

https://dspace.org/

Child interpreters - a South African case study

Louw, Gwendoline Susarah

2016

http://hdl.handle.net/10539/22593

Louw, Gwendoline Susarah (2016) Child interpreters - a South African case study, University of Witwatersrand, Johannesburg, <http://wiredspace.wits.ac.za/handle/10539/22593>

Downloaded from a DSpace repository. https://dspace.org/

University of the Witwatersrand

Child interpreters - a South African case study

Gwendoline Louw

1010577

A research report submitted to the

Faculty of Humanities,

University of the Witwatersrand, Johannesburg,

in partial fulfilment of the requirements for the degree of

Master of Arts in Interpreting

Cape Town, 2016

ABSTRACT

The present study looks at the use of child interpreters in a South African context and its potential far-reaching, negative effects. Reference is made to studies conducted in other countries, with the aim of determining potentially similar findings locally. Focus groups and one-on-one interviews with service providers in contact with current child interpreters, as well as former child interpreters are conducted to establish their respective experiences with the phenomenon. Furthermore, questionnaires were also used as a data collection tool for subjects unable to attend interviews. The study employs a qualitative approach, with the use of a relatively small, but sufficient sample size. On the basis of the findings, the present report presents conclusions regarding the motives for the perpetuation of the practice of child interpreting, and it furthermore presents possible measures or regulations that need to be designed and implemented to protect the rights of the child interpreter.

DECLARATION

I declare that this research report is my own, unaided work, submitted in partial fulfilment of the degree of M. A. in Interpreting, University of the Witwatersrand, Johannesburg. It has not been submitted before any degree of examination in any other university.

…….

Gwendoline Louw

Signed at Cape Town this 11th day of July 2016

DEDICATION

This study is dedicated to all South African child interpreters, and to my supervisor, Dr. Libby Meintjes, without whom this study would not have been possible.

Introduction **1**

Aims and Objectives, Rationale and Research Questions **3**

Organisation of the Study **5**

Chapter One – Child Interpreting **6**

Advantages and disadvantages of child interpreting **7**

The three-person psychology of interpreting **10**

Conclusion **12**

Chapter Two - Norms and Ethics in Interpreting **13**

Introduction **13**

Ethical issues in the interpreting profession **15**

Conclusion **24**

Chapter Three - Community Interpreting **25**

Introduction **25**

Why are children often used as interpreters? **26**

Conclusion **35**

Chapter Four – Research Design and Data Analysis **36**

Research approach **36**

Social Workers' Data **39**

Former Child Interpreters' Data **48**

Conclusion **54**

Chapter Six - Conclusion **57**

Recommendations **61**

Concluding Remarks **65**

LIST OF SOURCES **67**

APPENDIX 1 ..... **71**

APPENDIX 2 ..... **76**

APPENDIX 3 ..... **78**

APPENDIX 4 ..... **80**

Introduction

Background to the Study

Language is fundamental to communication in society. For effective communication to take place, the interlocutors involved need to share and understand a common language. In situations where this is not possible, interpreters are called upon to mediate and transfer the intended message from one party to another. Over the past few decades, the profession of interpreting has developed in leaps and bounds. The introduction of simultaneous interpreting at the Nuremberg trials of 1945 was one of the major developments for the profession. Though the equipment used at these trials was relatively primitive compared to today's standards, the Nuremberg trials marked an important stage in the evolution of interpreting.

Naturally, the services of interpreters are not free of charge. For conference organisers, this is not a problem, however for a family of immigrants that need to see a doctor, this may present an obstacle. For example, a family from Congo Brazzaville that has fled to South Africa might find it too much of an expense to hire the services of an interpreter to assist them in communicating with service providers in South Africa. As children usually learn the local language (in this case, English) faster, the parents would tend to use their children to assist them in such situations. It is a seemingly simple solution to a problem that is likely to arise from time to time, whether it be going to a hospital, to Home Affairs, or opening an account at the bank. However, as much as having a child play the role of interpreter for their parents may be helpful, this might not always be effective and beneficial for all involved. For instance, what happens when a doctor has to diagnose the child's mother with cancer? Requiring the child to transfer such sensitive information to their mother may jeopardise the child and affect him/her in such a way so as to warrant therapy, not only for the mother, but the child as well. Furthermore, a child will not have the benefit of having been trained as an interpreter, so it is likely that the task of interpreting might be too daunting for them. However adverse the consequences may be, it is probable that child interpreters will continue to be used in various situations of household economy.

Additionally, one could add that the development of a human being, from the stage of infant, to child, to adolescent, and finally adult, is a long one, with each stage being defined by different factors. For example, a baby does not have the same motor skills that a child would have, or a

teenager does not have the same emotional maturity as that of an adult. Similarly, in a linguistic aspect, a child's vocabulary is not as vast as that of an adult. Furthermore, a child's cognitive processes and emotional stability are not as far developed as those of an adult. It is therefore unfair to expect the same outcome from a child when asking him or her to perform a task usually performed by adults. However, this is a regular and probably inevitable reality, when looking at children whose parents do not speak the language of the resident country, and have no other outside assistance.

For a country such as South Africa, where freedom and democracy were fought for over decades, the issue of human rights is an important one, as is the issue of children's rights. The Children's Act 38 of 2005 was drawn up with the aim of ensuring that children are aware of their rights, such as the right to participate in decisions that affect their lives. It is therefore important to consider the impact of child interpreting on such rights.

Aims and Objectives, Rationale and Research Questions

Aims and Objectives

The present study looks at the phenomenon of child interpreters in South Africa, and the contexts in which they are required to interpret for adults (for example, hospitals, clinics, police stations, or meeting with social workers). Using a qualitative, exploratory approach, it considers the positive and negative effects of the use of child interpreters in relation to human and children's rights and interpreting ethics and how such effects can be obviated, mitigated and managed.

In writing this report, my goal is not to advocate for the complete cessation of using children as interpreters, but to raise awareness and increased understanding among the service providers regarding the phenomenon. At the same time the study investigates feasible ways of ensuring that social workers and/or health care staff in these interpreting situations are made aware of and trained to deal with the sensitive nature of child interpreting and that children performing the role of interpreter are provided with effective support. In the course of the study the research engaged with professional and untrained interpreters who performed the role of interpreter during their childhood. The reflections of these former child interpreters are included in the study.

Rationale

Interpreting, whether performed by professionals or family members, is not a practice generally familiar to the South African public. In many public hospitals, sometimes even in the courts (though this is not the norm), lay people are continually asked to perform the task of mediating communication regardless of whether they have the requisite knowledge or training to do so.

The use of lay people for interpreter-mediated communication is indicative of a lack of awareness amongst the general public regarding interpreters and the requirements of the profession. Such ignorance indicates that the profession of interpreting, whether it is performed by professional or untrained interpreters, is relatively unknown. One could go so far as to liken the existence of interpreters as invisible, unseen parties. Even in the context of a communication event, interpreters tend to be overlooked, especially at conferences, where the interpreters are relegated to booths

outside of the circle of other interlocutors. Invisibility, according to Angelelli (2002) means that "the interpreter is not considered a party to the conversation but rather a "language-switching operator" in line with the conduit model of communication" (Angelelli, p.16). Similarly, Venuti's (2004) definition of invisibility is also illustrative of this phenomenon, albeit in a translation context. Many translation critics/scholars consider that translated text should read so well that it appears to be the original text, as fluency is desired. However, "the more fluent the translation, the more invisible the translator" (Venuti, p. 2). The expertly translated text does not show the effort and strategies applied by the translator during the process. Similarly, the general public may not be aware of the strategies and challenge involved in interpreting, thus rendering the interpreter "invisible". This concept of invisibility – with regard to the requirements for interpreters – is not unique to South Africa.

The presence of various immigrant communities in the United States provides for ample research material on a phenomenon that has been a regular occurrence over decades in that country. According to Reynolds and Faulstich Orellana (2009, p. 213), initially little research was done to determine the frequency of children being used as interpreters. This initial lack of attention vis-à-vis the phenomenon indicates how interpreting, and consequently, in the case of this study, the child interpreter are treated as invisible. The amount of data available has since improved, and there is on-going debate on how best to establish better practices for the interlocutors involved (Reynolds & Faulstich Orellana, 2009).

The phenomenon of child interpreting and its possible negative effects has not been extensively studied in South Africa, and there is insufficient information on how often "informal interpreters" include children. My purpose in investigating this phenomenon is to ensure that child interpreting does not continue to be invisible and that this type of language brokering is brought into the open. I hope to shed more light on the phenomenon and increase public awareness of it. It is my hope that my findings will assist and enlighten public service providers about the nature of child interpreting, and its particular impact on the children involved.

Research Questions

The research questions asked in the study are the following:

1. What reasons are put forward for the use of child interpreters? I.e. is there a social issue that needs to be addressed?
2. What are the consequences for the child, the adult, and the process of interpreting?
3. What structures need to be put in place to obviate the need for using child interpreters?

Organisation of the Study

The introduction, serves to provide a background and design of the study as a whole. Chapters One, Two and Three cover the various areas of literature that need to be reviewed for the purposes of the study. Chapter One examines the underlying themes pertinent to all modes of interpreting, and also illustrates how the aforementioned themes are applied to the phenomenon of community interpreting, with particular attention to child interpreting. Chapter Two goes on to examine norms and ethics in interpreting, as well as the perception of the interpreter's role. In the third chapter, a closer look is taken at community and child interpreting, by means of the study of findings of research conducted by others. Chapter Four lays out the research design and methodology used in the study, as well as the analysis of the data provided by South African subjects. The conclusion, Chapter Six, draws together the findings of the study and also provides recommendations on the basis of these findings.

Chapter One – Child Interpreting

Interpreters play an important role in communication between interlocutors who do not share the same language. Not only are interpreters employed at high-level events such as international conferences, but they also provide their services in smaller settings. There are various modes of interpreting: simultaneous, consecutive and liaison interpreting (Alexieva, 1997/2002). Simultaneous and consecutive interpreting is generally employed at conferences or more formal settings, whereas liaison interpreting is used for smaller settings such as business negotiations, or communication amongst different community members. In fact, liaison interpreting is often referred to as community interpreting, as can be seen by the definition provided by the South African Translators' Institute (SATI): "Liaison or community interpreting can be regarded as another type of consecutive interpreting. Liaison interpreting implies dialogue mode, used between e.g. a doctor and a patient or a tourist and a government official".

According to Mikkelson (1996), community interpreting enables people who are not fluent speakers of the official language(s) of the country to communicate with the providers of public services so as to facilitate full and equal access to legal, health, education, government, and social services. An example of community interpreting would thus be a communication event between a patient and doctor, or a police officer and a citizen reporting a crime. Due to the regular occurrence of such communication events and either the lack of availability or affordability of professional interpreters, lay people possessing some knowledge of the required language are usually called upon to assist in communication and/or mediation. Quite often, these untrained interpreters are children. In many instances, parents that do not speak the language of the country in which they are living prefer to have their children (who will have learned the country's language already) assist them in communication with service providers of that country (Rosenberg, et al., 2007). This can be seen in the studies conducted in Montréal, Canada by Rosenberg et al where it was found that many patients preferred to use family members for interpreting. These patients "may welcome the presence of a family member or close friend over a professional or other non-professional interpreter, feeling that they are more trustworthy and helpful" (Rosenberg et al, p. 287).

Reynolds and Faulstich Orellana (2009), in their research, explore other reasons for the use of children as language brokers. Looking at immigrant communities in particular, they found that the

new environment in which the non-English speaking parents found themselves often would prove daunting. Furthermore, the immigrant community usually constitute a minority in the new society. This could lead the community to feel alienated, with limited access to services which take account of its linguistic and cultural background. Linguistic studies have proven that children have better language proficiency because, particularly in pre-adolescence, they acquire new languages faster and with greater ease than an adult. Consequently, children are better equipped to act as language brokers between their immigrant adult counterparts and the new community. This type of brokering is not limited to language only – children adapt better to the new culture and thus double as cultural mediators as well. This ability to adapt more easily can be seen in the example of a young man interviewed by Green et al (2005, p. 2104), citing how he had to clear up a dispute around a bill for his mother, who herself did not feel assertive enough to stand up in the new culture. According to Green et al (2005), "his role is not merely one of neutral translating, but of assertive cultural mediator for a parent he describes as unconfident about her ability to stand up for her rights in an alien country (p. 2104).

Advantages and disadvantages of child interpreting

For some children, being asked to perform the role of interpreter for their family is a positive experience, and holds many benefits. Green et al (2005, p. 2103) report that many children enjoy the unusual position of power thrust upon them when asked by their parents to assist in communication events. Similarly, Reynolds and Faulstich Orellana (2009) have found that the use of family interpreters – in this case, the children – is often seen as an indication of competence presented by the language minority community. By using their own family members for mediation in communication, the non-English parents are showing self-sufficiency as a community in a country where their language is not spoken.

However, there are various disadvantages or challenges tied to the use of children as interpreters. Bjorn (2005) asserts that children should not be placed in the position of interpreter at all, as this upsets the natural hierarchy of the family structure. When the child is performing the role of mediator between his/her parents and the service provider, the child is put into a position of power with the parents as subordinates. Bjorn (2005) highlights this challenge in one of the case studies, where a teenage daughter assisted her parents in communication with the doctor: "The girl had instantly begun to play the role of interpreter, and this created a new problem to be dealt with by

the therapist. The therapist immediately had difficulty in supporting the position of the parents as leaders of the family" (Bjorn, p. 517).

Not only could the parents suffer indirectly from this role reversal, but the child interpreters may be adversely affected. Children interpreting for parents at a doctor-patient interview may have to relay sensitive, sometimes embarrassing information. Green et al (2005, p. 2106) speak of the discomfort that various boys experience when having to assist their mother(s) in the doctor-patient setting, owing to the nature of her illness.

Another challenge of interpreter-mediated communication involving children is the difficulty in establishing a clear communication process, or the respective role of each participant. It is much easier for a professional interpreter to explain a brief to clients, and ensure participation, than it would be for a child to do the same. Green et al (2005) report that, at times, both the doctor and parents would complicate the process of language brokering for the child interpreter: "several young people reported noticing that doctors were clearly annoyed that they were helping to translate, even if nothing overt was said" (Green, et al., p. 2104). Likewise, many of the young people interviewed by Green et al reported that parents interrupted them during their interpreting, or disagreed with the message they were relaying. Such interruption by the parents is indicative of the imbalance suffered in terms of family hierarchy and the desire of the parents to assert their role as adults, despite their linguistic inadequacy.

The advantages and disadvantages of using children, or family interpreters have also been observed by physicians. According to Rosenberg et al (2007), many physicians found professional interpreters to be more effective and skilled than family (untrained) interpreters. Giordano (2007) echoes this sentiment in her findings regarding physicians' preference regarding child and professional interpreters. In her studies, the benefits of professional interpreters included fewer errors in translation, higher client satisfaction etc. The fact that professional interpreters were trained also meant that the risk of incorrect medication usage by the patient was minimised. A trained interpreter also meant a better prognosis for the patient as fewer errors were made when relaying the message.

Not only is it better for the physicians that professional interpreters be used, but for the children as well. There are a number of possible disadvantages for the child interpreter when used as an interpreter. As mentioned before, the role reversal between parent and child presents a challenge (Giordano, 2007). Having to perform the role of interpreter for their parents restricts children's ability or opportunities to enjoy activities better suited for their age group, such as playing with friends. Accordingly, article 31 of the United Nations Convention on the Rights of the Child states that "parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts" (1990). According to Giordano (2007), there is the additional risk of children not interpreting information accurately, as they believe that interpreting accurately may lead to the family member being harmed in some way.

The linguistic challenges experienced by a child interpreter cannot be ignored. Young children are not exposed to certain professional fields such as law and medicine that require specific terminology. Despite their linguistic abilities, they are thus not skilled enough to cope with the demands of interpreting in such fields. Although interpreting may come easier to people born with exceptional linguistic abilities, such talent does not necessarily qualify a person to be a professional interpreter – training is essential. There are strategies and coping mechanisms that professional interpreters are taught during studies, which makes their job and capabilities better.

Professional interpreters make use of various strategies in order to improve and perfect their interpreting output. According to Bartlomiejcyk (2006), the cognitive strategies used by interpreters can be grouped, in general terms, into comprehension tactics, preventive tactics or reformulation tactics. Comprehension tactics are used when the interpreter foresees problems arising, or when facing a particular interpreting problem. These include delaying response (waiting and listening a while longer to ensure full understanding of the source speech), reconstruction of the segment in terms of context, asking for assistance from a booth mate (when performing simultaneous interpreting at a conference) and making use of documents available in the booth. Preventive tactics are strategies employed to pre-empt possible problems. For example, note-taking, changing the ear-voice span (relevant to conference interpreting), segmentation and changing the order of elements in enumeration can assist in preventing problems later on. Reformulation tactics is the widest category as there are many forms of adapting the speech to facilitate interpretation. These include paraphrasing, replacing of segments with a more general term, transcoding, etc. (Shlesinger, 1995).

