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Social Workers' Management of Child Interpreting: A Qualitative Study

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Abstract

Spoken language interpreters are commonly used to facilitate communication for emergent bilingual service users in social work. Children often have greater English language proficiency than their parents and may interpret for family members in a variety of contexts, including social work. This article approaches the topic of child interpreting from social workers' perspectives and presents findings from in-depth interviews about child interpreting. Social constructionist theories are used to examine the way social workers manage child interpreting. The findings indicate that social workers manage child interpreting by monitoring, scaffolding or stopping encounters. Through talking about child interpreting, the social workers conceptualise children as passive, vulnerable or untrustworthy. Social workers recognised the potential contributions that child interpreters offered but remained concerned about their ability to translate technical and emotionally laden messages. Given that child interpreting was found to be unavoidable in social work, there is scope to develop a framework for safe and effective child-interpreting practice. Future research directions include an exploration of children's perceptions about interpreting in social work contexts.

Keywords: bilingualism, children, child language brokering, interpreting, language

Introduction: child interpreters

The phenomenon of child interpreting has international relevance given continued migration patterns and multilingual practices around the world. In the UK, over 500 languages are spoken (Northern Ireland Statistics and Research Agency, Census, 2011; National Records Scotland, Census, 2011; Office for National Statistics [ONS], 2011), and it is increasingly common for social workers to support individuals and families who speak varying degrees of English with the use of interpreting provision (Westlake and Jones, 2018; Pollock, 2020). Little continues to be known about how this works in practice, not least because no national databases exist to identify the uptake of spoken language interpreting and translation services in public services (Lucas, 2020). Children from minority ethnic groups often have greater language faculty in the host language than their parents

(McGovern and Devine, 2015) and this attribute means that children may interpret or 'language broker' for emergent bilinguals, namely family members or friends (Orellana, 2009).

This article approaches the topic of child interpreting from social workers' perspectives. Social constructionist theorising is used to analyse how social workers manage child-interpreting encounters. The term 'child interpreter' refers to persons under the age of eighteen years, who have command of multiple languages, including the majority language. The capacity to speak multiple languages enables children to interpret for people who do not share a mutual language; these people are referred to as 'emergent bilinguals'.

The term 'child language broker' acknowledges that children perform interpreting in different ways to professional interpreters, and may extend or amend messages or advocate and advise the people they broker for. In this article, I use the term 'child interpreter', as it reflects the vernacular currently used in social work practice.

Children have been found to interpret in public and private spheres: health and social care settings, education and within the family home (Orellana, 2009; Cline et al., 2014a). Whilst there is indication of child interpreting occurring within health and social care settings (Dominelli, 1997; Sawrikar, 2017; Green et al., 2005), little has been written about how professionals manage child interpreting.

Research has revealed both positive and negative associations of child interpreting. There are reports about the benefits of interpreting for children as well as for the families. Children are reported to enjoy the task (Orellana, 2009), and longitudinal research has demonstrated that interpreting experience contributes to higher reading and maths test scores for high-school children (Dorner et al., 2007). Children's experience of interpreting has been associated with maturity and moral development (Bauer, 2016) and stronger parent–child relations (Morales and Wang, 2018). Guntzviller et al. (2017) argue that children and parents work as a team during medical interpreting encounters and that children learn from parents whilst facilitating communication. Giordano (2007) found that child interpreters provide more effective assistance for patients with specific dialects in comparison with professional interpreters.

The experience of interpreting is understood to contribute to children's knowledge and understanding of mainstream society and institutional matters (Reynolds and Orellana, 2009), which enables children to make significant contributions to family life and well-being, such as securing employment and accessing public welfare services (Suárez-Orozco and Suárez-Orozco, 1995). As such, child interpreters can be regarded as an invaluable resource for their families. However, concerns have been raised about the burden of interpreting on children (Shen et al., 2019) involving confrontations and uncertainties when interpreting for family members and professionals (Crafter and Iqbal, 2020). The context of providing interpreting support may be stressful; Kam and Lazarevic (2014) found that risk-taking behaviour increased for child interpreters due to family-based acculturation stress. Chiswick and Miller (2002) suggest that child interpreting may have counteracting effects on parents' additional language acquisition, as their role as interpreters may reduce parents' incentives to learn the English language. Kaur and Mills (2002) found that parents were dependent on their children to interpret during interactions with various official bodies, such as the police and teachers. This dependency was conceptualised as a 'role alteration', whereby children were involved in decision making at a younger age than children who did not interpret. Whilst the authors found that interpreting was mutually rewarding for both the parents and child, some parents felt frustrated about having to depend on their children to interpret. In a study by Gustafsson et al. (2019), adults reflecting on their experience of interpreting for family members in health and social care settings said their childhoods were compromised as they were privy to sensitive and inappropriate information during interpreting encounters. Professional interpreters are distinct to child interpreters given their training and expertise.

