

**How effective do families of non-English speaking background (NESB) and child protection caseworkers in Australia see the use of interpreters? A qualitative study to help inform good practice principles**

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Published

2015

Journal Title

Child & Family Social Work

DOI

[10.1111/cfs.12088](https://doi.org/10.1111/cfs.12088)

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## **How effective do families of non-English speaking background (NESB) and child protection caseworkers in Australia see the use of interpreters? A qualitative study to help inform good practice principles**

### **Abstract**

Little empirical research has been conducted in Australia on what constitutes as effective practice with interpreters in child protection matters. This study aimed to address this gap. Qualitative interviews were conducted with 29 non-English speaking background (NESB) client families and 17 child protection caseworkers (as part of a larger study). Four examples of good practice (e.g. accurate translation) and 14 examples of ineffective practice emerged. The examples of poor practice were consequently grouped as issues with: (i) *interpreters* (e.g. inaccurate translation), (ii) *caseworkers* (e.g. insufficient time), (iii) *NESB families* (e.g. refusing to use an interpreter) and (iv) *resources* (e.g. insufficient face-to-face interpreters). As expected, the results largely replicate the (scant) national and international literature, indicating that features of good practice, and barriers to them, are similar across multicultural countries. This paper does however argue that training for interpreters dealing in such sensitive matters and training for caseworkers on working effectively with interpreters seem to be at the heart of good practice. This study is significant because it draws on the richness of data that qualitative methods offer to identify the full range of relevant variables and provide empirical support for principles of good practice.

# 1 Introduction

## 1.1 Background and aims

Australia's population is culturally and linguistically diverse (CALD). One in four Australians are born overseas and over 260 (including Indigenous) languages are spoken (Australian Bureau of Statistics, 2011). Yet the latest Child Protection Report from the Australian Institute of Health and Welfare (2013) says that of the 39621 children and young people currently in out-of-home care, there is no data on how many of these are from CALD and refugee backgrounds. Indeed, the small national research base on the needs of CALD families in the CPS more generally, compared to the international literature, has been widely acknowledged by several Australian authors (Myfanwy, Higgins, valentine & Lamont, 2011; Bromfield & Arney, 2008; Babacan, 2006).

Nonetheless, in the last known major data audit of families of CALD or non-English speaking background (NESB) conducted in 2007 by the Multicultural Services Unit (MSU) within the New South Wales (NSW) Department of Human Services (DHS), 15% of children were from families that spoke a language other than English at home (Sawrikar, 2009). Thus, some nascent data exists. Importantly, some of these families will require an interpreter.

There are only two known national studies on whether and why the interpreter service is seen to be effective. Kaur (2007) found a need for interpreters to be familiar with child protection terminology and issues, that there was a lack of availability of interpreter or translator services when conducting assessments with CALD families, that the cost of interpreter services was a barrier and so too was the professionalism of the interpreter in providing a neutral service. Douglas & Walsh (2009) found that community based lawyers and service workers with clients in the child protection system "expressed concern that child protection workers often do not have the skills to engage with interpreters appropriately" (p. 216-7).

These findings indicate that there are a number of barriers to good practice with interpreters and that arguably one of the more important of these is lack of appropriate engagement from both the interpreter and child protection worker. Overall, they highlight that the national knowledge base on good practice is scant.

Humphreys, Atkar & Baldwin (1999) say that "the significance of the interpreter service, in the absence of a child protection system with workers representing the range of languages in a multicultural society, cannot be underestimated" (p. 287). Thus, the aim of this study was twofold: to address the current gap in Australia's scant empirical research base by exploring whether or to what extent themes and findings reported in the national and

international literature occur in this Australian sample, and to use the results as the basis for making some practice and policy recommendations to help improve or standardise practice with interpreters.

## **1.2 What do know so far about good practice?**

Serious consequences to children and families can arise when working with interpreters if good practice is not followed, for example, loss of information and time, loss of trust because the lack of a common language can prohibit interactions necessary for establishing a good relationship, and loss of accurate assessments and access to services (Kriz & Skivenes, 2010). Similarly, Chand (2005) notes that the presence of an interpreter can cause anxiety for caseworkers because of the pressure to balance being concise with trying to convey the message appropriately and that as a result, attention can become misdirected towards language issues instead of concerns about the child, in turn compromising the protection of children at risk of harm. Thus, it is crucial to establish the constituent features of good practice. While the national research base offers some knowledge, this paper has turned to the international literature to further guide and inform what is known so far about characteristics of good practice with interpreters.