In contrast, child interpreters do not undergo training, and have to rely solely on their natural born skills to perform the task at hand. Green et al (2005) report on the difficulties facing child interpreters, because of their lack of professional training. Some of the children interviewed reported finding it difficult to interpret doctor's utterances to their parents, because of the type of vocabulary used. Even when they asked the doctor in question for further explanation, they continued to struggle with the interpreting task as the topic or terminology was too advanced for them. However, it was also found that many child interpreters used certain strategies when confronted with such problems. These strategies included asking the doctor to repeat himself, to speak more slowly, or resorting to miming what was being said by either interlocutor. In a communication event at a public location such as a supermarket, for example, they would also request assistance from other members of the community, when struggling with certain terminology.

The three-person psychology of interpreting

The use of children as interpreters may also poses a problem for the maintenance of ethics and norms in the profession. In her research, Bot (2002, p. 29) looks at the interpreter's ability to be neutral, particularly when interpreting in a healthcare setting. According to Bot, Freud's "blank screen" approach, an approach that recommended that the therapist remain uninvolved in the patient's problems, has been substituted by another approach. This latter approach recognises the therapist's role and personal involvement in a patient's treatment, within professional boundaries, of course. This is called a two-person psychology. When an interpreter is introduced to mediate communication between patient and therapist, this shifts to a three-person psychology, as there are three persons involved in the interaction. In her studies, Bot suggests that the neutrality that is normally ascribed to the role of the interpreter is affected in such situations.

This three-person psychology is a concept that does not come naturally to most interlocutors taking part in the unique form of communication, where the help of a third party is required. This is particularly prevalent in the health care setting, where the doctor-patient relationship gets modified by the presence of an interpreter. Rosenberg et al (2007, p. 288) report in their studies that physicians find it challenging to conduct their work when the presence of an interpreter, whether professional or untrained, is required. One of the physicians interviewed states the following: "I find it difficult to set your agenda whenever you have an interpreter, even if the interpreter is really,

really good. You can spend more time talking about other things, and not get answers to your questions or know why they are coming" (Rosenberg, et al., 2007, p. 288). Such a sentiment indicates that the use of interpreters is perceived as time-consuming by many physicians, albeit a necessary evil.

The three-person psychology that is presented through the use of an interpreter in the healthcare setting also affects the nature or style of communication between doctor and patient, as found by Aranguri et al. (Aranguri, et al., 2006). One of the most striking differences was the loss of "small talk" that would normally occur between doctor and patient, as a manner to ease comfortably into the consultation. According to Aranguri et al. (2006), "What is clear from the data sample, however, is that, in the presence of interpreters, there is a complete absence of almost any form of a purely social interaction, with a patient population that has been identified as requiring more, not less, of this type of communication to feel comfortable in a clinical setting. We believe that the language barrier itself and the presence of the interpreter make such talk difficult to conduct and that the physician and the patient thus avoid venturing into the ''social'' realm" (2006, p. 627).

Furthermore, the presence of a third party created difficulty for physicians to establish a relationship with the patient needing treatment, as found by Rosenberg et al. in their studies (Rosenberg, et al., 2007, p. 288). According to their findings, professional interpreters were reported to limit their role to that of communication mediator, and not participate independently in the interaction. However, for the patient, this three-person situation was also an unknown concept, and they would interact more with the interpreter as a companion, rather than with a service provider. One of the physicians interviewed by Rosenberg et al. (2007) proposes the following answer as a reason for this exclusion of him from the conversation by the patient: "perhaps a distance develops because the patient does not see the doctor as his best buddy. The role of listener and sympathizer has been transferred to the interpreter… Patients don't understand that the interpreter's role is to permit the doctor and the patient to communicate. They see interpreters as their personal agent." (Rosenberg, et al., 2007, p. 288).

According to the studies done by Rosenberg et al., (2007, p. 288), it is not only the patients who did not necessarily understand or appreciate the true role or purpose of the interpreter in the three-person psychology. There also appeared to be lack of trust in some cases from the physicians' part.

One of the physicians interviewed stated that: “I felt that the brother was so dominant and he was answering and I wasn’t sure that he was doing the interpretation as he should for her.” (Rosenberg, et al., 2007, p. 288). However, it is not the case for all the physicians interviewed. Some reported eventually forming a relationship with the interpreter, and understanding their respective roles in offering a service to the patient. As Rosenberg et al. report: “One physician also noted that the professional interpreter could be a partner in the therapeutic relationship.” (2007, p. 289). It is thus clear that in order for communication to flow smoothly between all interlocutors, it is important that each understand his/her role in a three-person psychology.

Of course, when a child interpreter is used, the responsibility to understand each participant’s role should rest exclusively on the adult interlocutors. This, however, is not always the case. According to Green et al (Green, et al., 2005, p. 2104), many child interpreters related that doctors would not always understand their (the child interpreter’s role) in this three-person psychology. As one of the children interviewed stated: “I sometimes think they [doctors] are a bit annoyed … when they are talking…they would be like 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… and they would not even look at me…” (Green, et al., 2005, p. 2104). Similarly, parents were reported to not necessarily understand the role of each participant in the three-person conversation, particularly that of the child interpreter: “disruptive behaviour from clients included interrupting or arguing with the interpreter in the middle of them translating, or asking for repeated translations of the same information” (Green, et al., 2005, p. 2104).

Conclusion

The various research papers consulted come to a unanimous conclusion: that it is not ideal to place children in the role of interpreter. To reiterate, the reasons given for this are the following: the role reversal may lead to the hierarchy of the family structure being disturbed; the pressure placed on children may have negative consequences on their well-being (embarrassment for having to relay sensitive information to a parent); finally, the lack of coping strategies available to the untrained child interpreter may lead to poor interpretation and miscommunication. This study thus aims to determine whether the phenomenon of child interpreting in Cape Town, South Africa may yield

similar results. The following chapter considers the aspects of norms and ethics in interpreting which are relevant to the present study.

Chapter Two - Norms and Ethics in Interpreting

Introduction

As is the case with many professions offering services to the public, the interpreting profession has a set of norms and ethics that serve as guidelines for professional conduct. Medical practitioners are bound by the Hippocratic Oath. Social workers similarly are bound by a code of ethics. In South Africa social workers are in addition bound by the South African Council for Social Service Professions.

The Oxford dictionary defines ethics as “moral principles that govern a person’s behaviour or the conducting of an activity” (Anon., 2015). These can be either informal (such as cultural norms that frown upon spitting in public) or formal (such as the rules and regulations of a country). Ethics are also applied to translating and interpreting. One of the most important aspects required for ethics in translation and interpreting is loyalty (Nord, 2007). The concept of loyalty was initially highlighted in translation theory. Through his formulation of the *skopos* theory, Hans Vermeer (Hans Vermeer in Nord, 2007), introduced the importance of adopting a functionalist approach to translation. Prior to his contribution, much emphasis was placed on the mere transmission of a source message in as linguistically accurate manner as possible. Not much attention was paid to the target audience and the suitability of the form in which the message was relayed. Vermeer defines the first purpose of his *skopos* theory as such: "The purpose of the translation determines the choice of translation method and strategy" (cf. Vermeer 1978, my transl.). I [Vermeer] call it the "functionality principle" (Hans Vermeer in Nord, 2007, p.7). However, according to Nord (2007) there has been much criticism of the functionalist approach, based on the argument that such a target-focused style would lead to loss of focus on the source message and the latter thus being adversely affected.

Nord (2007) counteracts such criticism with the hypothesis that the situation and nature of the target audience determines how the message needs to be relayed. The source text and its

characteristics are not necessarily ignored, but if necessary adjustments are made for the target audience, as it receives the message which is translated for its benefit. This is why a brief (i.e. a document explaining the expectations and purpose of the target text, among many other factors) is of utmost importance, to ensure that the end recipients receive and understand the intended message (Nord, 2007). In the same manner that certain Shakespearean works may be adapted for a high school or primary school audience to make it easier to comprehend, in certain translating situations, the register of the source text may be adapted if the target text is intended for an audience from a different cultural background or educational level than that of the source message.

Equally important to the *skopos* theory in translating is the concept of loyalty in interpreting. Chesterman (2000) refers to four translating and interpreting norms: accountability, communication, expectancy and relationship. The third of these norms, the expectancy norm, refers to that which is expected of the translator or interpreter. The translator/interpreter is expected to be accurate, fluent and to remain faithful to the source text/utterance. From this point of view, the interpreter is expected to be loyal to the source speaker. However, another norm, the communication norm, may conflict in some way with the expectancy norm. The communication norm lays emphasis on how efficiently a translator/interpreter communicates, and what communication entails. The aim of this norm is to promote understanding, to be comprehensible and clear. Understanding is the norm governing communication, and as such, communication is one of the main norms required for ethical translation and interpreting to take place.

The norm of communication suggests that more emphasis should be placed on the output. Ergo, if the target audience comes from a different cultural background or educational level to the source speaker, the norm of expectancy would play a slightly smaller role as the emphasis would be on ensuring clear communication.

The remaining norms, accountability and relationship norms are equally important. Accountability is linked to the value of trust. In order for the translator or interpreter to gain trust, he/she needs to be willing to take responsibility for the output they produce. The relationship norm also involves an element of expectation. Once again, clarity and being true to the original message is required. However, the emphasis in this norm is the relationship between the source and target texts

(Chesterman, 2000). Also, a good relationship between the translator/interpreter and the message is that of delivering truth, in other words, relaying the intended message.

However, as demonstrated with the norms of expectancy and communication, it is not always possible to uphold all ethical norms to the same level, or at all times. The interpreter may have to assess which norm is the most important in the context. Furthermore, the interpreter's set of skills or level of competence will determine his/her ability to uphold professional ethics and norms. This is partly what distinguishes untrained interpreters from professional ones.

It is for this reason that training is vital in order to ensure the competence of the interpreter. Of course it is important to have a solid knowledge of both (or more) languages, and a good understanding of the cultures of the different participants in communication events (source speaker and target audience), but these are not enough. The first generation of interpreters did not have the luxury of being trained, and developed their skills through trial and error. However, today the profession is in a better state, and there are now various institutions offering interpreting training. The trained interpreter would be more flexible and able to adapt to different situations, and maintain and uphold appropriate interpreting ethics.

Ethical issues in the interpreting profession

As child interpreters are untrained (interpreter training is primarily offered at tertiary level), the question is whether it is ethical to put them in the position of interpreter. If accountability is underscored as one of the main norms, where the interpreter needs to take responsibility for his/her output, who, then, will be held accountable for the child interpreter's output? A child cannot be held accountable for their own output, as they should ideally not have been put in that situation in the first place. Inasmuch as there are ethics and guidelines for the interpreting profession, persons involved in the interpreting process also have rights. For example, a social worker who is obliged to subscribe to the South African Council for Social Service Professions, has his/her human rights which determine the way he/she should be treated. It stands to reason that, if children are to be expected to fulfil the role of interpreter, their rights must also be respected. Article 32.1 of the UN Convention on the Rights of the Child states that: "parties [should] recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous

or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development" (United Nations, 1990).

The next step is to look at the interpreter's role when he/she is requested to offer communicative assistance between doctor and patient. Traditionally, most codes of ethics for healthcare interpreters recommend that interpreters remain neutral and uninvolved. However, various researchers such as Kaufert and Putsch (1997) challenge this notion, having realised that it is an unrealistic requirement. Questions were asked about the true nature of the role of the interpreter, and whether it is possible to expect the interpreter to be merely a vessel of communication, a "translation-machine" (Bot, 2002, p. 31). In her studies, Bot reveals that there are cases where the interpreter deviates from this neutral, objective role. Bot's research supports deeper analysis of the role of the interpreter, and the importance of acknowledging that the interpreter is a real person, with his or her own thoughts and feelings. Once these factors are taken into account, it is easier to understand why interpreters do not always succeed in remaining completely neutral and uninvolved.

Bot (2002) looks at the varying degrees of interpreter's neutrality or non-neutrality in a healthcare setting. According to her studies, some patients formed a bond with the interpreter, as the latter gained their trust for their ability to speak the patient's language. Some patients reported forming a friendship with the interpreter outside of the healthcare setting.

Another example of interpreters stepping out of their traditionally neutral role is when interpreters would offer encouragement to the patient on their progress, or become so involved in the patient's life that he/she would accompany and assist the patient in other settings as well. The relationship between the interpreter and the patient has thus crossed the professional boundary.

Lastly, an example provided by Bot (Bot, 2002, p. 32) of the interpreter slightly changing their role is the following: the patient would not form a particular bond with the interpreter, but still felt reassured by the interpreter and his humane treatment of the patient (Bot, 2002). Although the relationship between the patient and the interpreter remains professional, and no professional boundaries are crossed, the interpreter is not completely neutral as he has sympathy and

compassion for the patient. In this situation, the interpreter's relationship with the message may be affected, as his decreased neutrality may affect the accuracy of the message.

This concept of expected neutrality on the part of the interpreter is also challenged by the findings of Hsieh (2006). In her research conducted, Hsieh (2006, p. 723) found that many interpreters find it challenging to restrict themselves to rendering a message in a linguistically accurate manner, without any adaptations that would ensure complete comprehension and smooth communication between the primary interlocutors. One of the interpreters interviewed expressed their frustration and sense of limitation from not being able to step out of the role of language conduit: "There was one situation that the doctor could have explained things a little bit better and they just chose not to. […] The patient went home confused. And I said to myself, "This is not my place. I cannot do this [i.e. advocate for the patient]." I could have resolved it. I was in such turmoil because I did not know what to do." (Hsieh, 2006, p. 723).

In their research, Tate and Turner (2002) look at the traditional definition of the role of interpreters, and whether it is an accurate reflection of what occurs in reality. The Council for the Advancement of Communication with Deaf People is an institution that regulates interpreting practice in England, Wales and Northern Ireland. This body defines the role of an interpreter as a predominantly "machine-like" participant – "the interpreter is essentially just a device that takes no part in communicative proceedings other than dispassionately to relay messages between individuals not sharing a common language – cf Roy 1993" (Tate & Turner, 2002, p. 374). Tate and Turner challenge this view, substantiating their argument with empirical evidence drawn from data obtained from actual interpreters.

In Tate and Turner's (2002, p. 378) research with interpreters the latter were presented with various hypothetical scenarios where their role as interpreters could be challenged. The interpreters in question were sign language interpreters. The first scenario presented to the subjects described a situation where the interpreter would facilitate communication between the Deaf patient and his/her doctor. The patient misunderstands the product that the doctor is referring to, which may have hazardous health consequences should the misunderstanding not be clarified. The sign language interpreters were then asked what they would do in such a situation.

Another scenario described to the interpreters interviewed by Tate and Turner (2002, p. 376) similarly entailed a healthcare setting. In this instance, the Deaf patient was an expectant mother visiting the gynaecologist, who did not want to know the sex of her baby. However, the doctor suddenly exclaimed that it was a boy. Once again, the subjects were asked how they would respond in the situation.

According to the traditional definition of an interpreter, interpreters should merely act as a conduit for communication, and not deviate in any way whatsoever. In other words, a strict adherence to these guidelines would mean repeating only the words that the interpreter hears, and not elaborate any further. Similarly, the role of interpreter as "communication machine" prescribes that no utterances be omitted. In other words, the traditional code of ethics for interpreters do not allow for them to use their personal judgment in which information to relay or not, but rather to be true to the profession/requirements and relay the speaker's output to the listener.

Tate and Turner found that the majority of interpreters' responses indicated that they would feel the need to suspend the Code guidelines. This indicates that the interpreters would employ their "common sense", even if it meant slightly stepping out of their role. These interpreters understood that they were responsible for ensuring accurate communication between the participants. They were able to look beyond the traditional requirements imposed on them and recognise the potentially dangerous consequences of not using their discretion. As quoted by Tate and Turner (2002, p. 377):

"When you are dealing in any area with crucial results such as this I think the interpreter has a responsibility to ensure all info is clearly understood."
"This could be a serious error that I am not prepared to live with." (in reference to the first scenario).

It is clear that the sign language interpreters understand that, as much as the Code guidelines play a vital role in ensuring ethical behaviour in the profession, it is not always entirely applicable in certain situations as the above-mentioned ones.

Traditionally, and according to the ethics and guidelines that oversee interpreting, interpreters are expected to be neutral and uninvolved, and act as a mirror or conduit, merely transforming and relaying the intended message. Interpreters are not encouraged to get emotionally involved with

what is said, nor should they add or modify the message in any way. It is understandable why this is so; the involvement of a third party, particularly in confidential meetings requires extreme trust, and clients need to feel assured that the recipients of their message receive an accurate, correct rendition of their intended message. However, as with many rules, these are not entirely applicable to all situations. There may be scenarios where the interpreter may feel compelled to adapt the message slightly, in order to ensure effective understanding between the speaker and the recipient.