Professional interpreters

The term 'professional interpreter' is all-encompassing and can refer to a person who has some form of training or interpreting qualification, from diploma to degree level. Interpreters may be registered with the National Register of Public Service Interpreters (NRPSI). However, it is not mandatory to use registered interpreters in social work.

Inaccurate renditions, bias, and confidentiality breaches have contributed to service user and practitioners' mistrust of professional interpreters (Chand, 2005; Sawrikar, 2013). Further difficulties include interpreter shortages, particularly during crisis work, which can

affect the assessment process and thwart service users' access to services (Bonacruz Kazzi and Cooper, 2003; Alexander et al., 2004; Kriz and Skivenes, 2010). These issues may explain why some service users express preference for family members to interpret instead of professional interpreters (Pollock, 2020). Interpreting by family members or friends is explicitly discouraged by UK Primary Health Boards (National Health Service [NHS] England, 2018, Principle 4:6). However, the reality of medical interactions with migrants suggests that children interpret in healthcare settings (Green et al., 2005). Gustafsson et al. (2019) carried out a mixed method study to understand how health and social care workers communicated with 'non-Swedish speaking' service users. Their findings show that whilst professional interpreters were used for planned meetings, children more frequently interpreted during unplanned meetings and emergencies.

Tipton (2016) draws out some of the interdisciplinary tensions between social workers and interpreters and argues that trust is a key factor in facilitating effective practice. Such interdisciplinary tensions may be associated with a lack of teaching and learning provision on how to work with interpreters on social work degree programmes (Drugan, 2017). Westlake and Jones (2018) carried out an analysis of 250 audio recordings of interpreter-mediated conversations in social work agencies and found that social workers experienced a number of communication challenges when working with interpreters. Skilled practice involved social workers controlling the session, whilst allowing the interpreter to engage in 'chit-chat' with the client and clarify misunderstandings. Less skilled practice included limited management from social workers who used the third person to refer to the client; allowed the interpreter to answer for the client and failed to clarify misunderstandings. These studies highlight some of the difficulties that social workers face when working with emergent bilingual service users and professional interpreters. To better understand children's roles as interpreters in social work, it is useful to consider discourses of childhood and the legislative context.

Legislative framework

In all social work encounters that involve children, it is always necessary to speak directly with the child and to involve them in decision making that affects them (Children Act, 1989, section 1(3); Children Act, 2004, section 53). The right of children to be heard and to have their views taken seriously in accordance with their age and maturity is a key tenet of Article

12 of the UN General Assembly, Convention on the Rights of the Child (1989). Children's rights and sociological understandings about children's competence have facilitated the notion and practice of children's participation in social work. Social work discourse is informed by prevailing ideologies about children's statuses (Alanen and Mayall, 2001) and adult–child relations, providing a blueprint for the behaviours and expectations of children and adults. Mannion (2007) argues that children's participation is affected by prevailing constructions and must be understood relationally and spatially in the context of dominant agendas that influence how and in what ways children participate. Child interpreting can be understood as a form of participation. However, this role draws out complexities in social work given understandings about children's legitimacy as interpreters (Lucas, 2015).