### *Ethnically-matching interpreters and NESB families*

One recurring theme in the literature is whether or not to ethnically match the client family and interpreter. Advocates for ethnic-matching assume that matched interpreters offer a client family cultural awareness and/or empathy that a non-matched interpreter cannot (Perry & Limb, 2004). However, not all matched interpreters do. Differences between two classes or religion within the same culture, for example, can produce biases and judgement in the interpreter (Korbin, 2002). As such, it may be useful to offer an interpreter from a different ethnic background but who speaks the same language. On the flipside, it may be necessary to have a matched interpreter if there are regional conflicts across neighbouring borders (Giglio, 1997). Thus, several factors need to be considered regarding ethnic-matching, and offering choice to families sensitive to their individual needs is part of good practice.

### *Gender-matching interpreters and NESB families*

The literature indicates that gender-matching a client family and interpreter is crucial to consider. Certain religions may preclude female patients from having a male interpreter, so adherence to cultural norms is important (Thom, 2008). Also, in cases of domestic violence or sexual abuse it is inappropriate to have a male

interpreter if the alleged perpetrator is male (Chand, 2005; Giglio, 1997). Client families may also just have a personal preference for a gender-matched interpreter (which the literature does not explicitly state). Thus, for cultural, contextual and personal reasons, considering the need for and offering families choice regarding gender-matching is part of good practice.

#### *Acknowledging a possible fear of a breach of confidentiality*

Although it is mandatory for interpreters to keep matters confidential except as required by law, client families may fear that ethnically-matched interpreters will breach confidentiality and 'leak' their private family affairs to their community. Such fears are significant and justified among families from collectivist cultures, which NESB families typically are (Sawrikar, 2009), and in which family name and standing are definitive cultural elements. If the family name is tarnished, community support may be withdrawn. This may in turn exacerbate stress and social isolation that minority ethnic families are typically subject to as a result of being different, excluded and/or discriminated against in white-majority countries (Sawrikar, 2009). Chand & Thoburn (2005) have reported on this issue, saying that "despite valuing their [interpreters] ability to speak the same language and understand their culture and religion some (South Asian parents in the UK) experienced their support as intrusive and were concerned about possible lack of confidentiality" (p. 174). Thus, caseworkers who acknowledge this fear, and as such offer choice to client families, offer an effective service.

#### *Using 'good' interpreters*

The literature indicates that 'good' interpreters are those who: allow sufficient time, do not speak on behalf of the client, accurately interpret the client family, are available when required, are clear about their roles and responsibilities, can communicate sensitively on child protection matters, have good listening and recall skills and an ability to convert meaning from one language to another on the spot (Chand, 2005), repeat the questions and responses of healthcare professionals and patients, maintaining the same meaning, tone and register as the original message, without giving additional material (Gonzalez, 2005), and discuss clarifications with the healthcare professional (Thom, 2008).

### **1.3 What do know so far about poor practice?**

While it is important to know the constituent features of good practice, it is also important to be aware of factors that can compromise them. These are described below.

### *Failing to offer an interpreter*

Thom (2008) notes, in the context of nursing, the following criteria for offering an interpreter: English is not the first language, actions such as head nodding and smiling should not be assumed to indicate sufficient understanding, a basic level of English is not sufficient to understand technical information especially when patients may be feeling stressed, and the interpreter service should be used for all stages of the communication process including assessment, prescription, initiating treatments and evaluating care. She also argues that “while these criteria may appear costly and unnecessary, it is a basic right for people to be able to access services” (p. 29). Similar issues are relevant in the child protection context. Thus, simply failing to offer an interpreter can compromise good practice.

### *Using children as interpreters*

In NSW, caseworkers are required to use an accredited interpreter so issues relating to using children as interpreters are unlikely to arise. Having said that, client families still ask if they can use their children to act as interpreters so it is important for caseworkers to be aware of the significant pitfalls of doing so. According to Chand (2005), using children as interpreters should be regarded as unethical and unprofessional because the child might not understand the exact nature of the problem being discussed or the subtleties of the language being used, parents may not wish their children to know everything about their particular problems or it may be inappropriate for them to know, and the child should not have to make difficult choices about where their loyalties lie, especially if this then makes them “at the end of the parent’s frustrations and anxiety from the process of disclosing highly sensitive or important information” (Giglio, 1997, p. 5). Thus, using children as interpreters is a significant example of poor practice.

### *Speaking disrespectfully to people with low English proficiency*

According to Ely & Denney (1987), “when engaging with service users not proficient in English, raising the voice or verbal bombardment is unhelpful, as is constantly correcting the client’s grammar” (cited in Chand, 2005, p. 817). Such behaviours indicate disrespect to people with low English proficiency and exemplify poor practice.

### *Using caseworkers not trained in the use of interpreters*

Insufficient training for caseworkers is a significant barrier to good practice. Chand (2005) has reported on this, saying that “few social workers or conference chairs (in the UK) had training in the use of interpreters” (p. 810).

