. 2010), with the difficulty of communicating pain, emotions and sensitive subjects ridding the service encounter of a sense of individuality and trust (Bouchard et al. 2012; Hughes et al. 2009).

The ways in which receiving linguistically inadequate services is interlinked with identity exclusion have been less studied. Earlier studies suggest that experiences of exclusion are not merely generated from the service providers' inability to speak the official minority language but also from a lack of sensitivity towards the service seeker's linguistic preferences (Mutchler et al. 2007). Irvine et al. (2006) make a distinction between language proficiency and *language awareness*, of which the latter incorporates not only proficiency but also attitude, motivation and an appreciation of the crucial role of language in expressing cultural identity. A study conducted by Hughes et al. (2009) amongst bilingual Welsh-speakers concludes that possession of majority language skills does not prevent the disadvantages experienced by official minority language speakers when trying to access services. Even for bilingual service seekers who do have proficiency in the majority language, receiving service in one's first language has been reported to create feelings of comfort, homeliness, understanding and trust (Hughes et al. 2009; Madoc-Jones 2004). Consequently, services provided in the official minority language have been perceived to be of better quality (e.g. Hughes et al. 2009).

A Social Exclusion Approach Focusing on Services in Later Life

Essentially, social exclusion refers to a form of separation of individuals or groups from mainstream society (e.g. Rawal 2008; Walsh et al. 2017).

Social exclusion has been defined as the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live (EUROFOUND 1995). Concerning definitions of social exclusion of older adults specifically, Walsh et al. (2017) have presented the following definition adapted from Levitas et al. (2007):

Social exclusion among older persons is a complex process that involves the lack or denial of resources, rights, goods and services as people age, and the inability to participate in the normal relationships and activities, available to the majority of people across the varied and multiple domains of society. It affects both the quality of life of older individuals and the equity and cohesion of an ageing society as a whole. (Walsh et al. 2017, 83)

According to Walsh et al. (2017), the research on social exclusion within the context of ageing remains under-developed. Social exclusion research disproportionately tackles exclusion of children, young people and adults (Mofatt & Glasgow 2009), overlooking the situation of older people. However, Walsh et al. (2017) point out three notable features that make old-age exclusion a unique form of disadvantage. First, earlier research has recognised that exclusion can accumulate over the life course, increasing the prevalence of exclusion in later life (Kneale 2012). Second, exclusionary phenomena often act as tipping points towards precarious situations for older adults, limiting their opportunities to escape exclusionary conditions (Scharf 2015). Last, in some cases, older adults tend to be more susceptible to exclusionary processes and more vulnerable to their impacts (e.g. Jehoel-Gijsbers & Vrooman 2008).

It is generally argued that the opposite end to being socially excluded is social inclusion. In fact, Rawal (2008) brought forward the perceptions of exclusion and inclusion as 'inseparable sides of the same coin' (171). Frequently, conceptualisations of inclusion appear as invocations of the "normal" or "mainstream" applied to various things that people are understood to be excluded from (Cameron 2006). Even though definitions of social inclusion are often conceptually dominated by exclusion, it has also been argued that there can be simultaneous exclusion and inclusion, meaning that one can be excluded in one domain and included in another (Jackson 1999).

Not only is social exclusion defined in different ways across research, but also the domains capturing exclusion also tend to vary (see, e.g.

Burchardt et al. 2002; Tsakoglou & Papadopoulos 2002). For consistency and clarity, this article refers to a framework presented by Walsh et al. (2017), which recognises six common domains of social exclusion in later life: (1) neighbourhood and community, (2) services, amenities and mobility, (3) social relations, (4) material and financial resources, (5) socio-cultural aspects and (6) civic participation. Out of these six dimensions, exclusion from services, amenities and mobility, as well as socio-cultural aspects of exclusion, including issues related to linguistic identity (Bucholtz & Hall 2004), will be at the heart of this article.

Not receiving welfare services in one's own language not only challenges a person's linguistic skills but also further diminishes and invalidates core components of their identities. Language has been identified as a social tool that encompasses a significant emotional dimension and assists in building and maintaining a personal and linguistic identity (Arzoz 2007). According to Bucholtz and Hall (2004), language plays a crucial yet often unacknowledged role in the formation of cultural and social subjectivities. It could be assumed that social exclusion in service situations is not merely a product of the inability to use one's preferred language; it is also strengthened by the feeling that one's linguistic and perhaps cultural identity is not respected.