Communication is a human right and people have the right to receive and convey messages, to express themselves, to create and disseminate their work in the language of their choice, particularly in their mother tongue (Article 19, UN General Assembly, Universal Declaration of Human Rights, 1948; Article 5, UNESCO Universal Declaration on Cultural Diversity, 2001) (McLeod, 2018). At a local level, there are procedures that attempt to reduce inequalities and enable emergent bilinguals to exercise their rights, namely with the use of professional interpretation and translation services. The London Safeguarding Child Protection Procedures (London Safeguarding Children Partnership, 2020) make a distinction between professional and informal interpreters and state that when there are concerns about child abuse and neglect:

> Family members and children themselves should not act as interpreters within the interviews (6.2.3)
>
> Family members may choose to bring along their own interpreter/communication facilitator as a supporter but not another family member. This person will be additional to the agency's own interpreter/communication facilitator (6.5.4)

The above quotes highlight the importance of agency as opposed to informal interpreters, thereby distinguishing interpreting as a skilled profession (Tipton, 2016). Despite guidance from the London Child Protection Procedures, as well as Local Safeguarding Boards across England that promote the use of professional interpreting provision, there is evidence that child interpreting occurs in social work. Across a ten-year period (2008–2018), child interpreting was highlighted as poor practice in two Serious Case Reviews in England and Wales (National Society for the Protection of Cruelty to Children (NSPCC)). For example, in

an unnamed local safeguarding children board, sisters 'Charlie' aged eleven years and 'Sam' aged twelve years suffered sexual abuse, and during the assessment process, there was an expectation that Sam would interpret for professionals and her parents. Daniel Pelka, aged four, died at the hands of his care-givers in 2013. Daniel's sister (also a child) interpreted for professionals and family members. The review indicated that:

> . . .there appeared to be an assumption that [Daniel] was unable to express his wishes and feelings and that the use of interpreters would be ineffective (Coventry Safeguarding Children Board, 2013: 6.64).

Although children interpret in a multitude of settings, their role as interpreters is considered problematic in the social work milieu in cases where there is concern about abuse or neglect. Since we know that child interpreting occurs in social work, it is important to consider the way that social workers manage these encounters.

Research methodology

This article draws on empirical work conducted as part of an Economic and Social Research Council (ESRC) funded doctoral study (ES/H023720/1) exploring interpreting experiences of social workers and child language brokers (Lucas, 2014). The aims of this were two-fold: first, to explore the phenomena of interpreter-mediated encounters focusing on the experiences of social workers who used formal and informal interpreters; secondly, to explore young people's experiences of interpreting in their everyday lives. This article focuses on social workers' perceptions about children aged eighteen years and under interpreting.

The research was informed by a social constructionist framework, which recognises that knowledge is socially constructed and that actions are shaped by particular cultural, historical, political and social norms (Berger and Luckmann, 1979; Witkin, 2011). Following this approach, I recognised the situatedness of the participants' constructed realities (Lincoln and Guba, 1985) and placed emphasis on the participants' subjective experiences and realities, which are viewed as constructions (Burr, 1995). My intention is not to argue for or against child interpreting but to shed light on the management strategies used by social workers.

Ethical approval was granted from the university ethics and governance committee. Participants gave informed consent for their participation, and purposive sampling was used to carry out nine in-depth face-to-face interviews with child and family social workers from five different Local Authorities in England; one social worker worked in a city in Yorkshire, and eight social workers worked in four different London boroughs. I originally sought to recruit participants from both rural and urban areas to explore whether social workers had different responses about interpreting dependent on their area of work. However, this aim was not achieved and as such, all participants can be considered to work in urban areas, namely dense cities where multiple languages were spoken. Recruitment posters and information sheets were emailed to ten social services departments as well as former colleagues to circulate. I also posted adverts on a forum of a popular social work website: 'Community Care'.

The interviews lasted an hour on average and focused on social workers' experience of children interpreting as well as their experience of working with formal interpreters. I explained to the participants that I was a non-practising social worker and that I would not be judging their practice or seeking to determine whether or not child interpreting was 'right' or 'wrong', but rather I aimed to understand how child interpreting was managed. The interviews were audio-recorded with the consent of the participants, transcribed in full and anonymised. The analytic process consisted of sorting, coding and comparing transcripts and using a narrative approach (Reissman, 1993) examining minute sections of text, focusing on how the participants constructed their experiences of children interpreting. Rigour was maintained by discussing theme development with the supervisory team, and coding was carried out until saturation was reached.

Findings and discussion

Table 1 presents demographic data and shows that at the time of the interviews, the participants had varying lengths of social work experience but all worked in Children's Services in different Local Authorities in England. The participants were from different ethnic groups: six were women and three were men; the participants are referred to as 'B' or 'M' followed by a number to represent whether they were 'bilingual' or 'monolingual'. The gender and ethnic origin composition are reflective of social work demographics in England and Wales (Department for Education [DfE], 2019).

