Bilingual young people's experiences of interpreting in primary care: a qualitative study

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SUMMARY

Background: *Young people are often used as interpreters for family members in the primary healthcare setting.*

Aim: *To explore bilingual young people's accounts of interpreting for family or friends in primary care settings.*

Design of study: *Qualitative study using in-depth interviews.*

Setting: *Community and youth groups in London.*

Methods: *Young people aged nine to 18 years old (*n = *77) were purposively sampled to include those from established and recently arrived groups and were from Vietnamese, Kurdish, Bangladeshi or Eastern European backgrounds. Participants were interviewed one-to-one or with a friend, and interview transcripts were analysed to identify key themes.*

Results: *Young people were used for interpreting because of deficiencies in services, and also by choice. They identified advantages and disadvantages in their experiences. The majority of healthcare encounters were regarded as unproblematic. Three factors contributed to less successful encounters: healthcare professionals' or patients' communication skills; young people's own language skills, and the nature of the healthcare problem.*

Conclusion: *This study identifies ways in which primary care professionals could facilitate better communication in encounters where young people are used as interpreters.*

Keywords: *language interpreting; qualitative; communication; young people.*

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Submitted: 12 July 2002; Editor's response: 2 September 2002; final acceptance: 22 October 2002.

©*British Journal of General Practice*, 2003, **53,** 530-535.

Introduction

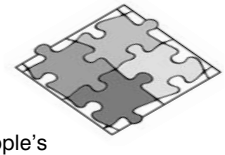
GENERAL practitioners in ethnically mixed areas report that young people are sometimes used as interpreters.[1] Research on young people interpreting in healthcare settings has previously focused on the views of healthcare professionals[2] and adult members of community groups.[3] This has identified a number of problems, including young people's limited language skills, the difficulties for young people in interpreting complicated or sensitive subjects,[1,3] and the inappropriateness of young people taking on adult responsibilities for accessing health care.[1] There has also been concern about the impact of interpreting on parent–child relationships.[4]

However, despite improvements in formal interpreting services, primary care providers in many parts of the United Kingdom (UK) are likely to continue having to consult occasionally with the help of young people. Estimates suggest that there are almost half a million people in the UK from South Asia and China who do not have the English language skills necessary to function independently in an English-speaking environment,[5] and there are over 100 000 refugees in London alone.[6] Interpreting, link worker, and health advocacy services are limited in their scope in terms of the number of languages provided, the ease with which services can be accessed, and their availability for urgent appointments or outside normal working hours.[7-10] Internationally, health services face similar problems in developing comprehensive interpreting services.[11] Young people from linguistic minority groups often have better English language skills than other members of the family and may be expected to help make appointments, translate healthcare correspondence, and interpret in consultations. To date, there has been no published research on young people's own accounts of this contribution to the family's health care. The aim of this study was to explore young people's experiences of interpreting in healthcare settings, particularly in primary care.

Method

Ethical approval for the study was obtained from the London School of Hygiene and Tropical Medicine Ethics committee. A semi-structured interview designed to explore young people's experiences of interpreting was developed through discussions with primary care providers, representatives of children's organisations, and informal discussions with young people. This was amended as a result of early data analysis. Participants were asked general opening questions, such as who was in the family, what languages were spoken at home, and what experiences they had of interpreting.

HOW THIS FITS IN



What do we know?

Concerns have been raised about limited interpreting services, young people's language skills, and the appropriateness of using young people to interpret. Previous research on young people interpreting has focused on the views of healthcare professionals and adult members of community groups.

What does this study add?

Young people reported that interpreting brought benefits and disadvantages for them. The communication skills of the doctor, the young person, the patient, and the nature of the health problem each played a role in facilitating or disrupting communication. Healthcare professionals with good communication skills can help facilitate interpreting.

Participants were then prompted through open-ended questions to describe in detail any recent experiences of using health services with members of their family or for themselves, and to reflect on the positive and negative implications of their interpreting work.