It is not quite so easy to apply traditional interpreting rules and guidelines during a healthcare setting. The context of a patient visiting a doctor is vastly different to that of a courtroom setting. With the assistance of an interpreter, there is a three-person psychology that is established: the doctor, the patient and the interpreter (Bot, 2002, p. 29). In fact, a three-person psychology may apply to many interpreting contexts, as there are more than two people (the source speaker and target audience) involved in the dialogue, i.e. a third participant, the interpreter. Confidentiality is of utmost importance in a healthcare setting, and the interpreter should ensure both the other parties of his/her professionalism and dedication to confidentiality. Understanding the spatial constraints of the setting helps the interpreter adapt his interpreting style. A visit to the doctor, for example, is cosier as it takes place in a room, thus it is more culture-specific and less formal than interpreting during an international conference. The interpreter should, however, remain professional, and ensure that the conversation takes place between the doctor and patient. The status of each party in this setting needs to be understood. The interpreter should ensure that the patient speaks to the doctor, instead of to him, thus ensuring that the doctor maintains the higher status of the medical professional, and the interpreter should have a slightly lower status as that of communications assistant. However, there are circumstances in which the interpreter might feel compelled to stretch his role and become more involved. For example, the patient might address the interpreter directly when he/she does not understand the doctor completely, or feels frustrated with the doctor (Bot, 2003). How should the interpreter – up until now regarded as an invisible party – react? Strictly speaking, the interpreter should repeat what the patient says in the target language, but this is not always practical or logical. The interpreter might feel compelled to get involved and paraphrase the patient's utterance. For example, if the patient, in a moment of anger, says to the interpreter: "What is he talking about? I don't think he knows what he's doing," the interpreter might change this to: "He does not understand what you are saying, and feels a little unsure of your diagnosis." The interpreter does not in this instance convey the degree of anger expressed by the patient, but the interpreter's strategy is likely to defuse a potentially messy situation. This kind of connection between the patient and the interpreter, where the patient chooses to speak to the interpreter

directly, is common, as the patient may feel that the interpreter is the only person he trusts, being able to speak his language. For example, a French-speaking Congolese immigrant in South Africa may trust his/her interpreter much more easily than the English-speaking (only) doctor, considering the sometimes xenophobic attitude that South Africans display towards foreigners. In this case, it is my opinion that it is the interpreter's role to be more of an intermediary, to adopt more of an advocacy role and avoid making the interaction more difficult.

These examples of lack of neutrality for interpreters in the health care sector also illustrate the difficulty of upholding the norms of Chesterman (2000). One could say that the norm of expectancy, which implies faithfulness to the source text or message, is slightly violated whenever the health care interpreter is not fully neutral and uninvolved. That particular "bond" formed with the patient when advocating for the latter's rights, or when defusing an emotionally charged communication event might be reflected in the interpreter's way of relaying the source text.

In her studies, Claudia Angelelli (2002) looked at how interpreters are perceived, and more importantly, how they perceive their role. According to Angelelli, interpreters are often portrayed as "invisible language facilitators between two parties who do not share a common language" (Angelelli, 2002, p. 16). In other words, the interpreter ideally should act as a vessel through which communication is executed between two individuals that speak different languages. This implies that the interpreter should remain neutral and not infer any personal views or prejudices when relaying the message from the speaker to the listener. However, this is not always the case. Angelelli proposes that the interpreter is unable to separate him or herself from the interpreting task owing to various factors. These factors include the interpreter's views on power, status, solidarity, gender, age, race, ethnicity, socio-economic status etc. These factors are not explicitly covered by Chesterman in his proposed views on ethics and norms, but they do play an important role in the upholding of ethics and norms. The concept of linguistic relativity proposes that language and culture are interlinked. Thus, it is fitting to see and support Angelelli's view that the interpreter's cultural background, socio-economic status, race, etc. might also influence and shape how he/she will perform the interpreting task, which may have a subsequent effect on the standards of ethics practised by interpreters.

Chesterman's relationship norm may be too simplistic if we look at Angelelli's research findings. It is clearly not sufficient to state that it is the duty of the interpreter to maintain a relationship, or link between the source and target texts, when presented with the real-life challenges that interpreters face. In any situation where the interpreter is required to adapt the source text in a way to ensure understanding from the target audience, that relationship between the source and target texts is affected.

In her quest to substantiate her claims, Angelelli designed a tool which she calls, the "interpreter's interpersonal role inventory (IPRI)" (Angelelli, 2002, p. 17). Through this mechanism, she aimed to gauge the interpreter's opinions regarding the visibility, or invisibility of interpreters with regard to their role. According to Angelelli, visibility can be defined as follows:

1. Alignment with the parties (the speakers/listeners with whom they are working)
2. Establishing trust with/facilitating mutual respect between the parties
3. Communicating effect as well as message
4. Explaining cultural gaps/interpreting culture as well as language
5. Establishing rules of communication during the conversation

The subjects used in Angelelli's study ranged from all socio-economic backgrounds, age, cultures and race. In her interviews with the subjects, she aimed to ascertain the interpreters' own views about their role as interpreters. The conclusions drawn from her studies show that interpreters are influenced by their backgrounds, which subsequently had an influence on the concept of their visibility, or invisibility. The difference in the interpreters' views on their role served as an indication of the influence of their diverse backgrounds. Similarly, it can be said that as much as an interpreter's background may influence their style of interpreting, it would similarly influence their choice of ranking norms and ethics. As stated earlier, it is rarely possible to uphold all ethics simultaneously. Therefore, each individual interpreter, with his/her individual background, will assess the importance of the respective ethics differently.

Although the norms as put forward by Chesterman may serve as useful guidelines, implementing them is clearly not an easy task. Every communication event is unique, and thus requires a different approach from the interpreter. Subsequently, some norms may be favoured above others. The

previous examples of research conducted illustrates how interpreters at times have to make the decision to "break" the rules and adapt in order to ensure excellent communication. This may mean decreased loyalty to the source text through the adapting of the message to suit the target audience. It could also mean that the relationship between the source message and the target message is affected, as the latter may not be as accurate as it could have been in another setting. Marzocchi (2005), after observing the work done by Shlesinger, posits that norms need to be measured on a case-by-case basis: "given the interactional nature of interpreting, the system cannot be defined at the level of the ST, nor at the level of a vaguely defined receiving culture, and must therefore be conceptualised at the level of the interpreting event or setting" (Marzocchi, 2005, p. 89).

The decision process as to how the source message should be relayed to the target audience is, of course, not limited to interpreting. According to Levy (1967), "translating is a DECISION PROCESS: a series of a certain number of consecutive situations—moves, as in a game—situations imposing on the translator the necessity of choosing among a certain (and very often exactly definable) number of alternatives." (Levy, 1967, p. 1171). This kind of decision-making can be seen in the event that there is no equivalent for a specific term in the target language. The translator thus has the responsibility of analysing all pertinent factors – context, the demographic of the audience, the intended message, etc. – and has to elect the best possible manner of relaying the message. Interpreters do the same when presented with linguistic challenges such as non-equivalents, idiomatic expressions, or differing levels of register between the source speaker and target audience.

This level of responsibility for both the translator and interpreter can be daunting, therefore it is imperative that the translator/interpreter is absolutely confident in the rather subjective decision that they take. Levy (1967) describes four types of decisions, ranging from the optimal to the least desired: "A necessary and motivated surplus decision… an unnecessary and unmotivated surplus decision" (Levy, 1967, p. 1179) . The latter is the most dangerous, as it is farthest from the intended message. Such a translating (or for that matter, an interpreting) decision poses a threat to ethics, of which one of the requirements is to be as accurate as possible.

Notwithstanding the contradictory nature of norms and ethics as put forward by many researchers such as Chesterman, there is a unanimous agreement that ethics are vital in interpreting, given the sensitive nature of the profession. It is for this reason that all training interpreters-to-be are educated on these vital concepts.

One of the glaring differences between the untrained and professional, trained interpreter is the degree of awareness regarding the importance of norms and ethics in interpreting. It is possible that in the past, when much less was known about the profession, that interpreters could "get by" with less-than professional conduct. However, with the increased globalisation of the world came an increased need for language brokers. As a result, the public's newfound focus on the profession translated into a need for better service delivery. As Baker and Maier (2011) state, "increased accountability has led to increased visibility, and hence greater pressure on the profession as a whole to demonstrate that it is cognizant of its impact on society (Baker & Maier, 2011, p. 3).

A perfect example of the lack of awareness of ethics in the untrained interpreter is that of the sign language interpreter at the late President Nelson Mandela's memorial service, Thamsanqa Jantjies. The norm of accountability implies that the interpreter takes responsibility for his output, as well as his capability for doing the interpreting. The AUSIT Code of Ethics for Interpreters and Translators of the Queensland Government of Australia demonstrates the importance of this ethic, in one of its general principles, referred to as competence: "Interpreters and translators shall undertake only work that they are competent to perform in the language areas for which they are accredited or recognised by NAATI". In the case of Mr Jantjies, his lack of training illustrated his lack of awareness interpreting ethics, through him taking on a job for which he did not have the requisite skills.

It is remarkable that the interpreting profession has over the years placed more emphasis on the recognition and awareness of the role that ethics play. In my opinion, it is safe to say that all trained interpreters, and possibly an increased number of untrained interpreters strive to uphold these ethics as best they can. However, the continuous practice of the use of children as interpreters seems to be overlooked. Baker and Maier advocate for an increased, more detailed teaching of ethics to students of interpreting: "In order to address the question of accountability, educators need to engage far more directly and explicitly with the issue of ethics and build it into the curriculum" (Baker & Maier, 2011, p. 4). Unfortunately for the child interpreter who has the day-to-

day tasks of assisting their parent in communication with service providers, the only way to learn about ethics will be through trial and error. Even more so, the very use of children as interpreters seems to contradict what the norms and ethics for interpreters strive to provide – language brokering by professional, accountable language practitioners, who have the requisite experience to ensure effective communication and maintain the relationship between the source and target texts.

Conclusion

In conclusion, the norms and ethics in interpreting do play an essential role in guiding interpreters as to the appropriate manner of conduct. However, as has been demonstrated earlier, these norms are not necessarily applicable in all situations, or, they at times need to be adapted to suit the *skopos* of the interpreting event.

There is a call for a fine-tuning of, or better understanding of the norms and guidelines, particularly for budding interpreting students, as suggested by Baker and Maier (2011): "Part of the education delivered to translation and interpreting students must therefore be geared towards helping them recognize that practically all decisions they make as professionals will potentially have ethical implications (Baker & Maier, p. 4). However, what is of more importance is an increased focus on the ethics of the use of child interpreters. As much as loyalty - to both the source speaker and target audience – is encouraged and emphasised, it is equally, if not more so, important to uphold loyalty to the child interpreter, in terms of the latter's human rights.

The next chapter takes a closer look at community interpreting, particularly the use of child interpreters, and the relevant substantiating research.

Chapter Three - Community Interpreting

Introduction

The use of children as interpreters is an altogether too common occurrence. It is safe to say that all parties agree that it is not ideal to place adult-like responsibilities on the shoulders of minors. These children face a myriad of challenges, as has been illustrated by the studies done by Green et al (2005, p. 2103) – the specialised jargon used by doctors, for example, complicates the interpreting process. Furthermore, they are oftentimes placed under enormous pressure by the adult interlocutors, who do not always appreciate the effort required to act as language broker. As one of the study participants stated, "…the dentist said something to me, and I translate best as I can to my mum, and she [the dentist] is telling me to tell my mum this and that, and I am – but you know, my mum still doesn't want that to be done, and she keeps telling me… and I am trying to pass this one, and I end up having an argument with this women, the dentist" (Green, et al., 2005, p. 2106). It therefore stands to reason that children should ideally not be expected to perform the role of interpreter for any adult.

In as much as much as this statement is true, the reality of the current situation reveals that children continue to be placed in situations where they are required to act as language brokers for their adult counterparts. As stated earlier, the services of professional interpreters are very rarely offered at no cost, and furthermore, professional, or at the very least, adult untrained interpreters may not be available. As a result, when communication needs to take place, and no other options present themselves, a young individual may need to step in to facilitate the communication process between his parent and the parent's doctor, for example.

In this chapter, I examine the reasons for the regularity of this phenomenon and the consequences thereof.

Why are children often used as interpreters?

Research conducted to establish the reason for the phenomenon of child interpreting has uncovered various reasons for this practice. In most societies where people share a common language, interaction between different parties or obtaining service from different sources such as doctors, home affairs officials, etc. does not provide any serious challenges, particularly linguistic ones. That being said, where people have different levels of education, or do not share the same cultural background, communication can be adversely affected. As stated by Cohen et al., "…even where there is a concordance of language and culture, problems of communication can still arise, with detrimental outcomes for both patient and GP" (Cohen, et al., 1999, p. 164). For example, an illiterate patient from a rural area may have considerable difficulty communicating his or her symptoms, even if they should share the same language. Certain medical terms may be beyond that patient's comprehension, and thus would slow down the communication process and ultimately the diagnosis. Alternatively, should a patient come from a conservative culture where certain bodily functions or aspects, particularly ones pertaining to the reproductive organs, are considered as taboo topics, this may put a strain on or delay the treatment of the patient. Such patients may be reluctant to divulge the true nature of their condition, or use vague descriptions, which could lead to misdiagnosis and incorrect treatment of the condition.

Ribera et al. (2008) highlight how service delivery is slowed down when no common language is shared between the interlocutors. According to Ribera et al. (2008), "Inequalities in health for migrant populations are often exacerbated by unequal access to medical services and comparatively poor quality of care. According to the reviewed works, such inequalities often correspond to and are exacerbated by language barriers" (2008, p. 5). Therefore, not only are these patients marginalised when it comes to access to efficient care because of their foreigner status and indigent status, but their linguistic challenges further lowers their chances of receiving adequate care.

If one were to add to this already difficult situation the challenge of not sharing the same language, the resulting problems are doubled. Cohen et al. (1999) focused their research on communication between a general practitioner and a patient who do not share the same language. On the one hand, they found that communication was hampered by the fact that certain medical terms did not exist in

some languages, often resulting in mistranslation or omission of possibly critical diagnostic data. According to Cohen et al., "Apparently there is no Bengali or Sylheti word for stress or depressed or these things, so anyway all that side is very difficult to access even with a Health Advocate (59)" (Cohen, et al., 1999, p. 175).

On the other, communication is strained by the different cultural backgrounds – owing to certain medical topics being considered as taboo, information may also be omitted in the process of communication. It is for this reason that the service of interpreters is considered valuable, to ensure the correct understanding of and treatment of a patient's symptoms.

Similarly, Walker et al. (Walker, et al., 2008) illustrate the difficulties experienced by non-English speaking patients in the health care setting. According to Walker et al. (2008), "Dissatisfaction with healthcare communication becomes more acute, however, when either the healthcare provider or patient cannot effectively communicate in the other's language" (Walker, et al., 2008, p. 99).

Sarver and Baker (2000) present another problem caused by language barriers in the health care setting. Their study centres on the frequency of the arrangement of, and compliance to follow-up visits to a doctor. They present several possible causes of this phenomenon: "Physicians may have had less understanding of the full nature of patients' problems due to communication problems" (Sarver & Baker, 2000, p. 261). It is thus visible that the absence of an interpreter impacts the patient and their diagnosis greatly.

Where possible, however, the services of professional interpreters are made available to facilitate communication. According to Cohen et al., "One response to language barriers between doctors and patients has been the employment by service providers of interpreters, bi-lingual Linkworkers or Health Advocates" (Cohen, et al., 1999, p. 164). Each of these three roles contribute to the communication process in a different manner: the professional interpreter focuses on pure interpreting of the communication event, whereas the bilingual Linkworker also provides further information on the functioning of the health system to the patient. Lastly, the bilingual Health Advocate, apart from interpreting, represents the patient by explaining the latter's cultural background to the medical professional.

It is thus clear to see why trained interpreters are the ideal choice, thanks to their honed skills. Hornberger et al. (1997) substantiate this fact through their research conducted with medical practitioners. According to Hornberger et al. (1997), "Physicians who had access to trained interpreters reported a significantly higher quality of patient-physician communication than physicians who used other methods" (p. 112).

In the same manner, interpreting services, through the use of adult interpreters, are also offered in South Africa by certain service providers. According to one of the staff members with whom I chatted at the Refugee Centre in Cape Town, they make use of adult interpreters to assist incoming refugees in their communication with the home affairs officials (Kalo, 2015). Whether these interpreters are professional or informal has not been determined, however, it is an improvement on what was the norm in earlier years: the use of refugee parents' children as language brokers.