Based on the theoretical viewpoints presented earlier, this study seeks to answer the following research questions in relation to issues of social exclusion and the misrecognition of linguistic identity amongst Swedish-speaking older adults in service settings:

- 1) How do unilingual and bilingual older adults experience and describe the availability and adequacy of services in their first language?
- 2) How is social exclusion shaped in linguistically lacking high- and low-involvement services?

Methodological Approach

The data analysed in this study is part of a larger research project with the overall aim of exploring social inclusion amongst older adults from a minority perspective (see Acknowledgements), specifically focusing on the Swedish-speaking official minority. This paper draws on semi-structured qualitative interviews conducted in 2020 with 14

Swedish-speaking older adults living in the region of Ostrobothnia in Western Finland. Ostrobothnia was chosen as the study area due to the region's unique linguistic environment; Ostrobothnia is highly bilingual, with the highest number of Swedish-majority municipalities in Finland (Association of Finnish Local and Regional Authorities 2020). The inclusion criteria for participating in the study comprised being aged 65 or older, identifying as a uni- or bilingual Swedish speaker, residing in Ostrobothnia, being willing to provide informed consent and share their own experiences.

Interviewees were recruited via social media and newspaper advertisements and several associations for Swedish-speaking older adults. Those who were willing to participate contacted the researcher directly, after which they were provided with further information about the study and a consent form. Ethical approval was obtained from the host institution (Åbo Akademi University), and all participants were given the right to withdraw from the study during or after the interview. All data were treated confidentially and pseudonymised.

Two researchers (first and second authors) took part in the initial phase of the study, which included creating the interview guide and gathering the empirical data. Two pilot interviews were carried out to test the applicability of the interview guide. These pilot interviews secured the suitability of the questions in the interview guide, and no revisions were made to the guide. This interview guide was used during all interviews, and it included three broader themes: (1) relation to language (including past and current language use), (2) language in use of services (including high- and low-involvement services) and (3) language and social participation. Theme (1) was chosen to provide a life course perspective to the older adults' experiences since in studying inequalities and social exclusion in old age, the life course should be considered (Van Regenmortel et al. 2016). Themes (2) and (3) were chosen since social exclusion in service use and social participation have been considered common and frequent forms of exclusion amongst official linguistic minorities (e.g. Nyqvist et al. 2021a).

The interview guide further consisted of semi-structured questions organised under these three broader themes, completed with follow-up questions, which the interviewer asked depending on the responses from

each participant. Questions with a focus on the COVID-19 pandemic were added to the guide since the emergence of the pandemic was considered highly topical and relevant to the subject studied.

Context

Swedish bears the position of a second national language in Finland (Language Act 2003, 1§). Approximately 5.2% of the total Finnish population of 5.5 million is Swedish-speaking, whereas other linguistic minorities account for 8.3% of the population (Statistics Finland 2022a). Finnish municipalities are either officially unilingual or bilingual, depending on the size of the official language minority community. Of the total number of 308 municipalities in Finland in 2022, 33 were classified as bilingual, and 16 were classified as unilingual Swedish (Statistics Finland 2022b). The duties of regional and state authorities to provide services in both languages depend on the linguistic status of the municipality as unilingual or bilingual (Language Act 2003, 5§). In bilingual municipalities, authorities are obliged to offer services in both languages.

The linguistic identities of Swedish speakers in Finland have been referred to as complex, with affiliations both with Swedish and Finnish speakers as well as bilinguals – a distinctive ethnolinguistic group that exists alongside and between Swedish and Finnish speakers (Vincze & Henning-Lindblom 2016). The Swedish-speaking minority has become less visible in Finnish society due to factors such as increased bilingualism, the significant growth of immigration and greater linguistic plurality (Saukkonen 2011). The main components of what constitutes Swedish-speaking identity fluctuate and are hard to grasp. Amongst Swedish speakers, language has been presented as the main component and the basis of their identity (Polanowska 2015). Areas populated by Swedish speakers are, in many senses, divided, which is reflected in the variety of dialects, the practical usage of Swedish and access to and use of services in Swedish (Polanowska 2015).