Table 1. Participants' demographics

Descriptor	Languages used in the workplace	Sex	Ethic group	Social work post-qualifying practice (years)
M6	English	F	White British	1
B4	English and French	M	British Black African	1.5
M8	English	F	White Other	3
B7	English, Panjabi and Urdu	F	British Pakistani	3.5
B5	English, Bengali, Urdu and Panjabi	F	British Bangladeshi	4
B1	English, British Sign Language	M	White British	6
B3	English, Ewe and French	M	British Black African	10+
B2	English, Panjabi and Urdu	F	British Pakistani	10+
M9	English	F	White British	15+

Child interpreting: an unavoidable reality of practice

Participants either allowed or prevented child interpreting. They all recognised child interpreting as unavoidable when working with emergent bilingual service users and offered several explanations for this. A number of participants described the lack of available professional interpreters and the challenges of supporting such a linguistically diverse population. For example, working in boroughs where over 200 languages were spoken, often interpreters speaking the exact dialect as the service user were unavailable and in such instances, the child was the only person available to speak English:

> One of the previous boroughs I've worked in had the most number of languages you could speak of. . .that it was almost inevitable that you might have to use a child or an extended family member. (B5)

Many of the participants described experiences in which some parents refused to engage with professional interpreters and preferred their children to interpret:

> . . .[the family] were totally resistant with having interpreters being brought to the house. They just didn't want any – I think it's harder for them to speak [with professional interpreters] and it's very difficult for just ME to get through the door (B7)

Parents' preference for their children to interpret was also reported by health and social care workers in a study by Gustafsson et al. (2019). Similar to this study, the participants considered child interpreting problematic but said that allowing children to interpret signified a mark of respect to parents.

Engaging and using interpreters was seen by participants as adding an additional burden to all already pressurised working environment. They identified heavy caseloads and time pressures as obstacles to accessing interpreters:

> . . .in order for us to work with a family, we're going to need to use [translation and interpreting] agency, so if, if that fails and they're not providing. . . good quality interpreters, when we might need them, then that's obviously going to have a reflection on us. (B1)

> . . .in reality [booking interpreters] doesn't always work [out] because people being pushed for time . . .or a new influx of cases coming in, um so yeah it can work really well, but it doesn't always work that way. (M8)

In the context of working in accordance with statutory requirements and time scales (to complete assessments and carry out visits to service users), the use of interpreters involved additional time, which meant associated costs for the Local Authority. Some participants raised specific concerns about the cost of translation and interpreting services, and consequently tried to monitor and limit their use of these services. In the following excerpt, a social worker defers to internal pressure within the organisational context, which influences her use of interpreting provision.

> Generally I try and avoid [using professional translation and interpreting services] because I know that . . . resources are really limited and . . . we're supposed to get. . . managers' authorisation. . .y'know like. . .getting [an interpreter or documents] translated. . . that's like ridiculously expensive. . . and you are aware of that, it's y'know at least like £60 an hour and I'm like really aware of it, if you've either booked it, maybe you've made a mistake and booked it for the wrong time, or maybe the family aren't in or whatever and you you're just really aware that there's not a lot of money. And hundreds and hundreds and hundreds of pounds are spent on interpreters, literally it's like shocking if you look on some of the children's files, where children are in those families, it's like thousands, like tens of thousands if they're kind of an open case for a long time it can be hugely expensive. (M6)

The participant justifies her decision to ration resources by referring to the burden of interpreting provision; hence, she exercises control by presenting the problematic nature of professional interpreting provision. There were further reports of restrictions on the time that participants could spend with professional interpreters. Interpreters' hourly charge meant that some of the participants tried to limit their work to hour-long sessions. Social workers therefore have the authority to negotiate and arrange interpreting provision for families. However, a broader fiscal imperative may influence these decisions.

Concerns about child interpreting

Participants described parents who actively instructed children to misconstrue information. In the quotation below, a participant talks about covering for a colleague and conducting an initial home visit to address concerns about a young person taking on inappropriate caring duties. The participant was unaware of the specific languages that were spoken at home and the degree of English language proficiency spoken within the family. The social worker explained that the child took on the role of the interpreter in the encounter as the conversation began in English. The mother interjected in another language but unbeknown to the family, the participant understood some of the language and learnt that the child was instructed to minimise her caregiving.