As much as it is ideal for professional interpreters to be provided in every linguistic interaction between service provider and client, this is not always possible. If one had to focus on the interaction between general practitioners and non-English speaking patients only, the sheer volume of consultations, whether they be emergency or standard appointments, makes securing a professional interpreter for each interaction extremely difficult and unrealistic. As a result, other solutions are adopted to offer the patient appropriate attention and treatment. After all, it would be unethical for any general practitioner to turn a patient away or deny treatment due to the inability to communicate. Thus, informal interpreters are called upon to assist in facilitating the communication process.

The use of informal interpreters, however, is not an ideal solution. An untrained interpreter may not be able to relay information accurately, despite being able to understand both languages. Without the coping strategies of a trained interpreter, the informal interpreter may find him- or herself struggling to be of real assistance. Furthermore, many patients have reported difficulties with the use of informal interpreters. According to Cohen et al., a study conducted by the Health Education Authority found that: "Patients who use informal interpreters report difficulties. These include inhibitions in talking about women's health issues via the husband or son or daughter, as well as problems with inaccuracy and interpretation (HEA 1994: 66)" (Cohen, et al., 1999, p. 165).

This problem is clearly exacerbated with the use of children as interpreters. The aforementioned taboo topics in certain cultures present an even bigger problem when the young son of a mother has to communicate medical information pertaining to female physiology. As Cohen et al. state, "Ebden et al. (1988) also drew attention to the problem of embarrassment where children were in the role of informal interpreter: Children found it embarrassing to translate questions about menstruation or bowel movements to their parents (Ebden et al. 1988: 347)" (Cohen, et al., 1999, p. 165).

Cohen et al. (1999) found that most general practitioners would thus advocate against the use of children as interpreters because of the often inaccurate rendering of information owing to either obvious lack of training or sensitive information being discussed. However, some doctors were reported to agree to children being placed in this role when the condition being diagnosed was something straightforward, such as a sore throat or a cough. In contrast, should the parent's condition be of a more sensitive nature, such as a life-threatening illness, most doctors felt that it would be inappropriate to expose a child to such information.

Nonetheless, it was reported that some parents would prefer to have their children assist them rather than an unknown person, for lack of trust. As Cohen et al. found, "This preference was attributed to parents feeling that confidentiality was more likely to be maintained by their child than by a Health Advocate who may be well known in the community in which the parent lived" (Cohen, et al., 1999, p. 170). This was particularly the case where the reason for a visit to a doctor was a result of a situation perceived as socially embarrassing, for example, a parent with a drinking problem, or situations of domestic abuse. The ailing parent might be too ashamed to have anyone outside the family know of their situation.

The lack of adequate service providers trained to assist foreign clients, or the lack of availability of professional interpreters also contributes to the phenomenon of child interpreting. Reynolds and Faulstich Orellana (2009) also ascribe the practice to the often haphazard organising of service provision. In their paper, they provide a quote from a researcher who observed the seemingly impromptu decisions taken by the Oregon police service, in their employ of a 13-year old daughter as Spanish/English "translator", requesting the latter to read her accused father his rights during the serving of a warrant (Reynolds & Faulstich Orellana, p. 216). Therefore, not only are the services of a child required from their parents, but from the service providers as well. It seems baffling how a

child can be expected to act as an extension of the police service, assisting them to potentially remove her guardian. Being placed in the middle, torn between loyalty to family and striving to do the "right thing" surely puts an incredible and unfair amount of pressure on the child. It is for reasons such as these that most service providers indicate that they do not approve of the practice. Cohen et al. indicate that many doctors expressly disagreed with the practice: "Under no circumstances should children be asked to interpret medical details for their parents. It appears to us to be unethical, unprofessional, uncivilised and totally unacceptable (Rack, 1982, p. 199–200)"(Cohen, et al., 1999, p. 166)".

As much as it is clearly not ideal to place children in such a stressful position, the lack of available professional interpreting services, or possibly the lack of understanding on the part of the service providers means that the practice is a necessary evil. Whether it be at a doctor's practice, an interaction with police officers, or a more "safe" setting such as Home Affairs offices, the service requested needs to be delivered, and if the only way that this could be made possible is through the services of a child, then this resort is usually adopted.

Aside from the situation where children's services are requested from the service providers, in the majority of situations they represent and assist their parents or adult guardians in the process of language brokering. In my opinion, it is safe to hypothesise that these children inevitably mature faster, having increased responsibilities than their monolingual counterparts. Reynolds and Faulstich Orellana observe that, "when children speak for their parents (i.e. interpret) they become more than just children: "liminal subjects who have responsibility but lack authority" (Reynolds & Faulstich Orellana, 2009, p. 213). In fact, in their earlier studies conducted in 2003, they had coined an extremely apt word that encapsulates that what child interpreters do: "para-phrasing". As they explain it, "this term deliberately invokes a play on the Spanish preposition *para* and its English translation (for, in order to) to name what children do when they phrase things *for* others and *in order to* accomplish social goals" (Reynolds & Faulstich Orellana, p. 214). In fact, the same term could be applied to explain what all interpreters do, professional or untrained: the conveying of a message from one person to another, with the purpose of reaching mutual understanding.

In interpreting for their parents or adult guardians, children do more than facilitate communication for the latter; they invariably protect their adult counterparts from all forms of discrimination. Reynolds and Faulstich Orellana (2009) provide an example of an adolescent whose mother, the rent

collector of an apartment building, preferred her 15-year-old son to collect the tenant's rents because she was fearful of being ridiculed for her heavily accented English. They also report that many children worry about society's perception of their parents who rely on them for communication. For example, one child interpreter is quoted as saying: "I felt embarrassed, because there I was, a child translating for adults. I felt that people would think bad [sic] of my parents because they did not know the language. I did not want them to be stereotyped." (Reynolds & Faulstich Orellana, 2009, p. 215).

As much as these children can (and should) be admired for the vital role they play in their family, the pressure exerted on them cannot be overlooked. Although most parents appreciate the assistance these children afford them, there are instances where the parents have unrealistic expectations of the child's abilities. Reynolds & Faulstich Orellana (2009) report a case study where the child of an immigrant parent had difficulty with communicating with the latter's doctor. The register, and in particular, the medical terminology was so advanced that the child had difficulty transmitting the message accurately and in full. Once the child in question signalled a need for assistance from a professional language broker, the parent in question interpreted this request as a sign of unwillingness to assist. Instead of being understanding, the parent's reaction was: "no me quiere ayudar" [she does not want to help me] (Reynolds & Faulstich Orellana, p. 215). According to the mother, "María knew English and therefore was more qualified than she to handle the call [to the doctor]" (Reynolds & Faulstich Orellana, p. 215).

This example also serves to illustrate how the majority of society does not grasp the intricacies of interpreting and the skills required to perform the service. It is not enough to have the ability to speak two or more languages, in order to qualify as a competent interpreter. Professional interpreters are trained to employ various coping strategies that significantly improve their output. For example, when a professional interpreter encounters a term for which he/she cannot immediately find an equivalent in the other language, the interpreter may employ the technique of substitution, or chunking upwards or downwards. The interpreter, unable to find the relevant terminology, will employ a related, usually more general term, or synonym, to continue interpreting the spoken text. For example, should the interpreter struggle to retrieve the word, "primate", he might opt to chunk down by using the word "monkey". Of course, one can argue that child interpreters may also have this innate ability to find a closest related term when faced with a similar dilemma. However, the advantage that adult, professional interpreters have is the ability or

technique to analyse the source text, as well as world knowledge and increased general knowledge. In the event of an unknown term or inability to access a certain term from their mental lexicon, the trained interpreter has the ability to analyse the overall intended message, and thus find alternative ways of conveying the latter to the recipient.

Child interpreters are not the only ones presented with this linguistic challenge. According to Bührig and Meyer (2004, p. 51), Ad hoc or untrained interpreters may struggle in a similar fashion, especially when medical terms are introduced. Furthermore, Bührig and Meyer state that "family members are simply not acquainted with medical issues or methods, but even bilingual staff members often fail to reproduce these terms in target languages." (Bührig & Meyer, 2004, p. 51). Untrained interpreters are also reported to commit more errors than their trained counterparts, some of which could have grave consequences. Flores et al. (2003) thus suggest the following: "Because errors by ad hoc interpreters are more likely to have potential clinical consequences, third-party reimbursement for trained interpreter services should be considered for patients with limited English proficiency" (p. 6).

Green et al (2005) reiterate this difficulty that children (and by association, any untrained interpreters) are presented with when having to act as language brokers for their elders. As they state, "the linguistic and communication skills employed apparently effortlessly in the taken-for-granted encounters are evident in discussions of the less straightforward ones" (Green, et al., p. 2103). The children interviewed in their research expressed the challenges of finding technical terms in one language whereas in another doing so was not as difficult. Many of the children interviewed associated their native tongue with the household, family and culture, and not necessarily with technical terminology. English, for example, would be perceived as the more technical language, the language of "the other", in which they would have acquired such terminology through schooling. Bridging the gap between the two languages in terms of language brokering thus became a difficult task. Other children interviewed, particularly those from East European descent, indicated that their limitations in the English language complicated the task of language brokering for them. According to Green et al (2005), "the older Eastern European participants reported more familiarity with 'medical' vocabulary from schooling in their first language" (Green, et al., p. 2104). The end result is the same: technical terminology presents a problem for child interpreters, despite their knowledge of both languages. It is thus not enough to be bilingual to be a successful interpreter, and the

problem of successful interpreting is further exacerbated when this responsibility is placed on the shoulders of the young.

At the same time, some children were reported finding interpreting in the medical field easier than in other service areas. Green et al (2005) report that many of the child interpreters interviewed enjoyed language brokering with medical practitioners more, as they experienced increased comprehension and were comfortable with the language used. As stated by one of the interviewees: "R1: I can understand what they [the doctors] say. R2: Yeah, the income support place use different words all the time, but the doctor's is easy" (Green, et al., p. 2102). These children found doctors easier to deal with when interpreting as doctors were able and willing to speak slower or repeat information when needed.

Similarly, not all child interpreters necessarily have a negative experience when assisting their parents with communication. To some, being able to assist their parents was a source of pride, and increased their confidence. One of the children interviewed by Green et al (2005) reported how his/her parents would boast to others about the important role he/she plays in the family. Being asked to interpret for adults gave these children a sense of maturity and importance.

As much as there are positive reports on child interpreting, one cannot overlook the fact that the potentially negative impact outweighs that of the positive. Unfortunately, there are more reports on the stress and difficulty experienced by these children than benefits. Not only may children find the task stressful, but it can have traumatic effects as well. Meyer et al. quotes an anecdote provided by Jacobs et al. (Jacobs et al. in Meyer et al., 2010) who reported a case of a ten-year-old girl suffering emotional trauma at the death of her baby brother, after having had to act as linguistic mediator between her parents and the brother's doctor ((Meyer, et al., 2010, p. 304)). Meyer et al. (2010) thus comes to the conclusion: "Though facing the communicative challenges of adult discourse may train their linguistic and cognitive abilities, children run the risk of being overwhelmed by painful experiences and sensitive matters that are inappropriate for them." (2010, p. 305).

When children are required to interpret for their parents, the roles of parent and child are somewhat reversed. Many of the children interviewed by Green et al (2005) indicated having to

become the decision-maker in certain situations, for example, when making appointments with the service providers. This situation was not always understood by all the participants of the communication event. Some service providers would appear annoyed at being unable to communicate directly with the adult, or perceive the child as not transmitting information correctly. As one of the children interviewed by Green et al (2005) reports: "It's basically, you know, sometimes we end up … the dentist said something to me, and I translate as best as I can back to my mum, and she [the dentist] is telling me to tell my mum this and that, and I am, but you know, my mum still doesn't want that to be done [sic]. And she [the dentist] thinks I'm just not telling my mum properly" (Green, et al., p. 2106).

Another problem facing child interpreters, particularly boys, is the relay of sensitive medical information to their mothers. Green et al (2005) report the embarrassment and difficulty these boys have in assisting their mothers during doctor's visits. Many report being unable to perform the interpreting duty, not because of lack of linguistic comprehension but out of respect to the privacy they accord to their mother as a woman. This kind of challenge indicates how interpreting puts pressure on children and impacts their understanding of gender roles. It also illustrates how the socialisation of genders shape their views on how certain information should remain confidential to the respective genders. As one of the children interviewed said: "sometimes my Mum asks me to ask a question, and I find it like, umm, umm, it's kind of embarrassing because, like, yeah, 'cause I'm a boy and my Mum is a lady" (Green, et al., 2005, p. 2106).

One can thus see that children not only assist their parents with communication, but with mediation to ensure service delivery. In their role as interpreters, they also represent their parents and advocate for the latter's rights through negotiation. Green et al (2005) report that on rare occasions the children would get paid for their assistance. As stated, "they were aware of the cost of formal services … with £20 being the going rate for helping out relatives or friends of the family, although more typically they were offered meals or travel expenses" (Green, et al., 2005, p. 2107). In most instances though, assisting with language brokering was viewed as part of one's familial duties by children, and no payment or compensation was offered nor expected. In some of the more positive reports made by Green, et al (2005), some children indicated an interest in pursuing a career in professional interpreting in future. Therefore, while assisting the family with interpreting may be a burden to some, it is seen as an opportunity for development by others. These child interpreters saw

themselves as “skilled mediators, helping to bridge misunderstandings between family members and the public sector (Green, et al., 2005, p. 2108).

Conclusion

Even though the use of children as language brokers may have benefits and disadvantages, one message remains clear: it is not the ideal solution. As mentioned earlier, there are many general practitioners who advise against the practice, particularly when sensitive information needs to be relayed (Green et al, 2005). Rousseau et al (2011) reiterate this sentiment: “never use the children as interpreters and try as much as possible to avoid the use of a relative” (Rousseau, et al., p. 55). Similarly, Parsons et al. (2014) indicate the growing awareness among general practitioners about the importance of ensuring successful language brokering, especially in the multilingual, multicultural society we live in. As one of the practitioners interviewed was quoted as saying: “You know, we really have to get over the language barrier business because it’s not going away—it’s been here for a while and I don’t think we’ve done a particularly good job until very recently—we’re starting to address it—we should be very aggressive about prioritizing this subject” (Parsons, et al., 2014, p. 5). It is thus vital that research continue to be done to identify possible ways of ensuring language mediation, particularly mediation that does not require the use of child interpreters.

In the next chapter, I present the data collected for this study, in an effort to determine the current status of child interpreting in the South African context.

Chapter Four – Research Design and Data Analysis

Research approach

According to Brikci and Green (2007), "qualitative research is characterised by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis" (Brikci & Green, 2007, p. 2).

Whereas quantitative research methodology is concerned with measuring something in numerical format (percentages, numbers, for example), qualitative methodology has a seemingly more imprecise style.

For the purposes of this research, a qualitative method has been be adopted. My interest is not so much to determine the frequency of children being used as interpreters in South Africa, but rather to ascertain the efficacy of it, based on the participants' perceptions, as well as the various motives for the frequency of the practice. As Hale and Napier (2013) state, "quantitative methods look at the big picture, at results that can be generalised to a population from representative samples, whereas qualitative methods look at the detail, at the specific trends and themes within a particular sample" (p. 15). It can thus be seen that a qualitative approach would be more suitable for my purposes.

Research design

There are many different approaches to research, such as an ethnographic approach or an experimental approach, to give only two examples. In this research, an ethnographic research approach is used. According to Hale and Napier (2013), "ethnography can be defined as the study of a social group or individual or individuals representative of that group, based on direct recording of the behaviour and 'voices' of the participants by the researcher over a period of time" (Hale & Napier, 2013, p. 84). This approach is suited to my goal, which is to determine the reasons put forward for the use of child interpreters, the possible consequences and suggestions for mitigation of the practice.

A qualitative approach has been used in the conduct of this study. Furthermore, this is an ethnographic approach, which has the goal of identifying the opinions and experiences of a small group of individuals, and whose data can be used to provide a preliminary understanding of the

phenomenon of child interpreting in the South African context. Although the data presented here cannot and should not be taken to represent a general opinion of the broader public's view on child interpreting, it serves to highlight and hopefully increase awareness of the phenomenon. As Hale and Napier (2013) correctly state, "qualitative research is not interested in representativeness, so small data sets are very adequate to be analysed in great 'qualitative' detail. What you need to bear in mind is that you cannot claim representativeness when reporting your results" (Hale & Napier, p. 145).

Method of data collection

Preparation for data collection

To obtain the data required, I contacted the various institutions in question, in order to obtain permission to interview the subjects that are relevant to my study. Once informed of the relevant subjects to interview, I thus introduced myself and presented the purposes of my proposed case studies with them. I explained the procedure of the research study and all equipment to be used, e.g. tape recorder. Once I obtained their agreement to participate voluntarily, I requested them to sign a consent form. Once permission was obtained, I proceeded to conduct the interviews.