### *Using phone interpreters*

Thom (2008) asserts that for child protection matters, face-to-face interpreters should be mandatory because being able to see body language and facial expressions are necessary for establishing proper rapport. However, face-to-face interpreters are not always available and so phone interpreters may be engaged. The extent to which phone interpreters are seen as in/effective will be explored here.

### *Resource issues*

Chand (2005) found that “it was important the interpreter was outside of the family’s network or community...(but) in a climate of rationed resources, this raises the question of how likely such a request will be met” (p. 810). Thus, resource issues may significantly constrain good practice.

## **2 Method**

Semi-structured interviews were conducted with NESB families and child protection caseworkers, regarding perceived advantages and disadvantages when using interpreters, as part of a larger study. Specifically they were asked, “Have you used an interpreter? If so, do you think they were good? Why or why not?” (Note: The wording of the question was specifically designed to be clear and to the point, to take into account the low English proficiency of some respondents, thus it is not leading question). A follow up prompt was “Do you think they should they be matched by race and gender?”

The larger study, conducted between 2007-2010, explored the needs of NESB families in the NSW CPS and how best to meet them, was partly funded by the NSW DHS and included a literature and case file reviews in addition to the qualitative interviews. The author was based at each of 10 DHS Community Service Centres (CSCs) involved in this study for approximately one month each. A CSC is a local area-based service outlet of the DHS. During this time, all case files were reviewed and interviews in the area were set up and conducted.

### **2.1 Recruiting participants**

#### *NESB families*

Caseworkers and case managers at five of 10 CSCs were asked to invite their current NESB clients to take part in the study on behalf of the researcher, as this is an arms-length approach consistent with ethics protocol.

(Note: ethics approval was obtained for all stages of the project from the University of New South Wales [UNSW] Human Research Ethics Committee [HREC]). These five CSCs were selected because of the high NESB population density in these areas, seen to increase the effectiveness of the recruitment process. Parents and carers from any NESB were invited to help ensure the target sample size was met (n=30). If client families expressed an interest, a suitable time and place for the interview was set up. In total, 29 NESB parents/carers (henceforth 'NESB families') agreed to take in the study part. Thus the target sample was reached.

### *Caseworkers*

Caseworkers and case managers at eight of 10 CSCs were also invited to take part. Again using an arms-length approach, case managers in each CSC were asked to approach two caseworkers (from any ethnic background) on behalf of the researcher, and request if they would be interested to take part. Case managers were also asked if they were interested in taking part themselves. If workers expressed an interest, a suitable time for the interview around their work commitments was set up. In total, 17 interviewees took part in the study (henceforth 'caseworkers'). This sample size nearly met the target of 20, but themes had saturated by the eighth CSC and so it was no longer necessary to continue conducting interviews.

## **2.2 Conducting the interviews and analysing the data**

At the beginning of each interview, an Information and Consent Form was provided and verbally explained. Written or verbal consent was then obtained (depending on English proficiency). Finally, permission to record the interview was sought for the purposes of accurate transcription. The interview schedule was informed by themes drawn from the literature and case file reviews. In total, 13 themes were explored (e.g. cultural norms on parenting, assessing child abuse and neglect across different cultures etc). Only data that pertains to the perceived advantages and disadvantages when using interpreters have been presented here.

Five of the 29 interviews with NESB families were conducted with interpreters, which the local CSC assisted in organising, however all were asked about their opinions and experiences with any interpreters they had used in the past regarding their child protection matter. After the interview, all participants were asked to complete a short demographics survey on variables like sex, age, and ethnicity. The NESB family participants were



reimbursed \$50 for their time. After all interviews were completed, they were transcribed and thematically analysed. No names of interviewees have been reported to protect their confidentiality and anonymity.

## **2.4 Sample**

### **2.4.1 NESB families**

#### *Ethnic background and languages spoken at home*

The 29 NESB family participants came from a diverse range of ethnic backgrounds including Egypt, Iraq, Jordan, Lebanon, Turkey, Cambodia, Vietnam, Philippines, Sudan, Burundi, Ethiopia, Ghana, Sierra Leone, Greece, Macedonia, Serbia, Maori New Zealand, Samoa, Argentina and the Netherlands. They also spoke a vast range of languages but for brevity these have not been reported here.

#### *Sex, age, generation and citizenship*

Only ten participants were male however this is not surprising as female clients are typically more engaged with the child protection system. Interviewees varied in age from 22-67 years (Mean=42.2 years). Two participants were born in Australia and so are second generation. Twenty of 28 participants who completed the question were Australian citizens, four were permanent residents, three were refugees, and one was a temporary resident. Participants lived in Australia from 1-45 years (Mean=18.9 years).