To include participants from established and recently arrived linguistic minority groups, community groups, community youth groups, and English language classes in London were purposively sampled, to include young people with Vietnamese, Bangladeshi, Kurdish or Eastern European (specifically, Albanian and Croatian) backgrounds. They were contacted and provided with information about the project. Bilingual young people aged nine to 18 years old attending these clubs or classes were invited to participate in an interview. Those young people who wished to take part in the study were offered the choice of being interviewed on their own or with friends, according to their preference. They were provided with a consent form for parents/guardians to sign. At the interview, participants were informed again about the purpose of the study, told they could choose not to answer any question or could stop the interview whenever they wished, and signed a consent form for themselves. Interviews were held in a private room in the familiar environment of the community or youth group facility and lasted between half an hour and an hour. All interviews were conducted in English, and were audiotaped and fully transcribed.

Data analysis was carried out by three of the authors (VB, CF and JG). Each person studied the transcripts to identify initial themes. A thematic framework was developed, and each section of the early transcriptions was then coded according to the framework. This was then modified in the light of these findings and further data collection. Further analysis was conducted using the constant comparative method.[12] Segments of text within the same theme were compared, to identify how data either proved or disproved emerging ideas.

Results

In total, 77 young people were interviewed (25 Vietnamese, 17 Bangladeshi, 18 Kurdish and 17 Eastern European), including young men and women from each community group (Table 1). Box 1 explains the abbreviations used in the following quotes.

Experiences of interpreting

Young people reported interpreting in a wide range of situations, ranging from reading the list of ingredients on packets when shopping, to housing, benefit or hire purchase payment disputes. Healthcare experiences included translating instructions on medicines, helping complete surgery registration forms, and interpreting in hospital, dental and general practice settings. For those from the Vietnamese and Bangladeshi groups, almost all experiences of interpreting in primary care involved interpreting for mothers. Fathers were reported either to have better language skills or to use primary care professionals from their own communities, or — in the case of the Vietnamese — to pay to see a practitioner of Chinese medicine. Young people from the Kurdish groups interpreted for wider kin, including uncles and family friends. The Eastern European participants were older and often unaccompanied by family, so they had least experience of interpreting for parents and other family members. Their experiences of interpreting were predominantly for friends and the wider community. While some young people reported that they were sometimes used for interpreting because of deficiencies in formal interpreting services, others reported situations in which they were used by choice. Young people were used for preference, either because the family trusted their interpreting skills or because they had a particularly good understanding of their parent's illness and how it affected their life.

> *'… they will arrange someone for you, but we don't do that basically, 'cause we go with her* [mother]. *It's easier for her, for her to explain to us than to the other person, 'cause they don't know what they, how they are going to translate and things like that, and we know her and how she is feeling and things like that so we could translate easier for her. That's it basically.'* [BF aged 16.]

Participants reported a number of benefits deriving from interpreting experiences. There were emotional benefits in enjoying helping the family, and benefits to self-esteem in being able to take on a responsible role. Young people valued the opportunity to speak their own language and demonstrate and practice their skills.

> *'I like translating ... you talk a lot, it's good because it gives me a chance to speak my own language.'* [BM aged 13.]

> **Interviewer:** *'Do you think your families are happy that you are doing it?'*
> **R:** *'Yeah , they proud of us.'* [E (Croatia) F aged 16.]

There were also disadvantages of interpreting: it could be hard work and could take time away from preferred activities. Some were concerned about time missed from school, although they noted that their parents' health was more

Table 1. Place of birth, age range and gender of respondents in each linguistic group included.

	Community				Total
	Bangladeshi	Vietnamese	Kurdish	Eastern European	
Place of birth					
UK	12	14	2	0	28
Other	5	11	16	17	49
Age range (years)					
9	1	0	0	0	1
10–12	9	6	5	0	20
13–15	6	12	11	5	34
16	1	7	2	8	18
17+	0	0	0	4	4
Sex					
Female	11	14	8	2	34
Male	6	11	10	15	42
Total	17	25	18	17	77

B = Bilingual young person from Bangladeshi community group

K = Bilingual young person from Kurdish community group

V = Bilingual young person from Vietnamese community group

E = Bilingual young person from Albania or Croatia

F = Girl/young woman

M = Boy/young man

R = Responder

Box 1. Key to abbreviations used in the quotes.

important. Interpreting was described as being a hassle and boring. There were also negative emotional consequences. Some participants related feeling awkward and angry in situations where they were caught in the crossfire of disagreements and felt frustrated if they were not able to interpret 'properly'. Some experienced embarrassment in knowing sensitive information about their parents or telling parents what to do. Others reported finding bad news difficult to accept and not wanting to pass bad news on to relatives as it might upset them.