Research instrument

I have made use of one-on-one interviews, group studies as well as questionnaires. I employed a semi-structured approach to the interviews, simultaneously allowing participants to speak freely while maintaining control so as to ensure no or little deviation from the purpose of the case study.

As many of the subjects did not have sufficient free time, I have decided to include questionnaires. Here, I have provided them with hard copy questionnaires, and subsequently collected these from them when they were ready. Naturally, the data collected from the interviews proved to be richer in detail, due to the increased level of interaction. However, as the questions posed in the interview followed the structure of the ones included in the questionnaire, the data obtained through the latter is not altogether too different, thus the use of different research instruments had no impact on the findings.

Validity, reliability and trustworthiness

According to Hale and Napier (2013), ethnographers make use of triangulation of data to ensure the validity of the latter. In other words, data is collected from different sources and in different methods, then cross-checked, to identify any possible common thread.

Limitations of the study

As is the case with research in general, there were some limitations to this study. Due to the sensitive nature of the subject, no questions risking any discomfort were posed to the children, as this may pose ethical issues.

Additionally, it proved to be quite challenging to identify a sufficient number of parents of child interpreters willing to participate in my data collection. After considerable futile attempts, I was obligated to limit my study to the use of former child interpreters and social workers only. Similarly, I initially wanted to interview health care officials at the Somerset Hospital in Cape Town, but unfortunately none of the staff could recall having to deal with an adult patient accompanied by a child interpreter, thus they were excluded from the study. Fortunately, I was able to identify and confirm social workers as participants of the study. Their input would prove to be quite useful, because of their regular access and interaction with children. Furthermore, they are the ones most able to provide me with relatively objective data, without being adversely affected by the questions posed in the research study.

A possible limitation of this study is that the adults interviewed (social workers) are not linguistic professionals, and thus may be unable to shed sufficient light on the linguistic questions raised. However, they were able to provide useful, interesting insight on this phenomenon as they are the ones directly involved and exposed to it.

Another possible limitation of this research approach, in particular an ethnographic approach, would be organising and ensuring prolonged engagement with the participants, as their availability may be limited.

Population and Sampling

The individuals interviewed for this study were social workers from the Western Cape Department of Social Development, particularly those providing services in the Delft/Bellville region. The social workers identified were those who have, or have had in the past, experience in having to provide their services to families through the use of a child interpreting, because there was no shared language between them and the foster parents, or birth parents of a particular child. Four female social workers were available to participate. Due to time constraints, and for practical purposes, a group study was conducted, where all four participants took part in a discussion. As no information with potentially detrimental effects to the participants was shared, this approach was suitable. Furthermore, it was effective in that the participants could assist each other – one person's comment might trigger another memory or useful data in another person.

Three former child interpreters were also approached to participate in this study. All three are Children of Deaf Adults (CODAs) and are all proficient in South African Sign Language. Two were from the Gauteng province, whilst the other resided in the Western Cape. Because of their different locations, one-on-one interviews were conducted with the child interpreters. Owing to time constraints and their inability to meet face-to-face with the researcher, two of the participants provided completed questionnaires. As the participants in question were former child interpreters, this individualistic approach was in actual fact more effective and suitable, as the risk of potentially sensitive memories being triggered was mitigated by the privacy granted in this form of data collection.

In order to protect the identity of the participants in this study, the following code was used: The four social workers are identified as SW1, 2, 3, and 4. Similarly, the former child interpreters are represented by the codes, FCI1, 2 and 3.

Social Workers' Data

As interpreting seems to be a concept that is not well known by the general public, the researcher aimed to identify the social workers' understanding of the profession. It was interesting to note that throughout the interviews, the participants would use the terms, "translation" and "interpreting" interchangeably. This seems to indicate how translation is better known than its younger sibling, interpreting. Be that as it may, when asked what the concept of interpreting meant to them, the

participants, in their responses, indicated a good understanding of the concept, so the so-called blunder in terminology used seems to be a mainly semantic one.

According to the participants, interpreting, to them, meant:

- *Normally when I hear the word, I think, it's another foreign language, someone who can't speak English or Afrikaans, that's what comes to my mind (*SW2*).*
- *To me it would just be like to convey the message that that person has, just in another language (*SW1*).*
- *Or a language barrier (*SW2*).*
- *Because it's not like we all understand English and now you have to make it more clear, because it's got to do with the – definitely with two different languages there, that's where interpretation comes in for me, that's how I [understand it] (*SW4*).*

All four participants had experience with having to communicate with adults with the use of a minor to facilitate communication process. All four social workers were from the Coloured demographic, with Afrikaans as a maternal language, but were proficient in English, although at varying levels. In fact, one of the participants chose to communicate in Afrikaans, as she felt more at ease in expressing herself in her mother tongue. The researcher also has Afrikaans as a mother tongue, therefore this presented no problems in the research study.

As the social workers form part of the branch that supports the Delft and Bellville areas, a large number of their clients are Xhosa-speaking. The social workers themselves fall in the Coloured demographic. As the former Apartheid government's language policy was largely divisive, limiting South Africans access to the language of their province and demographic group, it should come as no surprise that none of the social workers were proficient in the Xhosa language. Their interviews with clients are thus usually conducted in English, which acts as the lingua franca, bridging linguistic barriers. As Hagan et al. state (Hagan, et al., 2013): "Although there are eleven languages that enjoy official status in South Africa, this country's political history has marginalised the indigenous African languages and there is a largely monolingual, English-centred approach to health care" (p. 1). With the increasing need for social work services in many communities, and a limited number of service providers available to tend to all queries, let alone in the respective languages of the clients, alternative plans are then made to provide the service. Often, social worker students are used to assist with communication with non-Afrikaans or non-English speaking clients, but this is not always

a possibility. Consequently the children of the client families are called upon to assist with communication in social worker interviews.

Communication was reported to be severely constrained or limiting through the use of child interpreters. Firstly, there is an effort to restrict or altogether eliminate the transmission of delicate information via the child. As SW4 stated: "t*hey have to make other means to communicate such information with the client, not through the child".*

When sensitive information had to be shared, such as the imminent removal of a child from a home, alternative plans would also be made. In such cases, not even the students are used, due to the highly sensitive and confidential nature of the information.

What we normally do we'll get maybe a Xhosa-speaking social worker, one of our colleagues to relay the information (SW2).

And not a student, rather a social worker. That understands, you know, the confidentiality and sensitivity of [the information] (SW3).

Secondly, the participants expressed frustration at how the use of child interpreters slows down the delivery of their services. Owing to the child interpreter being relatively young, the language used by social workers would need to be adapted and simplified in order to get the intended message across. SW3 and SW4 expressed that:

You have to try and keep it simple (SW4).

I just wanted to say that. Simple as possible yes, not to use difficult words or big words as they say, yes (SW3).

Despite the social workers use of more simple language, communication would sometimes still not be successful as the adult client would not understand what was being said. Furthermore, the participants indicated that misinterpretation would often occur, and they would not get accurate information on the adult client's needs.

The use of simplified language is similar to the interpreting technique known as chunking (Bartlomiejczyk, 2006, p. 153). It is not only employed by the children, but by the service providers

as well, in order to aid the child in grasping the intended message. Green et al. (2005) similarly reported that doctors would simplify or modify their speech manner to facilitate the message relaying process for children: “doctors were regarded, on the whole, as reasonably competent at repeating information if needed, and speaking slowly and clearly” (Green, et al., 2005, p. 2102).

The simplification of language does, however, have a delaying effect on service delivery. When asked about her experience in this regard, SW1 shared the following anecdote:

I personally had an incident with one of my clients where the grandmother is Xhosa-speaking, so she understood what I was saying but she couldn’t reply back in English so then her grandchild would interpret the whole session. So it was kind of like challenging with regards to taking notes and trying to get proper information from the client because it can be time consuming to converse with the client and then waiting on someone to interpreter the whole conversation back. And in situations like that, the person expresses themselves in Xhosa but then the person who interprets the information back they’re not conveying the correct information that the person was saying, conversing to you. So yeah that is basically, it can be quite challenging when you communicate with the client in that manner.

This ‘broken’ form of communication would lead to incorrect service delivery from the part of the social workers, as can be seen in SW2’s response:

…dit is baie time consuming en dis self, ‘n groot uitdaging vir ons want dan kry ons nie die regte antwoorde van die kliënt af nie. So dan is dit nie, hoe kan ek se, die probleem waarmee hulle sit, dan is dit ‘n ander probleem wat hulle vir ons explain. So dis nie dieselfde probleem wat ons oplos nie, dan vind ons uit dat daar’s altyd iets anders wat die probleem is.

[It is very time consuming and a big challenge for us as well, because then we do not get the right answers from the client. And then, how shall I put it? Then the problem that they have, it’s actually another problem that is being explained to us. So we do not solve the same problem, rather we find out later that the problem was something else.]

Such low linguistic proficiency levels were not limited to the child interpreters as some of the student interpreters were reported to have communication difficulties with both Xhosa and English, resulting in another delay of the service delivery process. SW3 reported that *“And even you’ll pick up with the students also they’re not giving you the correct information, so as SW1 said, it’s very challenging.”*

One can deduce then, that the use of child interpreters as well as students acting as interpreters is not effective. Both of these subjects have no formal training in language brokering, thus it is understandable that their interpreting skills would not be efficient and accurate at all times.

When asked what feelings the children conveyed upon interpreting for their adult guardians, all participants had observed mostly negative feelings. According to the participants, these child interpreters generally showed signs of irritation, annoyance or frustration for having to assist adults in communicating with social workers. The children's discomfort was further heightened by the fact that the subject of discussion would be them – when the social workers' aim was to ascertain whether his/her foster placement was satisfactory, and whether he/she was adjusting well to his new surroundings. Participant SW3 the following observations: *I had a case like that, where my child, he was very frustrated that he had to translate. He really didn't want to do it but in a way he didn't have a choice, because there wasn't a student around to assist me, so I had to ask him… because at the end of the day, you know, it's about him, so somehow the information we're asking is about him, so he needs to translate! In some cases you need to ask what the circumstances about his foster care placing are.*

The occurrence of this phenomenon, and moreover the regularity of it is alarming, as it represents an ethical issue to social workers. The standard practice for conducting interviews with foster care parents, when aiming to determine the level of success of the foster placement, should not involve the children themselves, as SW3 indicated to me. Furthermore, SW3 indicated that ideally interviews are conducted with the parents alone, or the child on his/her own, in order to obtain true and accurate information. Due to the sensitive nature of the topic, and the overall difficulty of the situation – where a child has been removed from their biological family for his/her protection, and now finds him or herself in an alien environment – it is best practice to have such discussions among the adults only. The communication problem presented when social workers and foster care parents do not share the same language, forces social workers to break away from their set of ethics. The South African Council for Social Services Professions has developed policy guidelines for the code of ethics for social workers, among others (South African Council for Social Service Professions, n.d.). Listed among the guidelines for ethics is the following: "When interpretation services are utilised and the interpreter is not a social worker bound by the code of ethics, the interpreter should sign a declaration of confidentiality. In order to ensure confidentiality, the interpreter must not be someone who is known to the client" (South African Council for Social Service Professions, n.d., p.

22). By having the child interpret a discussion about him, in his presence, the child's rights are effectively violated. Not only has the child undergone an initial traumatizing experience through foster care placement, but in this supposed place of safety, the child is exposed to potentially damaging information – what happens when the foster care parents may reveal feelings of dissatisfaction with the child being placed with them? In other words, the child may once again be traumatised by learning about his/her foster care's true feelings about his/her foster care placement. For social workers, whose primary duty is to protect and ensure the safety and wellbeing of children, this phenomenon could have far-reaching effects for them, and their conscience. Article 3.1 of the UN Convention on the Rights of the Child states that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" (United Nations, 1990). This phenomenon clearly demonstrates that the rights of the child are not a priority, although through no fault of the social workers – in order to do their job to ascertain the level of success of a foster care placement, they need to obtain the information from the adults, through one way or another. Ironically, in aiming to ensure that the child's rights are protected by means of a successful placement, they have to violate the child's rights by involving him/her in the interview.

This use of children as interpreters by social workers ties in with what Reynolds and Faulstich Orellana (2009) reported in their studies, with the example mentioned earlier, of the police force enlisting the child of an accused adult to read the parent his/her rights. Thus, it is not only the family that makes use of children's services to assist them in communication, but service providers as well.

Not only were the child interpreters reported to be frustrated by their responsibility to interpret, but some expressed embarrassment at their adult counterparts' lack of communication skills. This can be seen in the observations shared by participant SW1:

No, in my case, the child was kind of like, a little bit ashamed that granny couldn't express herself in English, but I just kind of like, let her know it's fine, it's ok, that she's just there to help granny… they do tend to feel a little bit like, when the grandmother or parent can't speak proper English then they're sort of embarrassed.

The embarrassment expressed by children could very well be indicative of the loss of authority on the part of the grandmother in question. This could possibly lead to a gradual lack of respect for the grandmother, thus signalling a breakdown in the family hierarchy. Feelings of embarrassment were also reported by Reynolds and Faulstich Orellana (2009), whose participants reported a fear of their elders being the subject of ridicule by others for their lack of linguistic proficiency.

The child interpreters also showed signs of nervousness at having to interact with social workers, particularly the ones in foster care. To them, the sight of a social worker represented possibly having to be removed from their current foster home. SW 2 reports that:

SW2: Ok some of them come to our office, then they feel nervous because they have this impression about social workers, because when they see social workers they think "removals", so some of the children have that, then we try to make them feel comfortable, try to explain what the whole procedure is.

The distress experienced by these children is evident of their mental or spiritual health being affected when asked to perform the role of interpreter. This has an impact on the upholding of the Code of Ethics as set out for South African Social Workers. According to the Policy Guidelines for the Code of Ethics for Social Workers, maintaining the well-being of people is of utmost importance to social workers: "they engage people as partners in the helping process and seek to strengthen relationships among human beings in a purposeful effort to promote, restore, maintain and enhance the well-being of individuals, families, groups, organisations and communities" (South African Council for Social Service Professions, n.d., p. 7). The use of children as interpreters could be seen as social workers engaging the former in the helping process, but if the sight of social workers upset some children, it is doubtful whether relationships are strengthened through this practice.

However, not all observations in terms of the children's apparent emotional wellbeing were negative. Some of the participants indicated that interpreting could be beneficial to the children's self-esteem. They also highlighted children's ability to adapt to their environment, which mitigates the potentially damaging effects of taking on the responsibility of language mediation for adults. The following comments were shared:

SW4: I think it depends on what it is you're discussing. But it can also have negative and positive impacts on the child, because with the positive I would say then they also feel important, they're able to speak another language and they feel, their confident levels …

SW2: Well I think that children normally, hulle pas aan by hulle omstandighede, hulle verstaan dat hulle ouers het mos nou nie daai, hoe kan ek se, hulle agterouers het nou nie so groot geraak soos wat hulle vandag grootraak nie. Som van hulle, dink ek, verstaan die idee dat die ouers of grootouers nie Engels of Afrikaans kan praat nie.

They adjust to their circumstances, they understand that their parents do not have that, how can I put it? That their grandparents did not grow up as they do today. Some of them, I think, understand the idea that parents or adults might not be able to speak English or Afrikaans.]

SW3: I think some of them are also used to it, they go to other places or organisations then they have to do the same thing.

Even so, it would seem that from the social workers' perspectives the disadvantages of child interpreting outweighed the advantages. They were of the opinion that interpreting seemed like a large responsibility for a child to take. Also, because of the child's adaptability to his/her circumstances - which can be seen in children's ability to acquire new languages more easily – parents would constantly call upon the child to assist them in communication, which the social workers did not seem to see in a positive light:

SW2: So ek dink daai is miskien wat die ouers nou die expectations van hulle af kry, want dan neem hulle altyd iemand of vir hulle saam om die goed vir hulle te doen. Ek dink som van hulle pas goed aan, maar net die idee dat hulle na ons office toe kom dan dink hulle, "social workers".

[So I think that is possibly where the parents develop their expectations from them, because then they always take someone, or take them with to do things for them. I think some of the children adjust well, but just the thought of having to come to our offices gets them thinking: "social workers".]

SW3: And at the end of the day I think also it's sometimes a lot of pressure on that child, I don't know… even if it doesn't look like that but to take that responsibility of translating every time.

When asked about the general age of the child interpreters, the social workers indicated that most children were 10 years or older, never any younger. The majority of the children were thus teenagers. They would not enlist a younger child, as they feel that these children would be too young to take on the responsibility of language mediation. This can be seen in the following statements made:

SW3: No, only teenagers, they're all teenagers.

SW1: I would feel like, for an 8 or 7-year old, it's a lot of pressure being put on the child, to translate.

SW4: We look at children older than 10, you know?