### **2.4.2 Caseworkers**

#### *Ethnic background*

Five caseworkers were of Middle East and North African background (Afghanistan, Egypt, Lebanon); five were of South or South East Asian background (Burma, Laos, Philippines, Vietnam, India); one caseworker was from a South American background (Uruguay); and one was from a Sub-Saharan Africa (Ghana). Finally, four caseworkers were from an Anglo-Celtic background.

#### *Sex, age and generation*

Only two caseworkers were male but this is representative of the largely female social worker population in Australia. Participants varied in age from 23-59 years (Mean=33.9 years). Eight participants were second generation Australian, and of these, four were of Anglo-Celtic background.

### *Job role and length*

Fourteen of 17 participants identified their job role as caseworker and three as case managers. Number of years working in their current role varied from one month to 14 years (Mean=3.8 years).

### *Experience with interpreters*

One caseworker noted that they had not used an interpreter at the time of the interview. Some caseworkers described mixed experiences, saying “[Interpreters have been] brilliant, abominable. All of the above” [CW\_17] and are likely to occur for caseworkers who have used interpreters often. Thus, there is variation among the caseworkers on experience with interpreters.

## **3 Results**

### **3.1 Examples of good practice**

Of the 29 NESB family participants, only three felt overall satisfied with the use of interpreters. Similarly, only a small number of the 17 caseworkers indicated that they were satisfied with the interpreting service they had experienced. For example, one caseworker said “[The] interpreters have been very helpful” [CW\_3]. Data across all interviews revealed four specific features of good practice as described below.

#### *Providing accurate translations*

Consistent with previous research, this study found that accurate translation is a crucial element of good practice. As only one NESB family participant said, “[Interpreters are] very good, [they] tell straight what I’m saying” [Macedonian, Male]. The importance of accurate translation was also mentioned by the caseworkers but in the reverse context when discussing issues associated with inaccurate translation (Section 3.2).

#### *Providing additional clarifying and cultural information*

The literature indicates that interpreters should translate exactly what the client family and caseworker are saying. One caseworker identified this saying, “There are interpreters that will interpret word for word, that will sit behind [you] and be just a voice and not be part of meanings and stuff. I think that works much better” [CW\_15]. However the literature also indicates that if interpreters wish to provide additional information it should only be to clarify questions and responses, and should be discussed with the service provider. Evidence

of this was found here. One caseworker said, “I find it good when an interpreter says, ‘the family really don’t understand what you are talking about and this word isn’t known in our language, can we try a different word?’” [CW\_15].

Interestingly, one caseworker noted that “TIS [Translating and Interpreting Service] know how to deal with cultural issues. If they believe their suggestions or opinions can assist the matter, they’ve notified me and give their reasoning” [CW\_3]. However, this caseworker also went on to say, “At times that information is very important. On the other hand, it’s also important that you don’t place too much emphasis on that and find out information from other sources just to verify that”. Thus, interpreters can also offer additional cultural knowledge that is useful to caseworkers, but should not be relied on for this purpose.

#### *Keeping control of conversation and ensuring all parties are heard*

One caseworker made the point that good interpreters are those who are able to keep control of the conversation especially when there are many parties. She said, “[We had] a young boy [of] African background [and] a whole range of people in the room that did not speak a word of English. We had the interpreter on the phone. They were really good. Even though they weren’t there, they were able to keep the conversation controlled; so when I was talking no one else was talking, when they were talking he would translate after each person spoke...Everyone in the room had a chance to speak” [CW\_9]. This example of good practice has not been explicitly reported in previous research. (The results also show that phone interpreters can be effective in child protection matters; Section 3.2).

#### *Having good rapport with the caseworker*

Previous research indicates that trust and rapport enhance the interpreting experience. One caseworker made this point saying, “the rapport between the interpreter and caseworker is very important” [CW\_2].

### **3.2 Barriers to good practice**

Compared to the small number of examples of good practice, more, specifically 14, examples of ineffective practice were identified. These are described below.

#### *Issues with interpreters*

##### Inaccurate or incomplete translation

The importance of interpreting information accurately and completely in sensitive and important matters like child protection is well established. As one caseworker put it, “I can’t imagine how confronting it is for a family to have to trust that someone else is delivering their message to you, word for word, the sentiment” [CW\_15].