> . . .when questions were asked of the girl, she would translate the questions back to mum correctly but mum would then say 'oh don't tell them that you do this, say I do this'. (B2)

The participant used this example to explain why she believed that child interpreting should be avoided in social work. She also reported mixed reviews about working with professional interpreters. In her experience, best practice with interpreters for longer-term work involved using the same interpreter who could develop rapport with the family.

However, she said that this came with difficulties as the interpreter and service user's 'small talk' and jokes were not always translated, meaning she felt 'out of the loop'.

Not all participants were bilingual and able to understand dialogue between speakers and this proved to be a concern for participant B3, who expresses concern about a child deliberately translating inaccurate information.

> . . .I was reading the [school report] to the dad [and the child was interpreting]. . .and I realised that the [dad] was all along happy but the results were poor; academic work was very low and. . .the child was getting into fights. But when the child tells the father I could see a smile on [his] face and something wasn't right, so on my next visit I arranged for a Somalian interpreter and what emerged was that the child was telling the dad something different (B3).

The participant uses the example of involving a child in translating the school report to explain the perils of child interpreting and he constructs the child as untrustworthy for deceiving his father. What remains unknown is why the child censored the information. Bauer (2013) carried out research with adults about their childhood interpreting

experiences and found that children deliberately censored the translation of school reports by 'editing' and 'toning down' (p. 211) information deemed to be unimportant. This was to protect parents from worrying or to protect themselves from being 'smacked and ridiculed' by parents (p. 213). This insight illuminates the dynamic practice and management of interpreting by the child.

Additional reasons to avoid child interpreting involved concern about time and the content of the dialogue. Temporal concerns related to uncertainty about whether child interpreting resulted in the child having understanding of events or messages in advance of their parents. This was problematic as the participants were cognisant that this ordering could negatively affect the child by burdening them with information that was unsuitable for their consumption.

> I see [child interpreting] as another form of emotional abuse, because if we are saying children should not hear or even experience violence and we are now, using children to interpret violence between their mum and dad. . . I mean, to me it shouldn't happen. (B3)

Perceptions about child interpreters were enveloped by normative understandings about children's position in the family's generational ordering and informed by safeguarding practices, namely keeping the child safe from 'risk of harm'. Certain topics, such as abuse in the family, were regarded as inappropriate for children to translate and there was concern about the emotional impact interpreting may have on children:

> . . .when you are a social worker and you go to their house. . .parents can be pretty worried and scared. The child has the responsibility of making the parent feel relaxed and calm and. . . I think on an emotional level can be a quite a complex thing for a child to do and I don't necessarily think that that's fair for the child to be doing (B5).

Participant B3 explained that a child should not be told to interpret matters such as an imminent eviction or a failed immigration appeal to their parents if this was new information for the family. Hence, child interpreting was avoided if the participants anticipated that the process of interpreting would expose the child to sensitive information and knowledge that could cause distress. These examples demonstrate the way in which child interpreters are constructed as vulnerable.

In terms of children's agency, Mayall (2002) talks about the parameters of children's 'minority status' (p. 21) in which adults hold authority over children in some way: politically, economically and financially. In this example, the child's ability to interpret is not so much a matter of performance but of perception, as the meaning and value of interpreting is socially constructed. Participants' concern about sharing information with children before the parents, given that they are children, exemplifies children's hierarchical position in the generational order and the ways that child–adult relations are socially constructed (Alanen and Mayall, 2001). It could be argued that attempts to distinguish information intended for parents' consumption rather than the children's may be difficult to achieve given that child interpreting may be an existing family practice (Del Torto, 2010) and that children are already privy to information deemed sensitive. It is therefore important to recognise the cultural characteristics of families and how they influence adult–child relations.

Participant B1 recalled a phone call from a young woman, aged sixteen years, about issues relating to her family's social work involvement. The social worker explained how he attempted to stop the young person from interpreting because an interpreter had been booked at the next meeting, a few days later. The participant explained that the young person became distressed because he refused to engage in conversation with her. The young person was asked to interpret by her father, yet was prevented from doing so. As such, the young person appears to be caught in dilemma between different understandings about what suitable participation entails. Interpreting could be a routine activity for this family, albeit problematic in this social work context. In this instance, it seems that child interpreters are caught up in the 'politics of participation', in which their participation is governed by adult norms and values (Moran-Ellis and Sünker, 2013).