When asked whether they had any suggestions on what could be done to protect the rights of children acting as interpreters, the social workers offered some valuable input. Firstly, they were of the opinion that the current policies in place are effective in protecting children's rights in general. SW4 expressed this in the following manner:

To answer your first question on whether the policies do make a difference, I think that definitely it is. Because really we attempt, always attempt to not place the children or have the children in situations where they can get abused again or, you know? There is an attempt to place them in a safe environment and make sure their rights are being looked after and their needs are met. So yes.

A suggestion was made to develop and implement a specific policy for child interpreters, and that it would be one that includes an age restriction to those playing this role:

SW2: Like the same as the Children's Act that protects the children who are in need of care. So basically, actually, how can I explain it? So basically wat moet gebeur is daar moet 'n selfde act vir die kinders wat translate, wees. Dis hoe ek dit sien.

[So basically what should happen, is that there should be a similar act for children who translate. That's how I see it.]

SW3: They must implement it, a specific one for those children to protect them.

SW2: Yes, an act. Maybe a child by the age of 12 can do it.

SW3: Oh ok and a specific age as well on the policy.

The assistance of the children to the social workers in the communication event also serves to illustrate one of the five factors Angelelli (2002) sets out in terms of determining visibility. By merely taking on the role of linguistic mediator, assisting both social worker and (foster or biological) parent, an alignment with the interlocuting parties is made evident by the willing child interpreter (Angelelli, 2002, p. 17). Similarly, should communication flow well between the adult interlocutors, it can be deduced that the child interpreter has successfully established trust or mutual respect between the parties (Angelelli, 2002, p. 17).

Former Child Interpreters' Data

Three former child interpreters were interviewed, all being either children of deaf adults (CODAs) or related to deaf people, and all thus proficient in South African sign language. Two of the interviewees are from the Gauteng region and one is from Cape Town. When asked about the age when they started acting as language brokers for their deaf parents, the interviewees indicated an average age of 8:

FCI1: I would say round about the age of – I remember the ages of 9 or 10 I was doing it, but then, maybe even before then.

FCI2: Approximately 6 years of age.

FCI3: I started signing at about 18 months, but interpreted fully at the age of 4.

When asked whether they found it difficult to interpret when being young, the interviewees presented different data. One of the interviewees indicated experiencing feelings of irritation, which correlates with the observations of the social workers interviewed:

FCI2: Nothing really stands out as 'difficult'. I guess it was more irritating than difficult (at the time).

The second former child interpreter interviewed also expressed a sentiment of irritation or frustration, but of a rather different nature:

FCI1: Difficult… I would say interesting. Interesting in a way that, like I'm saying, my other uncle, the lastborn – the last one, he's two years older than me. So obviously growing together, he would also have some sort of interest in girls and I will be sort of here and there between him and the girl. So it was interesting in that sense and sometimes he will eye the same girl that I'm looking at and then I have to represent him, and then sometimes I will not necessarily say what he wanted say. So it's interesting in that he doesn't get a chance with the girl and I would. But the other interesting one was sort of a difficult one. I remember my elder uncle was very good in football and at the time I think it was NPSL, there was a football team that wanted to sign him and they wrote a letter to my grandfather to ask permission for him to come and play for them. So obviously they had to discuss that with my uncle and obviously at the time, my grandfather didn't want him to go. He just thought that they're going to exploit him. So he refused. So it was difficult for me to actually say this to my

uncle, because he loved soccer and I also knew that he was very good and that he was going to make it. And I had to tell him that, your father says no, you can't go.

The third former child interpreter could not remember a particular stressful incident, but it was clear that the experience as a whole was a negative one for her. Compared to the other two interviewees, I detected a strong sense of aversion to what was required of her in the data presented:

FCI3: Interpreting as a child in itself is stressful and therefore I can't isolate just one incident.

The discomfort associated with the task of interpreting at such a young age corresponds with the findings presented in the literature review. Green et al. (2005), in their research highlighted the embarrassment experienced by children, particularly when relaying sensitive medical information to their parents. Similarly, the relay of the bad news to his soccer-loving uncle placed former child interpreter 1 (FCI1) in a difficult position, having to play the role of "the bearer of bad news".

This discomfort, or rather irritation with having to interpret for their parents can also be seen by the statement made by FCI3. The lack of or inaccessibility to professional interpreters also added to the pressure exerted on these former child interpreters: *During the time that I was born, there weren't professional terps [interpreters]. It was always the children of the Deaf who served as interpreters. As you know interpreting services are expensive and was [were] always unaffordable back in the day. The Deaf relied on their children for almost everything. I can only remember of one time that my parents had to get a professional interpreter… WHEN I WAS A REBEL LOL and it was only to serve as a mediator between my mom and I … My parents still choose to use my sister and I as interpreters and my children (but it's very seldom).*

This also answers the question as to the reasoning behind the use of children as interpreters by parents. The high cost of professional interpreters makes them inaccessible to most people, and highlights a social problem of economic gaps between supply and demand (or more accurately, the ability of demand to correlate with what is offered). The fact that the participant's parents continue to prefer the use of their family members might also indicate a lack of trust toward outside interpreters. A similar sentiment can be found in the research conducted by Rosenberg et al (2007): "The patient said that she would rather have her brother than to have a professional interpreter"

(2007, p. 289). It is interesting to note that FCI3's Deaf parents use their grandchildren as interpreters as well, albeit not too often. This could possibly be purely out of habit, and a means of communication.

In contrast, and as reiterated by Green et al (2005), the role of interpreter does lend the children a sense of importance and confidence. The sneaky, but rather innocent manner in which FCI1 jeopardised his deaf uncle's chances with a love interest shows how he (FCI1) realised, at a young age, the power he held in terms of being able to communicate with two parties that do not share the same language. On a different vein, the difficulty of communicating his uncle's feelings to the love interest serves to illustrate another of Angelelli's key points of visibility: communicating affect as well as message (Angelelli, 2002, p. 17). The child interpreter may have the ability to do so, but not necessarily the willingness to do so, should it place him in a less than ideal position.

When asked where they would usually assist their adult counterparts with communication, the data presented by the former child interpreters substantiated the information provided by the social workers – that child interpreters would perform their services in various situations. Former child interpreter no 2 reported that she would mostly assist her parents at home, but at her father's workplace as well:

FCI2: Television interpreting, telephone interpreting, doctor's appointments, workplace meetings. My father had a private business where he did carpentry work for people after hours. I had to assist him when he went to meet with 'customers' to make sure that he understood what it was that they needed.

Former child interpreter no 1 reported having to assist his uncles in more social situations, such as a game of soccer:

FCI1: Mainly it was in their home setting, like family meetings, grandparents speaking to my uncles and within the broader community at home where, because my uncles used to play football. When they were playing, during sessions where the coaches would be talking to them, I will be required to sort of do that. Even though I was not quite sure – I didn't even know it was interpreting at that time.

Former child interpreter no 1 reported that her services would be required in all different contexts, and no particular one. One of these contexts included the medical one as well. Even though the

interpreter reported not finding interpreting in a health care setting awkward ("I don't think it was awkward, it was normal – it was something I had to do"), one can see that the expectations placed on young child interpreters tend to surpass what should be ethically acceptable:

FC3: When I was 4 my mom was pregnant with my sister, so I had to interpret all of that.

The frequency with which their services would be required also varied, depending on their situation. As FCI1 was the language mediator for his deaf uncles, who were not much older than him at the time, his services would mostly be required upon their return from boarding school:

FCI1: That one I remember because they were at a boarding school, um, whenever they'd be back at home, like during winter holidays or December holidays, that's when the parents would have short meetings at home with them and then obviously that's when they would call me, so those times, during school holidays.

Naturally, this was different for FCI2, whose father was deaf:

FCI2: I had to interpret almost daily. Much of the interpreting was informal, such as television news interpreting (or explaining what was said on the news)

Similarly, FCI3 reported having to assist with interpreting on a frequent basis. In response to the question of how often she would have to assist her parents with communication, her response was the following:

FCI3: Every day of my life. I did all kinds of things - basically, I ran the family as a child. It was part of my socialization/makeup – it was who I am.

It is interesting to see that FCI3 felt that interpreting has played an important part in shaping her. The early age at which her services were required substantiates her argument, as the most vital stage of development for children are in their first few years of life. Furthermore, the fact that FCI3 expresses having to "run the family as a child" illustrates how interpreting results in children maturing faster, and taking an unnaturally authoritative role in the family structure. This is a reflection of what Reynolds and Faulstich Orellana (2009) posited in their findings – the leadership

role that child interpreters are forced into playing, because of their unique skills, upsets the family hierarchy.

The former child interpreters interviewed reported varying perspectives of the benefits and disadvantages of having this responsibility at a young age. FCI1 and 2 expressed a slightly more positive, or at the very least, neutral point of view when reflecting on the effects that childhood interpreting had on them, while FCI3's data indicates a slightly more negative perspective:

FCI2: Performing this role as a child taught me to be a responsible child and possibly provided more world knowledge.

FCI1: I think it gave me – because it's something that I grew up with, I've got passion for it. And it's something that I did within the home, you know if you start something at home, you get love for it, you become passionate about it. So I think, if there's anything it's passion that I got from that experience.

FCI3: Honestly? It actually made me grow up faster than I had to. I never had the chance to be a normal child.

The sentiments expressed by FCI3 highlights therefore the importance of regulation of the use of child interpreting services. The fact that FCI3 feels robbed of a normal childhood is strongly indicative of how the very practice of child interpreting is in violation of the UN Charter for Children's Rights, particularly Article 32: "Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities".

On the other hand, interpreting at such a young age did have an influence on all interviewees' career choices. Two of the participants interviewed are currently working as professional interpreters. The third participant is not trained in the field, but continues to provide interpreting services when needed:

FCI1: Helping me to be able to actually do my work in the way that I'm doing it now, yes. But I wouldn't say it channelled me. After completing my matric I did not go straight into interpreting, I did something else but then eventually I still came back to interpreting so I wouldn't say that, because I would have gone straight into interpreting from high school.

*FCI2: I have been working as a SA Sign Language interpreter for about 24 years now. I qualified with an Honours [*degree*] in Interpreting from Wits University in 2011/12. I believe that being a Child of Deaf Adults (CODA) were [sic]/is beneficial to me in becoming and being a professional SA Sign Language interpreter. It also means that I am part of the Deaf culture and am 'accepted' in the community as one of 'them'.*

FCI1: I think at that age, when I look back, I think what I was doing was sort of short consecutive interpreting. Because I'll listen, get that full message, then present the message, and then listen so it was sort of short consecutive. And I do agree with the school of thought that says for simultaneous interpreters, for one to be a good simultaneous interpreter, you need to be trained or you need to be taught consecutive interpreting first. Because that gives you the skills of how to get the message understand the message first, before you start interpreting. So it's sort of longer lag time, so I think that is one skill that I've learned as a kid. Sort of short consecutive in that way.

FCI: I still work as an interpreter, but not on a full-time basis. Sign language is my first language, so interpreting will always be a part of me and cannot be separated from me.

These positive feelings toward interpreting at a young age are similarly reported by Green et al. (Green, et al., 2005), showing that the task should not necessarily always be seen in a negative light. The feelings of pride reported by the participants in their study is similar to those expressed by FCI1:

"…it's something that I grew up with, I've got passion for it. And it's something that I did within the home, you know if you start something at home, you get love for it, you become passionate about it. So I think, if there's anything it's passion that I got from that experience."

Notwithstanding, all former child interpreters did not encourage or support the continuous use of children as interpreters. Two of them agreed that it is important that service providers try their utmost to make use of professional, adult interpreters when dealing with adults who do not share their same language. At the same time, they acknowledged the reality that the practice of child interpreting cannot, or probably will never be eliminated:

FCI1: Yeah I know it is somehow inevitable for children to be required to interpret at those early stages in their lives. For a professional service I would encourage service providers to actually make sure that they are readily able to assist people who do not speak their language, in the language they prefer. And they must be able to contact professional interpreters to be able to help in those situations where those people, they need to give services to … because using kids in those kinds of settings, especially at a professional level for example at a doctor's office, using, I mean a parent coming with a child it's not always going to be easy for the child to be able to interpret the things. Like if sensitive stuff comes up, they might not be able to tell it as they should be. So I would say rather maybe have a – on your database, someone, be able to contact professionals so that you can

provide good service to your clients. I mean obviously we have 11 official languages plus, so you should be able to know that there will be clients coming that are not able to speak English, so yeah those kinds of services should be made available.

FCI2: My suggestion would be that these service providers ensure that they have professional interpreters available.

FCI3 did not place as much emphasis on the use of professional interpreters only. Rather, the data presented by her encapsulates the inevitable reality of non-professional interpreters being used in everyday communication. Rather, her suggestion highlights the importance of using adults for this form of language mediation, and providing the necessary tools to the latter to facilitate the task:

FCI3: I believe it's time for the public sector to consider using more CODAs or other family members who have been assisting the Deaf as interpreters. With the correct training (creating a framework) I believe this is possible.

Conclusion

The data collected from all participants proved to be very valuable. Even though the sample size was small, it was extremely helpful in providing a glimpse into the reality of child interpreting in a South African context. Even though this is a phenomenon that is not widely recognised by the general public, the data collected demonstrated that there is some awareness, particularly amongst individuals frequently exposed to interaction with children (social workers).

The primary reasons for the use of child interpreters were not only the lack of professional interpreters, but the impracticality of employing the latter for every communication event. As the former child interpreters indicated, they started acting as language mediators from as early as age 4. These services were rendered on a daily basis in general, and in different contexts – be it for a telephonic conversation or television programme (FCI2). Professional interpreters would clearly not be required for such day-to-day communication events. However, the use of children as interpreters when interacting with service providers does highlight the glaring lack of provision of professional interpreting services from the service providers.

The consequences of this phenomenon are various, as expressed by the participants. For the children involved, the data presented indicates that having to perform as an interpreter led to a loss of childhood, and an accelerated rate of maturity, as indicated by the former child interpreters. The feelings of irritation, frustration and annoyance detected by the social workers interviewed further show the negative effects of this role on the children.

Not only does child interpreting have consequences for the children, but for adults as well. For the former child interpreters who are now adults, having this responsibility at a young age had an influence on their career development – two of the participants are currently professional interpreters. A slightly more negative consequence though, is the sense of regret expressed by the third child interpreter for her lost childhood, due to the responsibility placed on her shoulders.

For the adult parents in need of the aforementioned language mediation, there are some consequences as well. The adult's dependency on the child for language mediation undermines their role of authority in the family structure, which upset the natural family hierarchy. This can be detected in the anecdote shared by one of the social workers, with regard to the feelings of embarrassment or shame the children demonstrated at their elders' lack of English proficiency. Such feelings can be indicative of a gradual loss of respect from the child for their adult counterpart – the adult, who under normal circumstances would be the role model, now is reliant on the child in order to get by. Similarly, one of the former child interpreters indicated having to take on adult responsibilities, by becoming the "caretaker" of the family (FCI3: "*I ran the family as a child").*

For the social workers, the use of children as interpreters also holds some consequences. When children step in as language brokers, it has an effect on them being able to provide service delivery. Because the terminology may need to be simplified, or due to inaccurate interpreting, miscommunication would occur, and the wrong problem may be addressed. It would take more time for the client's initial problem to be addressed, and in such a way, a back log is created for the social workers. Another effect on the use of child interpreters by social workers is the violation of their Code of Ethics. The potentially negative consequences of placing such a large responsibility on a minor may mean that social workers are doing the opposite of what they have vowed to do: to protect and maintain the well-being of their clients (the child being the client in question). However, as stated earlier, it is a conundrum: should they not make use of the child to assist them, it is

impossible for them to deliver their services. It would be unethical for them to refuse to deliver their services, much as it would be unethical for a doctor to do the same, so the only available means are adopted to serve the client (the adult in this scenario). One could say then, that, in order to remain ethical and provide services to one client (the adult), the rights of another human being is violated (the linguistically proficient child). It is a proverbial catch-22 situation, which is far from being solved.

The process of interpreting is affected by the coping strategies employed by child interpreters. The simplification of terminology by social workers would lead to a simpler message being relayed from child to adult. Unfortunately this form of simplification, known in interpreting terms as down-chunking (Bartlomiejczyk, 2006, p. 153), leads to the source message being diluted. The level of accuracy of the source message thus is decreased. Consequently, the delivery of the required service is further delayed.

All participants made good suggestions for what needs to be done to manage the use of child interpreters. The suggestion of a specific Act for the protection of child interpreters, as well as increased awareness and effort on the part of service providers on the phenomenon are valuable recommendations.