Three NESB family participants noted that inaccurate translation was an issue for them. They said:

*My English was alright because I learn English back in Sudan...So when the interpreter interpreted to me again, it can be similar, but not direct to the point...That’s why I [now] stop [using] interpreter [Sudanese, Male]*

*[The] interpreter have to listen [to] you and explain everything as you say, don’t have to be twist way [Ethiopian, Male]*

*[The] interpreting service not always useful. Can’t interpret exactly, 100%. That deeply emotion, that deeply feeling [Vietnamese, Female].*

Two caseworkers also noted the issue of inaccurate or incomplete translation. They said:

*Sometimes you don’t know whether they [the interpreter] have translated what you want to say...There’s that barrier when it comes to languages, where you might say something but it means something different in another language. It’s very hard [CW\_7]*

*They [interpreters] are useful for the popular languages, but there are still issues getting access to interpreters that can speak English to a level that is required. These sorts of things are popping up in rare African languages...There’s a basic level of English, but are they able to interpret what the legislation means when we are using our terms? [CW\_8]*

Thus, NESB family participants note that inaccurate or incomplete translation compromises the ability to convey complex emotions and caseworkers note that it compromises the ability to convey the complexity of child protection practice and policy. Unfortunately, such issues may not always be averted and arguably come down to the quality of the interpreter.

#### Interpreters not sensitive to child protection issues

Consistent with the literature, this study found that interpreters not sensitive to child protection matters are a barrier to good practice, and interestingly but not surprisingly, only the caseworkers made this point. One caseworker said, “I believe that interpreters do not get specific training on child protection...We should send the

manager and caseworkers [to] do the training...because we got knowledge [of] what we encounter...from DV, to drugs, to child abuse, to sexual abuse, everything, so these people can be exposed to working with [a] caseworker in child protection” [CW\_2]. Another caseworker importantly said, “I think we should be saying prior to them [interpreter] walking into a meeting, ‘this is what we are going to be discussing today’, so it’s not a shock...especially if we were going to be talking about sexual abuse...because you don’t know about their background, their experience either, and how that might impact on them communicating with the family” [CW\_15]. Thus, training for interpreters is beneficial for two reasons: it increases sensitivity to child protection matters and protects interpreters who may be affected by a session for personal reasons.

#### Interpreters who make the session more about themselves

A third issue with interpreters identified by one caseworker was when interpreters make the session more about themselves. This caseworker said, “I’ve had interpreters cry when one of the family members cry, which just escalates the situation...I signalled her, ‘it is not actually about you, it’s about this mum who is obviously very upset about losing her daughter’...I’ve had interpreters tell you their life story and barely interpret what families are saying” [CW\_15]. This particular issue has not been explicitly noted in previous literature but it does support the assertion that any involvement that goes beyond simple clarifications is not part of good practice.

#### Interpreters not arriving

One caseworker noted that “sometimes you book [an interpreter] and they don’t turn up” [CW\_14]. This issue has not been reported previously, perhaps because it is not a common occurrence or because it is an unavoidable barrier to good practice.

#### *Issues with caseworkers*

##### Not enough time to use interpreters

Previous research indicates that a significant barrier to good practice is the time-intensity involved when using interpreters. This study found evidence of this, and unsurprisingly, was only noted by the caseworkers. One caseworker said, “Everything takes twice as long if you use an interpreter...The quality of the interpreters, depending on what the language is, sometimes it’s luck, [all] that really has a big impact on your case load. You might get allocated one case but it is equivalent to two” [CW\_17]. The issue of time-intensity cannot be avoided, but it does have serious implications for the quality of service provided to NESB families if it is not

taken into account. As one caseworker put it, “You have to allow double time when working with an interpreter. Sometimes we need to interview the parents twice, three times. Caseworkers get reluctant to engage [an] interpreter because there are so many times you have to work with [them]...[As a result] I think we do less [and] shorter interviews [but] if you [only] do one [interview], you don’t get insight into the problems” [CW\_2]. Similarly, another caseworker said, “I don’t think we use them [interpreters] enough as we should” [CW\_9]. Thus, caseworkers who avoid using interpreters to cope with ‘a higher caseload’, compromise the quality of service that NESB families receive.

#### Not enough experience in working with interpreters

Another barrier noted in this study, and consistent with previous research, was the lack of sufficient caseworker experience in working with interpreters. One caseworker made this point saying, “Are they [interpreters] able to interpret without having a backwards and forwards conversation between them and the client, and the caseworker just sitting there?...[Sometimes] I have to jump in and say, ‘Stop. Tell me what just happened. And ask me the questions’. With a lot of new and emerging communities, as soon as they see each other, there’s an instant rapport built, so the conversation can, if you don’t have enough skill as a caseworker to work out when that’s got to be terminated, there can end up being a lot of issues” [CW\_8].