'I respect my mum as an Asian girl respects her mum ... there are certain things we can't communicate with our parents ... in a way I was getting close to my mum, but then again I was feeling embarrass as well. When I say "Mum, did you take your medicine?" she used to feel embarrassed because my daughter is telling me.' [BF aged 16.]

'So, like if they [doctors] *want to say something that's not very maybe good ... I don't like saying everything 'cause it upsets my mum, my grandmother.'* [VM aged 15.]

Encounters described as 'straightforward'

In comparison with other public settings, translating for health care was reported as simple and straightforward. In general, young people felt they usually understood what the healthcare professional said and had the capacity to translate this into their 'mother's tongue'. Many accounts of interpreting in healthcare settings were brief and unelaborated, suggesting that such encounters were considered an unremarkable and routine part of everyday life. Reports of difficulties in translating across different cultures were absent from accounts of these straightforward encounters.

'Um, I had to speak to them and translate to my pa, my mum, innit, it's normal.' [VM aged 15.]

'I explain it to her [mum] *what the doctor says — that's it. I just translate what the doctor says to my mum in Bengali.'* [BF aged 13.]

These encounters tended to be for routine primary care matters where the outcome — such as a prescription or getting a burn dressed — was unproblematic for all parties involved. There were also examples of successful interpreting by older teenagers in the context of chronic health problems. One young woman, for instance, described having developed a particularly good understanding of the illness and how it affected her mother. There were several elements common to accounts of successful consultations from young people's perspectives. First, was the confidence to ask if they didn't understand and to ask repeatedly if they still didn't understand:

'If I, if I can't understand it I can ask again and again and again and the doctor can speak slowly I can understand.' [KM aged 15.]

Second, were straightforward problems, for which parents agreed with providers and had few questions. Young people reported that this was more typical of healthcare encounters than other settings:

'It's like if it's somewhere like the doctor's or whatever, then it's really easy because my mum doesn't ask that many questions ... usually she does like agree with everything the doctor says.' [VF aged 16.]

The third factor contributing to the ease of the consultation was summarising the consultation afterwards, when attending with parents for their own health problem, or missing out parts of the translation that were difficult to translate and thought to be unimportant when translating for someone else's health problem:

'I talk and then after the conversation I then tell my mum afterwards ... when I have finished with the doctor 'cause it's difficult to do when I am in there.' [BF aged 11.]

R: *'It's only when I am ill.'*
Interviewer: *'… and what happens in that situation?'*
R: *'Well, I listen to what the doctor says and just try to remember it and tell them later.'* [VF aged 11.]

R: *'Well, sometimes I leave out bits because it's hard to say it in my language.'*
Interviewer: *'You miss out bits.'*
R: *'That's not important.'* [VF aged 14.]

It was often implied that healthcare professionals had good communication skills. Techniques mentioned as useful for enabling communication included being prepared to take the time to repeat themselves, explaining again more simply and speaking more slowly if they weren't understood.

R1: *'It's like when he says something I say "what did you say?"'*
Interviewer: *'Yeah and what does he say?'*
R1: *'And then he explains it nicely.'*
R2: *'And then we can tell our mum "he means this" and then she says "Okay".'* [BF sisters aged 9 and 11.]

Young people welcomed explicit comments from healthcare professionals where their input was valued:

'[The] *last time the doctor came to our house to, um, give mum her tablets and she didn't bring a lady with her to translate so she said I was glad I was here 'cause if I wasn't she wouldn't understand my mum.'* [BF aged 13.]

Disrupted communication

If most healthcare encounters were unremarkable, many young people also had at least one experience of a less successful encounter. These were described in more detail, and three themes were common in accounts of less successful encounters. The first was the nature of the problem itself.