Participants

A total of 14 interviews with unilingual and bilingual older adults alike were conducted, out of which 12 were conducted as phone interviews due

to the global COVID-19 pandemic. The interviews lasted 30–70 minutes each. All interviews were digitally recorded and transcribed. The first researcher transcribed six interviews, and an assisting student was hired to transcribe the remaining eight interviews. Out of the 14 participants, 10 were female and four were male. The ages of the participants ranged from 68 to 92 years, with an average age of 78.5 years. The participants were identified as either bilingual or unilingual Swedish speakers, with eight participants considering themselves fluent in Finnish. The definition of language groups was based on the participants' self-identification as either uni- or bilingual. Bilingual study participants were able to choose the interview language themselves; however, all participants chose to be interviewed in Swedish. Further information on the participants is presented in Table 1.

Table 1. Participant profiles

	Unilingual (<i>n</i> = 6)	Bilingual (<i>n</i> = 8)
Age:		
65–80	4	3
81+	2	5
Gender:		
Female	6	4
Male	0	4
Residence:		
Bilingual town	3	8
Swedish majority municipality	3	0
Marital status:		
Married	2	2
Widowed	2	5
Divorced	1	0
Cohabiting relation	1	1
Household composition:		
Alone	3	5
With partner/spouse	3	3

Analysis

In the initial phase of the analysis, the transcribed interviews were uploaded to NVivo 12 (QSR International) for coding. The analysis centred on the linguistic availability and adequacy of high- and low-involvement services. The data were analysed by the author using a process of thematic coding based on the qualitative content analysis framework presented by Graneheim and Lundman (2004). First, the transcribed texts were read several times to obtain a sense of the whole. Next, citations about the participants' experiences accessing and receiving services in Swedish were brought together into one text, which constituted the meaning units of the analysis. The meaning units were further condensed, and the condensed units were abstracted. The whole context of the participants' texts was considered when condensing and labelling meaning units. Next, the condensed meaning units were sorted into four themes (sufficient/insufficient availability of services and sufficient/insufficient adequacy of services), which further formed two main themes (availability of services and adequacy of services). The research team (all authors) was consulted when sorting the condensed units into different themes and subthemes. Examples of this analysis procedure are further illustrated in Table 2. Deductive coding was used to extract recurring and significant issues and to code them into predefined themes and subthemes. Afterward, citations – some of which are presented in the findings – were selected to outline the major themes. For translation of interview extracts from Swedish to English, a hermeneutic translation approach was used to remain faithful to the original context (Abfalter et al. 2020). We opted for an individual non-recursive translation without specific rules and without back-translation, favouring a more hermeneutic approach involving more intuitive and meaningful translations.

In the initial phase of conducting the interviews, the first author made a separation between high-involvement and low-involvement services in line with the characterisation used by Holmqvist and van Vaerenbergh (2013). In the following results section, high- and low-involvement services will be addressed separately.

Table 2. Qualitative content analysis procedure (Graneheim & Lundman 2004)

Meaning unit	Condensed meaning unit: Description close to the text	Condensed meaning unit: Interpretation of the underlying meaning	Sub-theme	Theme
P1: "And what I have heard from long-term care, it is very difficult to get a nurse who speaks Swedish, so... What is better then, do you choose a Finnish speaker or no one at all? Of course you have to take the Finnish speaker."	She has heard that it is difficult to receive care in Swedish in long-term care facilities, in which case the patient must choose between Finnish care or no care at all.	Has the impression that choosing care in own language is not always a possibility.	Insufficient adequacy of care	Adequacy of high-involvement services
P2: "[...] You do not always have to switch to Finnish even if it would be easiest. You have to be a bit, maybe... Have tentacles and try to sense if maybe that one would agree to speak a bit of Swedish."	Switching to Finnish is often easiest, but not always a must. By analysing the situation and trying to speak Swedish, one might receive Swedish service.	It is easy to get service in Finnish, whilst receiving service in Swedish is harder and requires more effort.	Insufficient adequacy and availability of services	Availability/adequacy of high-involvement services
P3: "And now when they have informed of corona, so especially in the beginning, it was not that you received information in Swedish."	Explains how information on COVID-19 was not properly given out in Swedish in the initial phases of the pandemic.	Difficulties in receiving important, national health information in own mother tongue.	Insufficient availability of services	Availability of high-involvement services