#### Not considering the need to gender-match interpreters

The literature points out the importance of gender-matching, however most of the NESB family participants did not express a preference for this as accuracy was seen to be more important. As one participant said, “I don’t mind if it is a male or female interpreter, provided that that interpreter express correctly and entirely what I want to say” [Vietnamese, Female]. Only one female participant expressed a preference for a gender-matched interpreter, saying “sometimes it’s better for a woman to have a woman because you want to say something and you embarrassed to say it to a man” [Argentinean, Female]. Importantly, one caseworker said, “Some interpreters will take on case management when they’re not briefed properly. We have found, especially with domestic violence in some groups, they will tend to be on the side of the man, especially if it’s a male interpreter...They may say, ‘you need to go back’...We need to be extremely careful in those situations. We may even need a pool of interpreters that specialise in certain issues” [CW\_12]. Thus, there are circumstances where gender-matching is crucial to consider.

#### *Issues with NESB families*

### Loss of privacy

One NESB family participant noted that the mere presence of a third person leads to loss of privacy. They said, “[Interpreter] not good. [The] discussion between two is a lot better than between three. You feel your confidentiality, is invasive or something” [Lebanese, Female]. NESB families may also experience loss of privacy if they fear a breach in confidentiality from an ethnically-matched interpreter. One caseworker made this point saying, “They [NESB families] don’t want their community to know what is going on with their family. I remember one Afghanistan[i] client. I said I can organise an interpreter. She said ‘no, no, I don’t want them to know about us’. I said ‘there are a lot Afghan’s here. You might not know that person’. She said ‘no’. This lady speaks about three languages [so] we organised an Arabic speaking person not of [the] same culture” [CW\_1]. One way to overcome loss of privacy is to use the same interpreter with a family. However, one caseworker noted that, “if you book an interpreter it’s not always the same one. That can be a problem when you try to build up a relationship of trust... We want to form these relationships, but it’s very hard to do that when you’re relying on external services that don’t care who they send” [CW\_14]. Overall, the results indicate that a bilingual caseworker may be better than an interpreter, that a non ethnically-matched interpreter may be better than a matched interpreter and that the same interpreter is better than a different one.

### NESB families refusing to use an interpreter

Consistent with previous research, NESB families may refuse an interpreter when they would otherwise benefit from one. As an example, one caseworker said, “We’ve got a Filipino mum. She speaks English but we weren’t sure if she was really comprehending what we were telling her. We asked her four or five times [about an interpreter] and she said, ‘no I’m fine, I understand’. ‘Ok, the option is there if you need it, just let us know’” [CW\_9]. Interestingly, one NESB family participant said, “[I] never [use interpreter]. I don’t [speak] 100% in English, maybe 50%, but I don’t need [interpreter]...[because then] I can’t speak English no more” [Assyrian, Female]. This example shows that NESB families may not be aware of or understand the magnitude of the intervention of child protection authorities and thus refuse an interpreter, believing that the opportunity to practice their English is more important. If such a situation arises, it is important for caseworkers to emphasise the importance of their presence.

### NESB families wishing to use their children as interpreters

A final issue with NESB families, and which was only identified by the caseworkers, is when they offer their children to act as interpreters. Issues with using children as interpreters are well established in the literature. One caseworker said, “[One] Pakistani woman brought her daughter to be the interpreter. We said, ‘no, you can’t do that’. We organised a telephone interpreter. Her daughter was there to witness the whole interview but we didn’t actually utilise her as an interpreter” [CW\_1]. Another caseworker said, “I don’t think a lot of people are aware of all the power shifts that are involved in using children as interpreters. And it affects the parent’s ability to actually parent the child, when the child’s in that powerful role to be able to transfer information and affect conversations. If people were aware of that, people would be less likely to do that” [CW\_8]. To help overcome this issue, it may be useful to iterate to NESB families that “they’re allowed to bring a support person [and that] it can be anyone from [an] organisation, or relative or friend...Usually it’s a person they trust” [CW\_1].

#### *Resource issues*

##### Not enough interpreters who speak the required language or dialect

Consistent with previous research, this study found that a barrier to good practice was the lack of availability of interpreters who speak the required language. One NESB family participant said, “Most of the time, they don’t find [a] Kirundi interpreter, they bring interpreters who speak Swahili...That’s no good, because his wife doesn’t speak Swahili” [Burundian, Male, Interpreter used]. Similarly, a caseworker said, “There’s language barriers, like Swahili, there’s one interpreter in NSW [so] sometimes...you cannot get hold of these interpreters” [CW\_3].