A ramification of the curtailed dialogue may be that by restricting dialogue, the child inadvertently harbours knowledge. Returning to Mannion (2007), this is an example of children's restricted agency. Whilst the young person possessed linguistic capital as an English speaker, she experiences structural disadvantage given her social position as a child in the context of the social work involvement (Qvortrup, 1994; Alanen and Mayall, 2001). The young person's bilingualism and technical ability as an interpreter are rendered futile because of her social position and the normative discourses that construct her as agentless.

The participant presented his active role in the encounter as he followed organisational procedure and tried to avoid the young person getting distressed.

Managing child interpreting

Children could be stopped from interpreting due to concern about their technical competence, the possibility of incomplete or inaccurate renditions and the risk that interpreting could be harmful to the child. Social workers' management strategies therefore appear to shape children's participation and determine whether child interpreting is permitted.

Child interpreting occurred out of normal office hours or during home visits in which the social worker would make contact with families without knowing whether an interpreter was needed. In such circumstances, the participants indicated that child interpreters would likely be used to exchange short, straightforward messages and to determine whether an interpreter should be booked for the next meeting. The participants talked about the strategies they used to involve children as interpreters and enable communication; this included stopping, monitoring or scaffolding the interpreting exchange.

> I suppose if it had been a really big issue then I would have thought of phoning [interpreting agency]. . .but that could take a couple of hours for someone of the right language to come along, so that's where you make use of, I did make use of the child. (M9)

The consequence of an absent interpreter placed the participant in a tenuous position, one where only basic messages could be exchanged, yet this approach was preferable to avoid burdening the child. The participant recognised that the child compensated for the absent professional interpreter and she monitors the interaction and modifies the content to avoid asking the child to interpret sensitive issues.

In the following example, a participant manages child interpreting by providing scaffolding support. She alters her language to aid communication and scaffolds the interaction by building on the child and parent's responses; by doing this, she realises that the intended message is lost in translation.

> R: . . . are there times when you've queried what the child has interpreted and if they've. . .interpreted it in a different way?

> SW: yeah, there's been times like that and I've either said 'no look tell mummy, please tell mummy this'. Or and I've like re-clarified it. Or there's been times where she may have said something back and it doesn't make a lot of sense or you just think the message hasn't got across and you think OK right let's leave this, go play and I'm gonna meet mum tomorrow with an interpreter. I've done that quite a lot of times (M6).

The excerpt illuminates a circuit of responsibility, which can be associated with Goffman's (1969) description of a 'role-release'. According to Goffman (1969), role enactment occurs through face-to-face situations within a 'role-set'. In a social work interpreting encounter, this may involve the social worker, child interpreter and client. Goffman (1968) argues that the occupation of a role category defines a person's behaviour as well as the behaviour of the other person towards them. Therefore, child interpreters, parents and social workers are expected to carry out particular roles. The child is temporarily ascribed interpreter status and then instructed to return to a more suitable 'child role'. The child's capacity to interpret is monitored with attention to the child's interpreted response and by observing the parent–child interaction. Scaffolding is offered as the social worker instructs the child and offers direct guidance. Since the child's interpreting does not meet the desired standard (s)he is instructed to return to 'play'. This example suggests a distinction between play and non-play activities, interpreting being the latter, which requires accuracy and precision. In this case, the social worker assumed the child's willingness to cooperate, but neglected his or her capacity to do so; in this way, the child is constructed as passive. The participant's management practices affirm the existing adult hierarchy, namely the social worker's authority to control and supervise the dialogue and to arrange for a professional interpreter. This is despite the participant not understanding the additional languages spoken by the clients, thus indicating the participant's overriding control. These actions suggest two things: first, that child interpreting is a co-construction between social worker and child; and secondly, the idea that interpreting is an atypical role for children in an adult managed milieu. In this case, whilst the child has capacity to speak multiple languages, (s)he is not a professional interpreter, which means that the social worker needs to offer scaffolding support by modifying the content and allow the child to interpret, albeit whilst exercising caution to minimise errors. Therefore, the child fills a gap by communicating key messages until a professional interpreter is sought.