Young people reported greater difficulty in translating complex questions or problems. Some had difficulty understanding problems with which they had no direct experience and in these circumstances interpreted as best they could. They also found it difficult to translate sensitive issues. Young men reported that they did not want to — and even on one occasion, refused to — translate women's health problems.

'I don't know because there are certain problems that she has that I have, I don't have any experience about it, you know sort of personal problems and things like that I don't know what she was talking about so I just explained the way I understand.' [BF aged 16.]

'There was an embarrassing part where I, um, translated for some couples and because some of the difficulties, yeah, and that was embarrassing part, but you know it was very private so I felt embarrassed, but I still manage.' [E (Albania) M aged 16.]

Interviewer: *'You went to the doctor's surgery — tell me about it.'*
R: *'Yeah, with my mum but um, um, I don't speak anything because they are women's problems.'*
Interviewer: *'Did your mum want you to help her speak?'*
R: *'Yeah, but I can't because I don't want to speak about women's problems.'* [KM aged 15.]

The second theme common to less successful experiences was language skills. Most young people had stronger language skills in either English or their 'mother's tongue'. Young people who reported mainly speaking English all day outside of the house and inside the house to siblings expressed greater difficulty in translating words into their 'mother's tongue' than understanding or speaking in English. Some young people lacked technical terms for illnesses or parts of the body. One young woman reported that there were words in English that were not understandable to her mother as there was no equivalent term or concept in Vietnamese.

'You go to doctor's you know he is talking headaches, but when important something you don't know ... because you don't have, you don't know, maybe my English not good enough yet.' [E (Croatia) F aged 16.]

'You don't know how to say parts inside you or anything like that in Vietnamese.' [VF aged 14.]

'The fact that, you know, I have been living here quite some time now we try, we tend to lose, you know, some of the understanding, some of the words.' [VM aged 14.]

'There's other words in English that you can't say in Vietnamese and my mum don't understand those type of words.' [VM aged 16.]

The third area of potential disruption was the communication skills of either the professional or the patient. Body language was particularly important for young people. Young people reported that doctors didn't always look at them, because they were reading or were looking at the patient instead. Young people felt that without eye contact they weren't communicating properly and felt unsure if they were being listened to.

R: *'I don't know, it's sort of like when they are talking, if me and my mum are sort of like sitting next to each other and they knew we had come for my mum, they would like be talking to my mum and talking to her face and*

then I would answer them but they would still carry on looking at my mum when they are talking, even though they know my mum can't understand. Um, sometimes it's really annoying because it's like I am here to help her and you are like, you are not like looking at me sort of thing, so sometimes I don't even know if like they even listen to anything I am saying and it's like sometimes I don't think they even want me to be there.'
Interviewer: *'Right.'*
R: *'But I have no choice but to be there.'* [VF aged 16.]

Some thought that healthcare professionals, who underestimated their skills, did not trust them. Others found that the healthcare professional spoke too quickly. When parents disagreed with professionals, the professional tended to assume that there was a problem with the young person's translation rather than accepting that the patient might not agree with their advice. Several young people reported experiencing disapproval, and that the doctor resented having to deal with their relative and the time it took to translate. This disapproval was rarely explicitly expressed, but was implied in negative body language including disapproving looks — 'dirty looks' — or angry facial expressions. Young people described feeling angry or deflated when they perceived that the healthcare professional held a negative attitude.

Interviewer: *'Do you think the doctor is happy that you are there to translate?'*
R: *'Yeah sometimes they are happy but sometimes they are angry, they very angry.'*
Interviewer: *'They are angry? Tell me about when they are angry.'*
R: *'If I can't understand something I speak it again, then they can be angry.'*
Interviewer: *'What do they say?'*
R: *'Nothing — they can be angry from their face.'* [KM aged 15.]

The person seeking health care could also disrupt communication by speaking too quickly, by expecting too much to be translated at one go or by interrupting when the young person was translating to the doctor. Other difficulties arose when several people all spoke at once or when different people told conflicting stories about the problem, or when the person seeking help kept repeating themselves and expecting the translation to be repeated. A few young people reported an occasion when they had got the blame when they weren't understood and described being shouted at by members of their family.