There may also be a lack of availability of interpreters who speak the required dialect. Examples of this come from two NESB family participants and one caseworker. They said:

*[On] two occasions I was provided with an Egyptian interpreter. She could not understand my Arabic. She could not convey what I really needed to, so there was a language problem.. With my Lebanese caseworker, we seem to understand each other better [Jordanian, Female]*

*The same cultural background is better, because Lebanese can be alright, but they having different accent in Arabic. For the Southerners [Sudanese], they can’t understand anything [Sudanese, Male]*



*Different languages have different dialects. You could get a Hungarian interpreter who speaks the wrong dialect and they don't understand. You have to try to find someone who is available and speak[s] that dialect, and sometimes you can't [CW\_16]*

#### Not enough face-to-face interpreters available

Consistent with previous work, this study found evidence for the difficulty of using phone interpreters. Phone interpreters are not optimal because, as one caseworker put it, “they cannot understand body language...and the intention behind what they [the client] are saying” [CW\_16]. Corroborating this, two other caseworkers said:

*I am a trained interpreter [and] I find it's hard with a phone interpreter. It's hard enough with face-to-face [CW\_2]*

*I think our telephone interpreter service [is] very impersonal. You walk into someone's home and say, 'I'm sorry I don't understand you. I'll just get someone on the phone to interpret' ...I know it's convenient and you can't always grab someone who speaks that language at the last minute [but] I think for a family you've been working with and you know, they need an [face-to-face] interpreter. Don't have someone on the phone. I think it's rude...You are not engaging with that person [CW\_16]*

Overall, the results indicate that phone interpreters are not definitively an example of poor practice (Section 3.1). In fact, only the caseworker interviewees mentioned this issue, from which it may be inferred that NESB families do not see phone interpreters as a significant barrier to good practice.

#### Not enough interpreters that do not know the client family

The literature did not identify this issue, but this study found that it is important not to use interpreters that know the family because this represents a conflict of interest. One caseworker made this point saying, “Sometimes you book [an interpreter] and [then] they know the person so they can't go, which happens a lot with the Sudanese” [CW\_14]. This resource barrier can only be addressed as the pool of possible interpreters grows. (Interpreters may not disclose that they know the client family and this presents as another issue, however this was not identified by any of the interviewees here).

#### Not enough interpreters who are willing to travel long distances

Distance may be a problem for some interpreters. One caseworker made this point saying, “I won’t have a Persian speaking interpreter come out to [suburb]. We have to meet the family in [another suburb]...[It’s] just the distance...That’s been the biggest difficulty” [CW\_15]. Again, this resource constraint may not be one that can be overcome.

#### **4 Discussion**

##### *Comparing the results to established knowledge*

This study first aimed to explore findings in an Australian context. Except for a small number of unique findings, nearly all themes replicate previous literature. This indicates that features of good practice, as well as barriers to them, are essentially the same across multicultural countries like Australia, UK, USA and Norway. This is unsurprising as there is no real reason to expect significant differences between multicultural countries. It is still an important finding however because results that replicate or confirm previous research are just as important for the ongoing development of scientific knowledge as those that do not. This study can at least now add to Australia’s nascent knowledge base.

##### *Triangulating the data to make practice and policy recommendations*

This paper also aimed to identify principles of good practice from the study’s findings. By triangulating data from both service users and service providers, it seems that the risk of inaccurate translation is of greatest concern to both parties. To help increase confidence that accurate translation is occurring, it is important that interpreters interpret word for word, are seated behind the caseworker, inform the caseworker when they are offering their own opinion compared to translating the families’ voice, have good rapport with the caseworker, and facilitate the voices of all involved parties.

It is also important that interpreters are trained on the nature of and sensitivity required for child protection matters to help increase their preparedness for the session, else there may be risk that the interpreter makes the session more about them. It also takes into account their personal experiences. Importantly, this training may be the responsibility of child protection case managers.

Some NESB families may fear a breach of confidentiality and so opt to have an interpreter who speaks the same language but is from another ethnic group. However, there may then be a risk that differences in even dialect compromise accuracy in translation. Such issues can only best be considered on a case by case basis.

NESB families should be informed as to why it is inappropriate to use children as interpreters but reminded that they can instead bring a trusted friend. They should also be informed that the concepts and terms child protection authorities use are difficult for any family regardless of their cultural background and so caseworkers cannot risk less than full comprehension of English. In such circumstances, NESB families should be strongly encouraged to use an interpreter when their English comprehension is questionable.

This study found that although it is important to offer a gender-matched interpreter for sensitive issues, generally NESB families do not require this. This study also found that although phone interpreters are not seen as optimal, they are not necessarily a barrier to good practice, especially if they are able to competently facilitate the voices of all people present. Finally, case managers should be mindful of the time intensity involved in the use of interpreters when assigning caseloads to their caseworkers.

Unfortunately, many of the issues identified in this study cannot be overcome, for example, interpreters not arriving, not having enough time to work with interpreters, loss of privacy for NESB families, NESB families refusing an interpreter when they would benefit from one, not having enough interpreters who speak the required language or dialect, not having enough face-to-face or phone interpreters, not having enough interpreters to avoid the risk they might know the client family, and not having enough interpreters to draw on if distance is an issue. Nevertheless, caseworkers should still be aware that these are barriers to effective practice, as awareness can still contribute to culturally competent practice.