Seemingly, the scaffolding support may work both ways; Eksner and Orellana (2012) claim that participants' knowledge and authority are dynamically reassigned during interpreting encounters, disturbing normative understandings of adult–child relations. The authors draw upon a Vygotskian framework and argue that brokering encounters occur in 'zones of proximal development' as parents seek to understand what the child is able to translate without help and what (s)he can do with guidance and encouragement. In a similar way, social workers' scaffolding support in interpreting encounters may have the potential to support children to interpret and achieve communication needs.

The findings show that participants' management strategies rest upon a judgement about children's suitability and ability to interpret, on a cognitive, emotional and moral level. The participants were prepared to exercise their authority and stop the child interpreting. However, this resulted in a delay in the exchange of information for these families and created dependence on professional interpreting provision, which was reported to be unreliable and of varying quality.

Implications for social work

The legislative context reveals tensions in two interrelated areas: rights for children and rights for emergent bilingual people. First, communication is a human right and social workers must ensure that service users are able to express themselves fully. However, if professional interpreters are absent or deficient, this means that communication rights may not be upheld. Gustafsson et al. (2019) argue that child interpreting is symptomatic of structural discrimination because service users do not have adequate representation to express themselves fully. Children may compensate for this deficiency but cannot be recognised as a comparable replacement. Secondly, social workers have a duty to safeguard children and to promote their rights. Therefore, a judgement has to be made about the likelihood of harm that the child may experience from interpreting during social work involvement, in addition to the need to facilitate communication needs for emergent bilingual people.

There appears to be a gap between policy recommendations and practice realities, since child interpreting takes place in social work despite guidance that discourages it (London Safeguarding Children Partnership, 2020). Such guidelines provide a framework for action

and decision making, but do not provide insight into the way child-interpreting encounters are managed by social workers. The finding from this study indicate that it is simplistic to label child interpreting 'right' or 'wrong', as children may choose to interpret, parents may prefer children to interpret, and indeed, stopping the encounter may be even more distressing for the child and person they are interpreting for. Nevertheless, it appears that decisions about whether or not to involve children as interpreters may be compounded by resource availability and whether there are barriers to accessing professional interpreters. Indeed, Pollock (2020) argues that austerity and restricted budgets may influence social workers' decision to rely on informal interpreting provision due to the substantial cost of professional interpreting provision. Therefore, following Katz (2008) child interpreting can be understood in the context of a neo-liberal turn, given the idea that the state abrogates responsibility to the public in the face of locally provided interpreting support by children.

Limitations

Interpretation of findings needs to consider the following limitations. The participant sample is small, and the use of purposive sampling to obtain participants was based on the practitioners who decided to take part; this may include the danger of a biased group of participants. The participants expressed views and experiences about children interpreting, and problematised the phenomenon, yet, there was variation in the sample given the experiences the social workers shared and the ways in which they avoided or monitored the interpreting encounter. The extent to which the findings would be similar or otherwise based on an international group of practitioners is likely given multilingual practices around the world and the global impact and growth of neo-liberalism worldwide. A larger dataset focusing on social work practice in rural areas would be valuable to determine responses to emergent bilingual families.

Conclusion

In the face of limited access to good quality, reliable and timely professional interpreting provision as well as resistance from parents, provision is made locally as families and professionals find themselves relying on children in less than desirable circumstances. The findings suggest that social workers are active participants in the management of child-interpreting encounters. Management strategies involved monitoring body language and the verbal exchange between speakers and offering scaffolding support, by instructing the

child what or what not to say to parents. Whilst the children had the capacity to interpret, they could be prevented from doing so due to their child status, perceived vulnerability and position in the generational order. Social workers recognised the potential contributions that child interpreters offered but remained concerned about their ability to translate technical and emotionally laden messages.

Pollock (2020) argues that training opportunities should be developed to support informal interpreters rather than discrediting family members as incapable of performing interpreting. In the field of education, Tony Cline and colleagues developed partnerships with stakeholders and created guidance to make child interpreting more visible and safer for children (Cline et al., 2014b). To conclude, there is scope to draw upon children, family member and social worker experience and expertise to develop guidance to better support child interpreters and their families.

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