Language Incongruency in High-Involvement Services

Most research participants in this study described the availability of Swedish social and healthcare services in Finland as sufficient. This was particularly the case regarding healthcare services – with specific mentions of the local central hospital. Positive perceptions of service access and availability were more common amongst bilingual participants who preferred receiving service in Swedish but did not regard it as a necessity. These participants shared how they sometimes even naturally switched to the Finnish language. Here, it is important to note that approximately 43% of the Swedish-speaking population lacks the proficiency in Finnish required to perform such language switches (Lindell 2021). A common perception amongst the participants who were satisfied with service availability was that they were privileged in comparison to their peers who resided in Finnish-speaking majority areas:

But I do think they have it difficult in many [...] other cities, let's say [names a Finnish city] and big cities where people are very Finnish, even though the area should be bilingual. They may have difficulties in finding staff who can speak Swedish, when there are already staff shortages in many areas. (Gunvor, 86)

In some cases, the experiences of having access to services in Swedish were mixed. Sofia (aged 74) described a 50/50 chance of receiving high-involvement services in Swedish and felt that there over time has been a gradual increase in Finnish-speaking personnel. Generally, bilingual participants did not personally experience the availability of services as problematic but expressed concern on behalf of unilingual Swedish-speaking peers:

[...] I can imagine that those who only speak Swedish can have problems. Because there are those within health care and within the service sector who do not master Swedish. This I have come across many times. [...] Let's say out of ten contacts, maybe three have been such. Where it is only Finnish. (Maj, 81)

Although services in Swedish were generally considered available, several participants described the availability of Swedish services as lacking. Poor availability was most discussed in relation to COVID-19 information, with information in Swedish described as lacking and/or more difficult to obtain. Previous studies – albeit primarily focusing on racial minorities

- have drawn parallels between linguistically lacking information and negative health consequences, with communication barriers being connected to inappropriate care and decreased quality of life (e.g. Martin et al. 2018). Furthermore, long-term care services were considered harder to access in Swedish, and even unilingual Swedish speakers were reported to receive said services (long-term care housing services for older adults) in Finnish only. This is in line with previous research, according to which older adults do not always receive long-term care services in their preferred language (e.g. Törmä et al. 2014). These findings are worrying, as age-related cognitive impairments may lead to a loss of second language skills, making the lack of linguistic congruency in long-term care services detrimental (de Moissac & Bowen 2019; Martin et al. 2018).

Two participants made specific mentions of the poor availability of mental health services in Swedish. Zhao et al. (2021) emphasise the importance of linguistic congruency in mental health services, since in such services, language use is often central to diagnosis and treatment in different ways than for physical health, for instance when it comes to discussing the patients' unobservable psychological experiences and administering treatments that involve changing how patients think and behave. In an interview, mental health service availability was described as follows:

[...] Within psychiatry it has been a real pity here in [city], it is almost impossible to get either psychiatric or psychological care in Swedish. They are all [...] virtually all of them are Finnish. (Lovisa, 75)

The participants' experiences of service quality were more ambiguous and mixed. Unilingual and bilingual participants alike stated that they preferred using Swedish in high-involvement services. The participants who spoke Finnish occasionally described having to switch to Finnish to avoid misunderstandings. Language barriers in care settings have previously been reported to contribute to poorer patient assessment, misdiagnosis and/or delayed treatment and incomplete understanding of patient condition (de Moissac & Bowen 2019; Mustajoki 2020; Törmä et al. 2014).

Amongst the interviewees, a switch to Finnish was described as a precaution to avoid such negative service outcomes. However, simultaneously, the participants commonly expressed a reluctance to switch languages, mainly because the use of Swedish felt more comfortable, relieving and

“homely,” whilst using Finnish felt less nuanced and less detailed. Similar descriptions have been reported amongst bilingual Welsh speakers in a previous study, with a common language between service receiver and provider increasing the feelings of comfort and understanding and further leading to a closer and more trusting relationship (Hughes et al. 2009). Being able to use one’s preferred language was considered essential when dealing with sensitive, emotional and difficult matters. The importance of one’s first language is emphasised in care situations that involve feelings of distress, vulnerability and sensitivity amongst uni- and bilinguals alike (de Moissac 2016). This is illustrated in the following citation:

[...] I have been to therapy to [mental health facility] and the therapist I got there was completely Finnish-speaking. She could maybe say “good day” and “thank you” in Swedish, but that was surely it. [...] So, there I missed being able to speak Swedish and it later led to me having to quit there. [...] All nuances and how one wants to express oneself and understand each other, yes, it is really important. (Sofia, 74)