#### *Methodological strengths and limitations*

One strength of this study is that draws on qualitative methods that allow for in-depth exploration of themes, perceptions and experiences, and the consequent thematic saturation enables identification of all relevant variables. This is necessary in such a sensitive and complex area of research and practice. Another strength is that this study has interviewed NESB families as well as the caseworkers who service them. By speaking with both service users and service providers, it was possible to compare and triangulate their responses and in turn offer evidence-based principles of good practice directly informed by the users of interpreters.

Some methodological limitations also need to be acknowledged. One significant limitation was that NESB families may have felt uncomfortable about commenting on the pros and cons of using interpreters while an interpreter was used for the interview itself. This issue was addressed by telling participants to speak frankly and honestly about their previous or current experiences and not to feel uncomfortable by the presence of the current

interpreter. This does not however wholly address the issue; it simply helps to minimise it. Another limitation was that there was variation among the caseworker interviewees on experience with interpreters which could compromise the validity of their responses. Finally, there is a need in future research to interview the interpreters themselves as their voices, representation, opinions, perceptions, experiences, and ideas for improving practice can also be incorporated into policy guidelines for good practice.

### *Conclusion*

Overall, it is inferred that two types of training are the heart of good practice: training for interpreters on how to deal with sensitive matters such as child protection, and training for caseworkers on how to work effectively with interpreters. Ultimately, investing in such training has carry over effects for clients; NESB families will receive a more culturally appropriate service that best meets their particular needs, and children from NESB families will be better protected from risk of harm.

## References

Australian Bureau of Statistics [ABS], 2011. Census.

Australian Bureau of Statistics. (2007). *Australian Demographic Statistics*. (Ref: 3101.0). Canberra: ABS.

Australian Institute of Health and Welfare (2013). Child protection Australia: 2011–12. Child Welfare series no. 55. Cat. no. CWS 43. Canberra: AIHW.

Babacan, H. (2006). Literature review: Service response models in child protection for culturally diverse communities. Report prepared for The Department of Child Safety, Queensland.

Bromfield L. & Arney, F. (2008). Developing a road map for research: Identifying priorities for a national child protection research agenda: Issues paper. Australian Institute of Family Studies, No 28.

Chand, A., & Thoburn, J. (2005). Research review: Child and family support services with minority ethnic families – what can we learn from research? *Child and Family Social Work*, 10, 169-178.

Chand, A. (2005). Do you speak English? Language barriers in child protection social work with minority ethnic families. *British Journal of Social Work*, 35(6), 807-821.

Douglas, H. & Walsh, T. (2009). Mothers and the child protection system, *International Journal of Law, policy and the Family*, 23, 211-229.

Giglio, M. (1997). Child Protection and cultural difference: Issues for Non-English Speaking Background Communities, *Child Abuse Prevention, National Child Protection Clearinghouse Newsletter*, 5(2), 2-7.

Gonzalez, J. (2005) How to use an interpreter effectively. *Occupational Therapy Now*, 7(2), 7–9.

Humphreys, C., Atkar, S., & Baldwin, N. (1999). Discrimination in child protection work: recurring themes in work with Asian families. *Child and Family Social Work*, 4(4), 283–291.

Kaur, J. (2007). Working with families from culturally and linguistically diverse communities in Queensland: An Australian exploratory study. *Children Australia*, 32(4), 17-24.

Korbin, J.E. (2002). Culture and child maltreatment: cultural competence and beyond. *Child Abuse and Neglect*, 26, 637-644.

Kriz, K., & Skivenes, M. (2010). Lost in translation: How child welfare workers in Norway and England experience language difficulties when working with minority ethnic families. *British Journal of Social Work*, 40(5), 1353-1367.

Myfanwy, M., Higgins, D., valentine, k., & Lamont, A. (2011). Protecting Australia's children research audit (1995-2010): Final Report. Australian Institute of Family Studies and Social Policy Research Centre, accessed online <http://www.aifs.gov.au/nch/pubs/reports/audit/2011/index.html>

Perry, R., & Limb, G.E. (2004). Ethnic/racial matching of clients and social workers in public child welfare. *Children and Youth Services Review*, 26, 965-979.

Sawrikar, P. (2009). Culturally appropriate service provision for culturally and linguistically diverse (CALD) children and families in the New South Wales (NSW) child protection system (CPS): *Interim report 1 – Literature review*. Prepared for the NSW Department of Human Services.

Thom, N. (2008). Using telephone interpreters to communicate with patients. *Nursing Times*, 104(46), 28–29.