'It's like I have to listen to her [mother] *and speak at the same time, it's better if I am going by myself.'* [BM aged 12).]

'He [the patient] *keeps telling me and telling me, and I am saying it, and I am saying it, he was saying to me "It's because of when I was in Turkey and the police men started beating me up" and stuff like that, and he keeps telling me to say it again and again ... so I don't think the doctor is going to want to know about a million times, and I am saying "but I have just said that!" ... and in the end I have said it again, so it's like the doctor is going to start thinking "is this girl weird or something?".'* [KF aged 13.]

Discussion

Strengths and limitations of this study

The methods used enabled the researchers to elicit the views of young people aged nine to 18 years old from three different community groups and a mixed group of recently arrived Eastern European refugees. Children younger than nine were not included in the study as it was felt that interviews were not the most appropriate method to reach an understanding of this age group's experiences, although it is recognised that primary care professionals may be most concerned about younger children being used as interpreters.

Summary of main findings in relation to the existing literature

To date, most research in this area has focused on the problems of young people interpreting, but this study has identified some benefits as well as disadvantages in interpreting for family and friends from the perspective of young people themselves. Young people reported that they were sometimes used because of limitations in translating services, but there were also times when families preferred young people to help translate because they had confidence in their translation skills and knowledge of the healthcare problem. General practitioners[1] and adult members of community groups[3] have identified young people's limited language skills and sensitive issues as potential problems for consulting in primary care. Young people reported that professionals' and patients' skills also had an important role to play in facilitating or disrupting communication. The key findings central to communication from each community group were similar, and may be generalisable to other linguistic minorities living in family groups where adults do not all have good English language skills.

Implications for clinical practice and future research

Limitations in interpreting services are found across the UK.[7] While primary care professionals have concerns about the use of young interpreters, young people are likely to continue to be used as informal interpreters in the short term. In the longer term, developments in telephone interpreting and extended provision of services could reduce the use of young people for interpreting. However, there will always be situations when the young person is the preferred interpreter for the family. The implications of this study are relevant to all primary care professionals working with young interpreters. A number of models of interpreting exist and guidance for using professional interpreters has been produced.[13] Guidance suggests that healthcare professionals should direct their speech towards the patient so that the patient feels involved in the encounter. Young people experienced this behaviour as being ignored or discounted.

Interpreters work towards being 'invisible'. It is not surprising that such an approach is inappropriate when working with young people who have no formal interpreting training. Professional interpreters, in all settings, are trained to translate everything that is said. In contrast, young people considered that summarising what was said is useful. Young people's views may be more in keeping with functional models of interpreting in which only those features relevant to the purpose of the interpreting are translated.[14] Young people preferred encounters without too many questions, whereas healthcare professionals are encouraged to elicit questions from patients. Young people's views about successful encounters are therefore, in a number of ways, in opposition to published guidance for working with professional interpreters.

This work indicates the importance of the primary care professional establishing whether the young person is being used for preference or because of deficiencies in services. Primary care providers require excellent communication skills to facilitate interpreting and ensure that the three-way encounter is satisfactory for the young interpreter as well as the patient. Explaining the issues to the young person again more slowly or more simply can result in better understanding by the young person. The participants in this study would prefer professionals to look at them as well as the patient when possible. The majority of general practitioners believe it is inappropriate for young people to take on the role of interpreting for families.[1] This research illustrates young people's sensitivity to disapproval, communicated either verbally or via body language. It is important that discomfort with a situation is not communicated to the young person as a problem with him or her. The challenges for young people in translating complex or sensitive issues and in passing on bad news makes it particularly important to raise the option of an alternative interpreter in these circumstances.

This study increases our understanding of the reasons why young people are asked to interpret, the impacts of interpreting on young people, and the means by which communication can be improved when young people are interpreting. Further observational studies are planned to investigate the processes involved when young people interpret.

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Acknowledgements

We would like to thank all the young people who participated in this study and all the community groups in South East London and North London who collaborated with us. This study was funded by the ESRC, award no R000223433.