Seeking services in Swedish was described as a balancing act between taking the “easy route” by switching to Finnish and putting in extra effort to be able to use Swedish. Henrik (aged 80) specified how it was possible to receive service in Swedish, but that it required more effort and patience. Service in Finnish was generally considered to be of better quality and resulted in better care experiences. In the following citation, Lovisa describes how receiving service in Swedish requires more time and patience:

So if you are in a hurry and want to deal with the issue quickly and positively, it is safer to take it in Finnish. It goes quicker, and you will get a more positive result. Mostly. [...] If I call the health centre for example and ask to get a time for a dentist appointment or a doctor’s appointment [...] If I ask to get it in Swedish, I get to queue forever, it disconnects, and there are no times available. But if I switch to Finnish and humbly request and so, [...] then I can get an extra time squeezed in. But it never happens if I speak Swedish. (Lovisa, 75)

Occasionally, services were received in broken Swedish. Maj (aged 81), amongst several other bilingual participants, considered information on COVID-19 to be lacking in Swedish in the initial phases of the pandemic and described the Swedish information as a short summary compared to the Finnish information. Bilingual groups might perceive the linguistic

availability of services more critically since they have access to services in both languages and are thus able to make comparisons between Swedish and Finnish services (Nyqvist et al. 2021b). Cases in which epicrisis and other important papers were received in Finnish only were occasionally reported. This is further illustrated as follows:

One can get service in Swedish here in [city], but one can sometimes get epicrisis or such, even if one speaks Swedish, one can get them in Finnish [...] That bothers me sometimes when one gets, like my wife who is quite [...] has been quite sickly from time to time, and gets epicrisis, and they are only in Finnish. (Björn, 86)

The participants' narratives indicate that language plays a key role in high-involvement services, and that the significance of language in such services should not be underestimated or ignored. The next section addresses the availability and adequacy of low-involvement services.

Language Incongruency in Low-Involvement Services

Generally, low-involvement services in Swedish were described as much less available than high-involvement services. This was understood to stem from the service providers' lack of proficiency in Swedish but also from a lower willingness to use Swedish amongst service providers. The participants described low-involvement services as predominantly Finnish and discussed a general and gradual decline in Swedish over time. Such a change could be attributed, at least in part, to the declining size of the Swedish-speaking population; in the early twentieth century, Swedish speakers made up 13% of the population compared to about 5% today (Saarela 2020). Elvira (aged 79) described the lack of Swedish in low-involvement services as problematic and disheartening, as these services play a key role in the construction of the everyday lives of older adults. She further expressed how the lack of Swedish in said services caused feelings of discomfort, frustration and irritation. The availability of written information (advertisements, announcements, etc.) was described as especially poor by the participants. The lack of Swedish information in public spaces was perceived as bothersome and neglectful.

Not only did the participants consider these services to be unavailable in Swedish but also more or less inadequate. Encounters with service

providers in which simple answers, such as greetings or prices, were given only in Finnish were frequently reported. In these situations, the absence of Swedish was more often attributed to a pure unwillingness to speak Swedish than to an actual inability to speak the language. Such experiences, albeit linked to services, can also be understood as a form of sociocultural exclusion, namely, the exclusion of identity. This dimension of social exclusion entails experiences of identity exclusion and language-based discrimination, involving a failure to recognise one's cultural or linguistic identity (Walsh et al. 2017). In some cases, these circumstances would make the participants feel burdensome or unwanted customers, which triggered feelings of discomfort, injustice and discrimination. Brita described her experience of such situations as follows:

I remember last summer when I bought coffee at an outdoor café at the market square, where they maybe have ten products, and she was telling the price, and I had already spoken Swedish and she says (in Finnish "two euros and forty cents"), so I said, "excuse me?!", and she repeats (in Finnish "two euros and forty cents"). She refuses to say it in Swedish, and at this point my own tone turned a bit cold already. But [...] but I was ashamed afterwards, but I do really think that in a town like [city] with Swedish tourists, one CAN learn to say the prices of ten products in Swedish. (Brita, 68)

In the context of low-involvement services, language switching was widely reported by the participants. When service was not available in Swedish, it was received in Finnish or English instead. When service was provided in Swedish, it was deemed to sometimes be of poor quality, deficient or incorrect. This was perceived to apply particularly to written information, which is in line with the findings from a previous interview study by Törmä et al. (2014). Informational texts and written instructions in public spaces have been reported to be lengthier and better written in Finnish, and poorly written or misspelled Swedish information has been experienced as offensive or ignorant (Törmä et al. 2014).