Chapter Six - Conclusion

The phenomenon of child interpreting is one that provides interesting insight into the state and needs of a society. The regularity of the occurrence can be ascribed to a variety of reasons. One of these and perhaps the most obvious one is the lack of availability of professional interpreters to assist in every interpreter-mediated communication event. The cost of professional interpreting services also acts as a deterrent to most people in need of language brokering services. For most families that come from a lower income bracket, many services are not easily accessible. These may include access to health services, for example: it is relatively difficult for lower income families to afford health insurance. Should that lower income class family be the minority, such as immigrant families in the United States, an additional service of language brokering further exacerbates the financial stress borne by them. As Nailon (2006) states: "Wide disparities exist in health insurance coverage and overall health status across this nation's minority populations, and Latinos have been found to be among those most susceptible to adverse health outcomes " (Smedley, Sitch & Nelson in Nailon, 2006, p.119). These minorities have a further challenge when having to communicate to non-Spanish speaking nursing staff, and the latter is under enormous pressure to provide a satisfactory level of service: "In light of these contextual concerns, linguistic differences challenge nurses' abilities to establish involved connections through which culturally competent and effective care can be provided" (Nailon, 2006, p. 120). These challenges are not unique to the United States. The added cost of enlisting professional interpreters is a challenge for both the client and service provider in South Africa, particularly when the vast amount of clients in need of such services are taken into account. The ever increasing population size of South Africa, as well as the increased foreigners settling in South Africa means an ever increasing need for language brokers.

The need for language brokers is not only limited to foreigners living in South Africa. As has been illustrated in the data collected, the diversity of cultures and languages spoken among South Africans present a challenge for service providers, such as social workers. These South African clients may also not be able to afford the service of professional interpreters, thus an alternative plan is made – the use of children as interpreters to assist in communication.

The size of the South African population as a whole – citizens and foreigners included – is vastly disproportionate to the amount of professional interpreters available.

Focusing on the South African context and South African official languages only, the scars of the Apartheid era can still be seen in the geography of these languages. During the Apartheid era, there were only two officially recognised languages: Afrikaans and English, the languages of the oppressors. African languages had no place in society and were regarded as inferior, thus Black students did not have much opportunity to be educated in their mother tongue. Likewise, White and those classified as Coloured citizens were not given access to acquire the native South African languages. Despite the abolition of Apartheid and the introduction of a more equal, inclusive language policy, very few White or Coloured South Africans are proficient in any native South African language. Similarly, there still exists a vast majority of Black South Africans who are not fully proficient in English or Afrikaans. These conditions provide a perfect environment for the need of language brokers, in order to facilitate communication between the different race groups. Add to this the above-mentioned cost and limited availability of professional interpreters and it is clear to see why the phenomenon of child interpreters is such a regular occurrence.

The practice of putting children in the role of interpreter has a range of consequences for all parties involved: the child, the adults relying on them (parents and service providers) and the interpreting process as well. As was illustrated, being required to perform interpreting duties has both positive and negative consequences, although the latter heavily outweighs the former. Children are reported to experience feelings of stress, irritation and embarrassment among others, when asked to assist adults in communication. Such feelings are understandable, as having to interpret inevitably had an impact on the free time the child would have, to play or enjoy leisure activities. Green et al. (2005) report an example of these feelings of irritation as described by a child interpreter:

> *"…and I was in a rush, and I just like said 'oh, I'm not really good at translating'… I was just saying this because she could leave me alone…I was trying to get away'.* (Vf16)" (Green, et al., 2005, p. 2101).

Having to interpret at such a young age led to an increased level of maturity among children. This could be seen in both a positive or negative light, but in my opinion, it is lamentable that these children are denied the right to enjoy their childhood fully.

Being required to assist in language mediation at a young age does have a range of advantages. The responsibility placed on these young children results in them developing a higher sense of confidence and increased feelings of self-worth. As noted by one of the participants in studies conducted by Green et al. (2005): "my mum was sort of proud of me … 'cause I was helping her…she always brags about me to her friends …and I get a happy feeling when I heard it" (Green, et al., 2005, p. 2103). Interpreting from such a young age has also aided many child interpreters in deciding their career interests. As one of the participants, FCI2 stated: "*I believe that being a Child of Deaf Adults (CODA) were [sic] beneficial to me in becoming and being a professional SA Sign Language interpreter."*

One of the other former child interpreters, now a professional sign language interpreter, also credited his early interpreting experience with the development of his skills and techniques: "*I think at that age, when I look back, I think what I was doing was sort of short consecutive interpreting. Because I'll listen, get that full message, then present the message, and then listen so it was sort of short consecutive.*

All in all, the negative consequences of child interpreting are more prevalent than their positive equivalents. The use of children as interpreters poses a threat to codes of ethics, whether these be for the interpreting profession, or for the service providers in question. The interpreting profession has its own set of norms and ethics that guide the conduct of all interpreters. For example, the AUSIT code of ethics for interpreters in Australia states that "interpreters and translators shall take all reasonable care to be accurate" (insert ref). For obvious reasons, child interpreters, being untrained, cannot be held accountable to any set of ethics. Thus, the use of children in this role is in violation of any code of ethics for interpreters.

Many codes of ethics for interpreters have the expectation of interpreters to be neutral. This concept has been challenged by many researchers, including Hanneke Bot (Bot, 2002). Bot reports that "Wadensjö (1997) describes interpreter-mediated conversation as a kind of three-party communication in its own right, which cannot be simply described as a two-party conversation with a technical handicap" (Bot, 2002, p. 29). In other words, it is important to acknowledge the interpreter as an active participant in the communication event, with his own set of ideologies and subjective point of view. Child interpreters, in particular, who assist their parents in communication, cannot thus be expected to remain neutral in the various communication events.

The code of ethics for service providers is also affected with the use of child interpreters. As was illustrated earlier, the act of having to rely on child interpreters to render their services puts service providers such as social workers in a difficult situation, as by doing so, they are effectively not protecting the rights of the children. At the same time, however, these service providers do not have the option of refusing to offer assistance to clients, as doing so would translate into the rights of the client (the linguistically challenged adult) being violated. It therefore seems to imply adopting an approach of choosing "the lesser of two evils".

The use of children as interpreters has an impact on the interpreting profession as well. Children, because they are untrained, do not have the requisite set of coping mechanisms that professional trained interpreters do. When confronted with difficult, incomprehensible terminology, or terminology that does not exist in one language, most children rely on a technique known as chunking. As Green et al. (2005) reported, "On occasion, young people said there might not be an equivalent word in their own language" (Green, et al., 2005, p. 2103). Another example of how technical language poses a problem for child interpreters is the following statement made by one of the participants in Green et al.'s study: "… most of it is like too hard for me to understand, 'cause it's like so advanced in what he said" (Green, et al., 2005, p. 2103).

The simplification of language on the part of service providers, for the benefit of the child interpreter, also has consequences on the interpreting process. Not only does the service delivery process get delayed, but miscommunication may occur. This therefore stands in direct violation of one of the norms of ethics proposed by Chesterman (2000), which is that of accuracy. The source

message is diluted in this process of simplifying of the language used, so much that the target message might result in being something completely different to the source message.

Recommendations

It is highly unlikely that the practice of child interpreting will ever be abolished, given the high demand for language brokering, and the low supply of professional interpreters. The recommendations made by the study participants might serve as valuable tools in forging a better management of the current situation. One of the suggestions put forward is to increase awareness amongst the service providers and the public in general about the plight of child interpreters. With regard to the general public, most are barely aware of what the interpreting profession entails. As was demonstrated by the terminological blunder made by one of the social workers interviewed (confusing translation with interpreting), there is a pervasive level of ignorance regarding the intricacies of interpreting and skills needed to perform this service. Furthermore, many people are unaware that many children perform this role for their parents on a day-to-day basis. Should child interpreting be highlighted more, this may pave the way for a better appreciation and understanding of the challenges these children face.

Increasing awareness among the public is not sufficient, though. To witness a veritable improvement of the current situation, the government/authorities need to buy into the concept of protecting these children's rights. One of the suggestions put forward by the social workers is the development of a specific Act that is aimed at protecting the rights of children that regularly perform the role of interpreter. Such an Act could go hand in hand with the existing conventions or policies protecting children's rights. Alternatively, the Children's Act 38 of 2005 of South Africa could be modified to include a specific sub-section detailing the rights of child interpreters. Such modification of these acts could serve as a tool for education for the general public as well.

Alternatively, we could look to efforts made by other multi-lingual, multi-cultural countries such as the United States. According to the U.S. Department of Justice, a report was presented to Congress in March 2002, putting forward possible ways to increase access to service delivery to persons with limited English proficiency (U.S. Department of Justice, 2002). The report states the following: "Many entities, such as schools, local police departments, doctors, and hospitals, may receive funding from

multiple federal agencies. It is critical that these recipients be able easily to understand and implement with policies issued by multiple agencies, so that LEP individuals receive language assistance in a uniform and consistent manner" (U.S. Department of Justice, 2002, p. 1). Indeed, more funds could be made available to support those with low English (or Afrikaans - the former alternative official language) proficiency, which could assist in alleviating the need for child interpreters.

Not only do the current acts protecting children's rights need to be modified, but more needs to be done to improve the current language policies in South Africa. As mentioned earlier, the stringent exclusivist language policies under Apartheid law have led to the current division amongst South African citizens, and consequently, the difficulty of inter-racial communication. Of course, after the rise of democratic South Africa in 1994, the language policy has shifted. Now, South Africa has eleven officially recognised languages and not only two. African languages are more frequently taught at primary, secondary or tertiary educational institutions, and there is a visible push for all South Africans to learn other indigenous South African languages. According to the Language Policy Framework for Higher Education in South Africa, "The ability to speak more than one of South Africa's official languages and the development and promotion of respect for all languages used by South Africans constitute foundational values of our post-apartheid society." (Council on Higher Education, 2001, p. 2). The dream of the South African government is to see all official South African languages being used and understood by all.

This is, however, a lofty ideal. Inasmuch as all South African languages are being more widely taught at various schools, it has not completely eliminated all language barriers among the various races. This new, multi-lingual curriculum might only benefit the next generation, who are currently in the stage of basic education. For the older generations, who have received their education under the Apartheid system, learning a new language is no mean feat. This reiterates the fact that children acquire languages more easily than adults. Hence, we are still faced with the problem of service providers (such as the social workers interviewed) being unable to communicate with their client, and thus relying on the current generation (the children, who are naturally more linguistically proficient) to assist them in performing their duties.

With the possible introduction or implementation of a new policy or act protecting the rights of child interpreters, comes a new challenge: translating it into action. It happens all too often that acts or policies get passed by governments, only never to be implemented. An example of this is the proposed language policy of the University of the Witwatersrand, where the idea was to develop isiZulu and SeSotho, the most widely spoken languages in the area, to be of equal footing as that of English. However, due to financial constraints, the University focused in efforts on the development of SeSotho only, to be used as a future medium of instruction alongside English. This decision was made in 2003, however, for a long time it seemed to remain on paper only. Fortunately, in 2015, the University has adopted a new, multilingual policy, which aims to develop at least two of the spoken African indigenous languages that represent the Nguni and Sotho clusters, and it is hoped that, through careful and thorough planning, the implementation process will start this year, and develop in the following years to come.

It is therefore not a simple solution, to suggest that all South Africans learn each other's languages, and that policies get developed, but it is a much needed start. It is important to remember that the goal of raising this awareness and developing policies is the protection of children's rights. Furthermore, for the interpreting profession or any other profession involved in the delivery of services, maintenance of ethics is imperative. The current use of children as interpreters – in support of their family members or service providers – poses a threat to all codes of ethics. The UN Convention on the Rights of the Child (United Nations, n.d.) is a code of ethics for all global citizens, and the continuous use of child interpreters violates Article 32.1 of this code. Child interpreting could very well be perceived as a form of child labour, if one looks at the overwhelming negative consequences of the practice. As much as the experience may benefit the children in the long run (advanced intellectual development, development of negotiation skills, etc.) it does not justify the loss of a simpler, care-free childhood.

For the service providers that rely on child interpreters, their Codes of Ethics also stand at risk of being violated or not honoured through this practice. The Policy Guidelines on Codes of Ethics for social workers similarly aim at guiding social workers in their task and duty to the public, whom they aim to protect and serve. These guidelines lose their power, however, when, in serving one citizen (the parent), the rights of the child get diminished by the social worker, who has limited linguistic capabilities.

Lastly, the interpreting profession, and interpreters in particular, are also guided by Codes of Ethics. Chesterman's (2000) four norms – accountability, communication, expectancy, and relationship serve as guidelines for interpreters in terms of adherence to a professional standard of service delivery. Accuracy, communicating the intended message and creating a sense of trust with the other interlocutors are some of the key factors implied by these norms of ethics. In the case of child interpreters, who are clearly untrained, it is impossible to apply or expect these norms to be upheld. Consequently, the quality of the interpreting is not of the same standard, as it is not performed by professional interpreters.

It might be impossible to eliminate the use of child interpreters, and implementing policies and raising awareness might not be sufficient to effect change, but there are other solutions. Although children are better equipped to acquire a new language than their adult counterparts, they do not hold a complete monopoly in this regard. There are many linguistically proficient adults who currently do, or have the ability to offer their services as interpreters, albeit untrained ones. Training of these individuals could minimise the need for children to be used as interpreters, and simultaneously increase the country's bank of trained interpreters. The Refugee Centre in Cape Town is in clear agreement of this: as stated earlier, they are now employing adult interpreters, who may or may not be trained ones. The initiative of the Department of International Relations and Cooperation (DIRCO) that offers bursaries to students to study Interpreting at Honours or Master's level at the University of the Witwatersrand is a good start at filling the gaps in the system. However, much more can be done to speed up this process.

However, it is not enough to have students trained as professional interpreters. Most students tend to choose a career in conference interpreting, as this option is financially more lucrative. Community interpreting, or even court interpreting as well, is not as well recognised as its more affluent cousin, conference interpreting. It is for this reason as well that the supply of professional interpreters in the community is so low, and it is as a result that child interpreting becomes more prevalent. What is needed is for community interpreting to be marketed as a more attractive option to all interpreting students.

An alternative, or further solution, is to draw inspiration from the medicine faculty – the introduction of mandatory internships or as it is known in medical circles, community service. Each budding interpreter would be required to complete a one-year internship at a local community service, such as a clinic, or social worker's office, where he or she would assist the service providers with language brokering. This may not eliminate the phenomenon of child interpreting, but it will surely decrease the service providers' need for communication to parents via the child.

Concluding Remarks

Conducting this research has proven to be an enriching experience, and even more so, eye-opening. Despite the small size of the sample size used, it became apparent that there is a need for increased awareness around the phenomenon of child interpreting. Many service providers approached revealed a sense of ignorance about the frequency of children in this role. For example, the confusion illustrated by health care officials at the Somerset Hospital (at first, it was thought that the subjects I was aiming to identify were children in need of interpreting services) serves to highlight how little attention is given to this phenomenon. This could be indicative of two things: that the practice has hopefully decreased, or simply that such little attention is paid to it that it is hardly acknowledged.

All the same, I hope that the participants used in the research benefitted from the experience. Even though the suggestions presented may not immediately be transformed into action, it could hopefully be the start or source of inspiration for further action. In the same way, the service providers who were unable to participate (the Somerset Hospital health care officials, in this instance) will hopefully have been made slightly more aware of the phenomenon and will possibly be able to identify the phenomenon with greater ease going forward.

The challenges faced in determining adequate participants did restrict the efficacy of data collected. Identifying current child interpreters proved to be a daunting task, and due to the ethical conundrum surrounding the latter, the decision to interview them was discarded. In my opinion, it would be extremely useful and possibly more effective to gain insight from these children, if not through interviews, but through observation of the interpreting process. Access to such data will undoubtedly provide more accurate and useful information necessary to substantiate the need for policy- and decision-making aimed at the protection of children's rights.

Moran-Ellis (2010) echoes a similar sentiment in her research focused on the socialisation of children. The very Acts or conventions that limit direct research with children to protect the rights of the latter is understandable, however it may prove to be an obstacle to creating tangible means of protecting children from any form of exploitation. As Moran-Ellis (2010) states, "While these governance frameworks are intended to protect the interests of research participants as well as safeguard them from unethical research practices, they can also have the effect of controlling the research topics and questions that may be sanctioned" (p. 194).

Not only will direct access to child interpreters with the aim of obtaining relevant data benefit the policymakers of the country and the service providers involved, but the interpreting profession as well. In translation, various studies are conducted with the aim of amassing sufficient data, or corpora that serve as a source of substantiation for certain styles of translation adopted. Descriptive translation studies, for example, is conducted with the aim of describing existing translations and attempts to account for their particular nature (Toury, 1982, p. 23). Similarly, if data could be collected by observing child interpreters in action, it could be used to identify further patterns and strategies employed by children when performing a task that should ideally be performed by an adult, and even more ideally, a trained interpreter. The interpreting profession, being relatively young, does not have sufficient corpora to solidify and formalise its status as a widely recognised profession yet. This scarcity of data could also be one of the motives behind the lack of awareness of the profession among the general public. Thus, more research, and more effective research on each and every aspect of interpreting could, and should be done – and that includes the phenomenon of child interpreting.