The general perception was that the use of Finnish led to more positive service experiences, whilst the use of the Swedish language could cause difficulties and foster undesirable reactions. Brita (aged 86) described how, in her opinion, she was better seen and heard when using Finnish and thus used Finnish when contacting service providers. It was discussed how the negative attitudes of the service providers affected the participants' service experiences and further deemed that speaking

Swedish was directly linked to negative behaviour and attitudes. This is exemplified by Annette:

[...] What I have reacted on is when I have been in [...] in [a Finnish city] sometimes, at [names a store] [...] when I have been there, I think the shop assistants have been [...] I have experienced that they have been audacious, when they have noticed that I am a Swedish speaker. And I do think that they could say, if they do not know more Swedish than "thank you" and "you're welcome," then they could at least say that. [...] But the good will in people, the good will is missing. That's when I notice, and that's when I can get annoyed. When I notice that they probably could, but the good will is not there. They have simply decided that in Finland we speak Finnish, period. (Annette, 71)

Linguistic Identity and Emotional Levels of Exclusion Within a Service Context

As the findings above show, the participants' experiences of service exclusion were shaped by inconsistent availability of services, the service providers' failure to address the needs of the subgroup and a lack of language sensitivity in services. Service exclusion was also indirectly distinguishable in the interviewees' tendency and preference to switch to Finnish when the use of Swedish was not considered possible. Furthermore, from an identity exclusion perspective, these feelings of exclusion were strengthened by the inability to fulfil and maintain one's linguistic identity in service situations and sometimes encounter discriminating behaviour.

Moreover, uncertainty regarding future language skills and future service availability contributed to a sense of social exclusion. Bilingual participants who considered themselves included in the present expressed worry about being excluded in the future. This was due to general suspicions of declining Swedish services and disappearing second language skills, which earlier research has mentioned to strengthen the discrimination and exclusion that the subgroup faces (e.g. Törmä et al. 2014). Furthermore, type of service also influenced the intensity of experienced social exclusion since the use of a preferred language was understandably considered more crucial in high-involvement services than in low-involvement services.

Aspects of identity exclusion were more prominent in the interviews with bilingual respondents. Identity exclusion was highlighted in situations where the importance of language was downplayed or where one's linguistic rights were not fulfilled. The attitude of the service providers was deemed a central factor that influenced the intensity of exclusion. Most participants reported that service personnel generally tried their best to offer Swedish services, but situations in which service providers refused to speak Swedish were also considered frequent. Scenarios in which the service provider would not even communicate small pleasantries in Swedish were perceived as particularly negative. Gunvor described this as resulting in an inferiority complex of sorts, where one's opinions and needs were disregarded or considered insignificant:

It is just the feeling that [...] that you don't count somehow, it creates a sort of feeling of inferiority. [...] Like "come on, it is not that important." (Gunvor, 86)

Generally, the attitude and behaviour of the service provider were also described as affecting the emergence and depth of exclusion. Feelings of hurt and discrimination were reported in situations where the service provider would seem indifferent and disinterested about providing linguistically congruent services and in situations where the provider would express ill-mannered or rude behaviour. This is exemplified by the following citation:

There are some rude ones, and [...] I visited [a restaurant] with my grandson, you know up there [...] We went in to eat there, and I had some questions for the girl behind the counter, but (in Finnish "I don't speak Swedish") she said immediately. Yes. So, it was a matter of attitude for her. (Henrik, 80)

The bilingual participants in the study shared their experiences of how they were able to receive services in Finnish, but such an outcome was not comfortable or desired. This was at least partly rooted in the participants' perceptions of how receiving services in Swedish was their fundamental right and how having to switch to Finnish compromised this. Additionally, being able to speak Swedish was perceived not only as using a desired language but was also experienced as carrying a cultural value. These reflections of linguistic rights and cultural values added to the emotional level of language use, illuminating how language use entails

so much more than just sufficient communication; it comprises nuances, emotions, a sense of community, culture, history and legality. Such contemplations are further illustrated in the citation as follows:

I had an old aunt who spent the last year of her life in a bed ward in [city], and I thought it was so terrible when it was Christmas, and they all always had some Christmas carols on the radio and such, you know, and she did not know a single one of those Christmas carols because they were in Finnish. So, it is those kinds of things, that people do not think about the fact that all that stuff is also part of it. (Gunvor, 86)

Concluding Discussion

Considering linguistic aspects in old age social exclusion is of great importance, not only due to globalisation and international migration causing increasing linguistic diversity but also due to the gradually diminishing use of a second language in old age (e.g. Bialystok et al. 2016; Schmid & Keijzer 2009). Social exclusion amongst older adults has been deemed to consist of, amongst other dimensions, exclusion from services and sociocultural exclusion (Walsh et al. 2017), both of which national and/or official linguistic minorities are particularly vulnerable to (e.g. Nyqvist et al. 2021a). In the case of official linguistic minorities worldwide, exclusion from services involves both having inequitable access to services and facing language discordant services (Zhao et al. 2021). Similar issues were addressed by the participants in the present study, as various shortcomings in both the availability and quality of services were discussed. Furthermore, experiences of social exclusion in service settings seemed to stem from a mixture of service exclusion in itself and identity exclusion, with experiences of indifference and dismissal exacerbating feelings of exclusion.

As pointed out by Walsh et al. (2017), how the various experiences, processes and outcomes across the life course combine to generate exclusion remains a fundamental question. Older adults currently experiencing social exclusion may have encountered varying degrees of exclusion across different stages of their life trajectories. These cumulative experiences may in turn contribute to shaping their present perception of exclusion, potentially distinct from how other age cohorts perceive and manifest social exclusion. In the Finnish context,

the proportion of older Swedish speakers within the Swedish-speaking population has notably increased (Saarela 2021), leading to an increased demand for Swedish services. Simultaneously, especially older Swedish speakers perceive the language climate in Finland to be deteriorating, and the Swedish-speaking minority is generally more dissatisfied with services compared to their Finnish-speaking counterpart (Lindell 2021). How Swedish-speaking older adults perceive seeking Swedish services today may be influenced by earlier life conditions and experiences. For example, the contrast between earlier periods with more widely available Swedish services and the subsequent decline in the prevalence of Swedish speakers over time could significantly contribute to the sense of exclusion amongst this group. In the present study, shortcomings in the linguistic availability of high-involvement services became apparent in the bilingual older adults' tendency to switch over to Finnish and the unilingual older adults' experiences of longer waiting times and having to go an extra mile to receive services in Swedish. As expressed by the study participants, the particularly poor availability of long-term care services and mental health services in Swedish is concerning, as the importance of language is emphasised in these services (de Moissac & Bowen 2019; Zhao et al. 2021). Low-involvement services were rated more negatively concerning availability, yet linguistic disparities in said services were deemed less detrimental. However, the inability to receive these services in Swedish could cause feelings of inferiority and discrimination. This discouragement was strengthened by the fact that these services play a key part in the everyday lives of older adults.

Concerning service adequacy and quality, both high- and low-involvement services can be considered to have distinct shortcomings. Amongst bilingual older adults, language switching was used as a strategy partly to avoid misunderstandings but also due to the perceived better quality of services when Finnish was spoken. However, both uni- and bilinguals alike expressed a reluctance to switch languages, especially when facing situations that involved feelings of distress or vulnerability. The inability to communicate nuances of health concerns and other second language communication barriers, such as those arising from communication anxiety, play a crucial role in healthcare quality (Zhao et al. 2021). Regarding low-involvement services, using Finnish was associated with more positive service experiences, whilst speaking Swedish was linked with

negative reactions and attitudes from service providers, making some participants feel like burdensome and unwanted customers.

Situations in which the importance of language was downplayed fostered experiences of identity exclusion. Based on the participants' stories, using one's preferred language is not only merely about communication but also about identity expression. According to Pitkänen and Westinen (2018), Swedish speakers consider their native language to be of great importance to them more often (58%) than Finnish speakers (49%), reflecting the particular importance of the minority's language use (Polanowska 2015). Other core components of what constructs the identity of Swedish speakers include identifying as a minority as well as self-identification with other Swedish-speaking Finns (Pitkänen & Westinen 2018). Such a deeper identification, reaching beyond language and into a sense of cultural and social belonging, could explain the sense of comfort when receiving services in Swedish. The findings of the present study further suggest that the ability to use the Swedish language also carries cultural value, adding to the depth and meaning of language use in services. It is crucial to acknowledge that exclusion is not solely based on one's self-perceived identity; it can also be influenced by the stigma and stereotypes imposed by the Finnish-speaking majority onto the minority group. One prevalent stereotype regarding the Swedish-speaking minority is the perception of them as being "better" (often in terms of socioeconomic status) and more "successful" (Heikkilä 2008). This stereotype might still influence the majority's perceptions and attitudes towards Swedish speakers today. Despite the persistence of such stereotypes, Heikkilä (2008) discovered that the culture and lifestyle of the minority group does not significantly differ from that of the majority. Additionally, Swedish speakers hold strongly negative attitudes towards these stereotypes (Heikkilä 2008).

It is worth noting that older unilingual adults were more likely to discuss the poor availability of services, whilst their bilingual peers gave more negative ratings of service adequacy. One explanation for this could be that older unilingual adults lack the lifeline of switching between languages, thus limiting their service access. Furthermore, it has been suggested that the anticipation of having to use language discordant services is associated with reluctance to use these services (Zhao et al. 2021). In turn, bilingual older adults can more easily approach Finnish services,

granting them better service access, but also better possibilities to perceive linguistic gaps and defects in services in higher detail, offering them a heightened insight of service inadequacy. In this sense, bilingual older adults can function as intermediaries who raise more critical perspectives on whether the needs of the Swedish-speaking minority are being met (Nyqvist et al. 2021b). The bilingual older adults participating in the study presented dynamic bilingualism (Garcia 2014), employing linguistically flexible practices to manage service situations and further strengthen their service access. These practices involved language switching, combining and mixing languages and a reciprocal correction of language errors and gaps with service providers.

Finally, based on our findings, it can be argued that older adults' experiences of accessing services in Swedish indicate that Finnish language legislation is not fully realised and implemented in practice when it comes to high-involvement services. In contrast to many other Nordic contexts, Finland has exceptionally binding and robust language legislation (Saarinen & Taalas 2017), with a constitutionally defined societal bilingualism of two national languages (Saarinen 2020). However, these linguistic rights and policies are put into jeopardy when linguistic availability and the quality of services are insufficient and when the significance of linguistic identity is overlooked. Simultaneously, the participants in this study live in one of the most bilingual areas in Finland (Association of Finnish Local and Regional Authorities 2020), raising questions about what a similar linguistic reality looks like in more Finnish-speaking areas. This raises a wish for further research so that official linguistic minority older adults populating areas dominated by the majority language could also get their voices heard.

Limitations

Although the present study offers perspectives to the existing knowledge on service exclusion from a linguistic perspective, it has several limitations that need to be considered when interpreting the results.

After the pilot interviews, some methodological changes were made as a result of the prevailing pandemic situation. The structure of the intended face-to-face interviews had to be reshaped into a format suitable for phone interviews. Whilst phone interviews proved to be a suitable

data collection method for the present study and can offer a range of potential advantages for qualitative research projects (such as increased anonymity), some challenges and disadvantages should also not be ignored. One of these challenges relates to the loss of visual or nonverbal cues, which are thought to influence communication and convey more subtle layers of meaning (Irvine 2010).

Although the findings of this study are highly regional and context-bound, it is possible that they are also, to some degree, applicable to other official linguistic minorities. Thus, these results could be used as guidelines for further research on official linguistic minorities in different settings. In Finland, the Swedish-speaking population cannot be considered to form a homogenous group since they live in very diverse linguistic settings: some of them live in areas where Swedish speakers constitute a majority, some live in bilingual settings and some live in almost exclusively Finnish-speaking areas (e.g. Kalland & Suominen 2006). Thus, the experiences of older Swedish-speaking adults may also differ on a regional level. Although the findings cannot be generalised to describe the experiences of all official linguistic minorities, they give an indication of possible difficulties that similar groups may also face. Further research is needed, especially regarding nonofficial linguistic minorities who might lack the legal position and vitality that official minorities possess.

It is important to note that the present study focuses explicitly on the perspectives of older linguistic minority service users. For future research, it could be of interest to include the perspectives of service providers as well. Whilst professional perspectives have been taken into consideration in previous research (e.g. Drolet et al. 2014; Irvine et al. 2006; Törmä et al. 2014), national and regional studies with such perspectives remain scant in the Finnish context.

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Corresponding Author

Emilia Häkkinen, Åbo Akademi University, Strandgatan 2, 65100 Vasa, Finland. Email: emilia.hakkinen@abo.fi

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