LIST OF SOURCES

Alexieva, B., 1997/2002. A Typology of Interpreter-Mediated Events. In: *The Interpreting Studies Reader.* London: Pöchhacker, F. & M. Shlesinger.

Angelelli, C., 2002. The Interpersonal Role of the Interpreter in Cross-Cultural Communication: A Survey of Conference, Court and Medical Interpreters in the US, Canada and Mexico. In: F. Pöchhacker & M. Shlesinger, eds. *The Interpreter Reader.* Oxfordshire: Routledge, pp. 15-23.

Anon., 2015. *Oxford Dictionaries - Language Matters.* [Online] Available at: http://www.oxforddictionaries.com/definition/english/ethics

Aranguri, C., Davidson, B. & Ramirez, R., 2006. Patterns of Communication through Interpreters: A Detailed Sociolinguistic Analysis. *Journal of General Internal Medicine,* 21(6), pp. 623-629.

Baker, M. & Maier, C., 2011. Ethics in Interpreter & Translator Training - Critical Perspectives. *The Interpreter & Translator Trainer ,* 5(1), pp. 1-14.

Bartlomiejczyk, M., 2006. Strategies of simultaneous interpreting and directionality. *Interpreting 8,* 8(2), pp. 149-174.

Bjorn, G. J., 2005. Ethics and Interpreting in Psychotherapy with refugee children and families. *Nord J Psychiatry*, pp. 516-521.

Bot, H., 2002. The Myth of the Uninvolved Interpreter Interpreting in Mental Health and the Development of a Three-Person Psychology. In: F. Pöchhacker & M. Shlesinger, eds. *The Interpreting Reader.* Oxfordshire: Routledge, pp. 27-35.

Brikci, N. & Green, J., 2007. A guide to using qualitative research methodology. *Medecins sans Frontieres*, February.

Bührig, K. & Meyer, B., 2004. Ad hoc interpreting and achievement of communicative purposes in briefings for informed consent.. In: J. H. &. J. Rehbein, ed. *Multilingual communication..* Amsterdam: Benjamins, pp. 43-62.

Chesterman, A., 2000. *Memes of Translation: the spread of ideas in translation theory.* Amsterdam/Philadelphia: John Benjamins Publishing Co.

Cohen, S., Moran-Ellis, J. & Smaje, C., 1999. Children as informal interpreters in GP consultations: pragmatics and ideology. *Sociology of Health & Illnes,* 21(2), pp. 163-186.

Council on Higher Education, 2001. *Language Policy Framework for South African Higher Education.* [Online]
Available at:

http://www.dhet.gov.za/HED%20Policies/Language%20Policy%20Framework%20for%20South%20African%20Higher%20Education.pdf
[Accessed 11 March 2016].

Flores, G., Barton Laws, M., Mayo, S. J., Zuckerman, B., Abreu, M., Medina, L. & Hardt, E. J., 2003. Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics,* 111(1), pp. 6-14.

Giordano, S., 2007. Overview of the Advantages and Disadvantages of Professional and Child Interpreters for Limited English Proficiency Patients in General Health Care Settings. *Journal of Radiology Nursing*, December.

Green, J., Free, C., Bhavnani, V. & Newman, T., 2005. Translators and mediators: bilingual young people's accounts of their interpreting work in health care. *Social Science and Medicine (60)*, pp. 2097-2110.

Hagan, S., Swartz, L., Kilian, S., Chiliza, B., Bisogno, P. & Joska, J., 2013. The accuracy of interpreting key psychiatric terms by ad hoc interpreters at a South African psychiatric hospital. *African Journal of Psychiatry,* Volume 16, pp. 1-6.

Hale, S. & Napier, J., 2013. *Research Methods in Interpreting.* First ed. London: Bloomsbury Publishing Plc.

Hornberger, J., Itakura, H. & Wilson, S., 1997. Bridging language and cultural barriers between physicians and patients.. *Public Health Reports,* 112(5), pp. 410-417.

Hsieh, E., 2006. Conflicts in how interpreters manage their roles in provider-patient interactions. *Social Science & Medicine,* Volume 62, pp. 721-730.

Kalo, N., 2015. *Interview at The Refugee Centre, Cape Town* [Interview] (7 July 2015).

Kaufert, J. & Putsch, R. W., 1997. Communication through interpreters in healthcare: ethical dilemmas arising from differences in class, culture, language, and power.. *J Clin Ethics,* 8(1), pp. 71-87.

Levy, J., 1967. Translation as a Decision Process. *To Honor Roman Jakobson,* Volume 2, pp. 1171-1182.

Marzocchi, C., 2005. On Norms and Ethics in the Discourse on Interpreting. *The Interpreter's Newsletter vol 13,* pp. 87-109.

Meyer, B., Pawlack, B. & Kliche, O., 2010. Family interpreters in hospitals: Good reasons for bad practice?. *mediAzioni,* Issue 10, pp. 297-324.

Mikkelson, H., 1996. The Professionalization of Community Interpreting. *Global Visions: Proceedings of the 37th Annual Conference of the American Translators Association.,* pp. 77-89.

Moran-Elli, J., 2010. Reflections on the Sociology of Childhood in the UK. *Current Sociology,* 58(2), pp. 186-205.

Nailon, R. E., 2006. Nurses' Concerns and Practices with Using Interpreters in the Care of Latino Patients in the Emergency Department. *Journal for Transcultural Nursing,* 17(2), pp. 119-128.

Nord, C., 2007. Function plus Loyalty: Ethics in Professional Translation. *Génesis. Revista Científica do ISAG,* Volume 6, pp. 7-17.

Parsons, J., Baker, N., T, S.-G. & Hudak, P. L., 2014. To 'get by' or ' get help'?A qualitative study of physicians' challenges and dilemmas when patients have limited English proficiency.. *BMJ Open Journal,* pp. 1-10.

Reynolds, J. F. & Faulstich Orellana, M., 2009. New Immigrant Youth Interpreting in White Public Space. *American Anthropologist*, June, pp. 211-223.

Reynolds, J. F. & Faulstich Orellana, M., 2009. New Immigrant Youth Interpreting in White Public Space. *American Anthropologist*, June, pp. 211-223.

Ribera, J. M., Hausmann-Muela, S., Grietens, K. P. & Toomer, E., 2008. *Is the use of interpreters in medical consultations justified? A critical review of the literature.* [Online] Available at: http://www.tvgent.be/downloads/interpretersinmedicalconsulations.acriticalrev.pdf [Accessed 07 Mar 2016].

Rosenberg, E., Leanza, Y. & Seller, R., 2007. Doctor-Patient Communication in Primary Care with an Interpreter: Physician perceptions of professional and family interpreters. *Patient Education and Counseling*, pp. 286-292.

Rousseau, C., Measham, T. & Moro, M.-R., 2011. Working with Interpreters in Child Mental Health. *Child and Adolescent Mental Health,* 16(1), pp. 55-59.

Sarver, J. & Baker, D., 2000. Effect of language barriers on follow-up appointments after an emergency department visit. *J Gen Intern Med,* Volume 15, pp. 256-264.

South African Council for Social Service Professions, n.d. *Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers.* [Online] Available at: http://www.sacssp.co.za/Content/documents/EthicsCode.pdf [Accessed 12 January 2016].

Tate, G. & Turner, G. H., 2002. The Code and The Culture: Sign Language interpreting - in search of the new breed's ethics. In: F. Pöchhacker & M. Shlesinger, eds. *The Interpreting Reader.* Oxfordshire: Routledge, pp. 373-383.

Toury, G., 1982. A Rationale for Descriptive Translation Studies. *The Art and Science of Translation,* 7(19-20), pp. 23-39.

U.S. Department of Justice, 2002. *Report To Congress. Assessment of the Total Benefits and Costs of Implementing Executive Order. No. 13166: Improving Access to Services for Persons with Limited English Proficiency.* [Online] Available at: https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/omb-lepreport.pdf [Accessed 7 Mar 2016].

United Nations, 1990. *OHCHR.* [Online] Available at: http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf [Accessed 12 January 2016].

United Nations, n.d. *United Nations Human Rights.* [Online] Available at: http://www.ohchr.org/en/professionalinterest/pages/crc.aspx [Accessed 23 March 2015].

University of the Witwatersrand, 2014. *Language Policy,* Johannesburg: University of the Witwatersrand.

Venuti, L., 2004. *The Translator's Invisibility - A History of Translation,* London & New York: Routledge.

Vermeer, H. J., 1989. Skopos and Commission in Translational Action. In: A. Chesterman, ed. *Readings in Translation Theory..* Helsinki: Oy Finn Lectura Ab, pp. 173-187.

Walker, N., Cedergren, H. J., Gatbonton, E., Mikhail, E. & Trofimovich, P., 2008. Someone to Talk to: A Virtual Patient for Medical History Interview Training in a Second Language. *Concordia Working Papers in Applied Linguistics,* Volume 1, pp. 98-112.

APPENDIX 1

TRANSCRIPT OF INTERVIEW WITH FCI 1

GL: Hi, how are you?

FCI 1: Good, and you?

GL: I'm well, thanks. Thanks for agreeing to chat with me. I've just got a few basic questions; it's not too hectic, to find out about your experience doing interpreting when you were a child, so let's see how it goes. So how old were you when you first interpreted for your parents, can you remember?

FCI 1: I can't really remember and it was not for my parents, it was for my grandparents. It was between my grandparents and my uncles. My uncles are deaf and my grandparents could not sign, obviously. And yeah. I would say round about the age of – I remember the ages of 9 or 10 I was doing it, but then, maybe even before then.

GL: Oh and how did you learn to do sign language?

FCI 1: Because I grew up with my uncles who are deaf, I got sign language from them.

GL: Wow, and I guess children learn quicker than adults.

FCI 1: Yeah, I even played together with them – the last one is actually two years older than me, so we usually played together growing up.

GL: Oh that's great, it made it easier to learn, playing together. And how often did you do it – did you do it every week, or was it done regularly?

FCI 1: That one I remember because they were at a boarding school, um, whenever they'd be back at home, like during winter holidays or December holidays, that's when the parents would have short meetings at home with them and then obviously that's when they would call me, so those times, during school holidays.

GL: Oh, during school holidays. Cool, so the next question you've kind of already answered but I'll just ask it again. In what context did you –

FCI 1: Mainly it was in their home setting, like family meetings, grandparents speaking to my uncles and within the broader community at home where, because my uncles used to play football. When they were playing, during sessions where the coaches would be talking to them, I will be required to

sort of do that. Even though I was not quite sure – I didn't even know it was interpreting at that time.

GL: Oh that's awesome. And also did you ever have to go to shops with them?

FCI 1: Yeah sure, things that we did at home, like go to the shops, going to play football, having parties together, We used to play with other guys, they would ask me, what is that one saying, then-

GL: Tell them .. wow that's amazing. Do you recall any particularly difficult or stressful situation in which you had to interpret? What was the most difficult one for you? Can you think of any difficult moments?

FCI 1: Difficult? I would say interesting. Interesting in a way that, like I'm saying, my other uncle, the lastborn – the last one, he's two years older than me. So obviously growing together, he would also have sort of interest in girls and I will be sort of here and there between him and the girl. So it was interesting in that sense and sometimes he will eye the same girl that I'm looking at and that I have to represent him, and then sometimes I will not necessarily say what he wanted say. So it's interesting so that he doesn't get a chance with the girl and I should. But the other interesting one was sort of a difficult one. I remember my elder uncle was very good in football and at the time I think it was NPSL, there was a football team that wanted to sign him and they wrote a letter to my grandfather to ask permission for him to come and play for them. So obviously they had to discuss that with my uncle and obviously at the time, my grandfather didn't want him to go. He just thought that they're going to exploit him. So he refused. So it was difficult for me to actually say this to my uncle that , because he loved soccer and I also knew that he was very good and that he was going to make it. And I had to tell him that, your father says no, you can't go.

GL: Wow that must have been very difficult for you.

FCI 1: Even though at the time, I mean, sport, football was not as lucrative as it is now but then I thought he could make a living out of it.

GL: And especially because it was his passion.

FCI 1: Yes.

GL: And you had to be the messenger, bearing the bad news. That must have been very difficult. Asides from that, looking at – are you currently working as a professional interpreter? Are you working in the field now that you're an adult?

FCI 1: I would say I'm a professional interpreter because I've studied and I'm still studying, so I regard myself as a professional interpreter. And then yes of course I'm working in the field.

GL: Wow that's great. Do you believe that your experience in your childhood interpreting, did that hep you or lead you into this profession? Is that when you became interested in it, or?

FCI 1: Helping me to be able to actually do my work in the way that I'm doing it now, yes. But I wouldn't say it channelled me. After completing my matric I did not go straight into interpreting, I did something else but then eventually I still came back to interpreting so I wouldn't say that, because I would have gone straight into interpreting from high school.

GL – if that was your first passion yeah. Do you enjoy it now?

FCI 1: Yeah I do, I do. Maybe because I didn't know that one can make a living out of what I was doing then. I didn't know there was a profession called interpreting so maybe, lack of knowledge, information on that. Maybe.

GL: But it's great that your talent now has led to you having a career, so that's great.

FCI 1: Yeah it is.

GL: That's great. And speaking about talents, what skills or attributes do you think interpreting at such a young age added to your life? Like general skills, not just interpreting skills. Or, whilst you were a child what other skills – how do you think it benefitted you doing that thing, and now that you're an adult, how do you think what attributes it added to you as an adult, the experience of doing interpreting?

FCI 1: I think at that age, when I look back, I think what I was doing was sort of short consecutive interpreting. Because I'll listen, get that full message, then present the message, and then listen so it was sort of short consecutive. And I do agree with the school of thought that says for simultaneous interpreters, for one to be a good simultaneous interpreter, you need to be trained or you need to be taught consecutive interpreting first. Because that gives you the skills of how to get the message understand the message first, before you start interpreting. So it's sort of longer lag time, so I think that is one skill that I've learned as a kid. Sort of short consecutive in that way.

GL: That's awesome. And what other benefits do you think did you get performing this role as a child?

FCI 1: I think it gave me – because it's something that I grew up with, I've got passion for it. And it's something that I did within the home, you know if you start something at home, you get love for it, you become passionate about it. So I think, if there's anything it's passion that I got from that experience.

GL: Awesome, and my last question: I'm sure you are aware that it still happens, that children do assist their parents with communicating let's say at a hospital or wherever. Do you have any suggestions particularly for the public service providers like the doctors or the nurses in terms of how to deal with the situation when there's a child interpreting, helping them communicate? Do you have any suggestions for the public service providers how they should act r what they can do differently or better, or anything at all?

FCI 1: Yeah I know it is somehow inevitable for children to be required to interpret at that early stages in their lives. For a professional service I would encourage service providers to actually make sure that they are readily able to assist people who do not speak their language, in the language they prefer And they must be able to contact professional interpreters to be able to help in those situations where those people, they need to give services to … because using kids in those kinds of settings, especially at a professional level for example at a doctor's office, using, I mean a parent coming with a child it's not always going to be easy for the child to be able to interpret the things. Like if sensitive stuff comes up they might not be able to tell it as they should be. So I would say rather maybe have a – on your database, someone, be able to contact professionals so that you can provide good service to your clients. I mean obviously we have 11 official languages plus, so you should be able to know that there will be clients coming that are not able to speak English, so yeah those kinds of services should be made available.

GL: I just thought of another question. In a situation where the parents speak none of the South African languages, let's say you've got a French couple and they can't speak English and have to speak to home affairs or a doctor. Maybe home affairs can't get hold of a professional interpreter and now they're forced to rely on the child. How do you think they should handle the situation? Of course it's not ideal that the child has to be there, like you said, but you think there's any better approach for them to use? Anything that they should be aware of? Because many people don't seem to know what interpreting means.

FCI 1: Yeah I think they should be sensitive to the fact that the information that's going to be discussed, obviously affects my parents, obviously that's going to affect me as well. And in that way, it is going to be difficult for the child to convey messages that are especially negatively affecting the parents. So they should be conscious of that. Maybe with – with the help of, I don't know, some kind of help they should not just let the child, sort of interpret on their own. Let them have someone, even if they are not an interpreter, be with that child, so that child feels supported somehow. It can be a very stressful situation and difficult for a child to deal with. And sometimes leads to miscommunication and all that.

GL: That's true. No that's great. Ok thank you so much for your time. Do you have any other thoughts that you'd like to share on this phenomenon on child interpreting? Any?

FCI 1: I would say especially in the deaf community it's a big one. I was just talking to my [inaudible] a meeting just now. She is deaf, she's got 5-year old twins, and we were talking about whether what they're doing now is interpreting because when someone is knocking on the door, they would say, someone's knocking, and then alert the mother to go and open for the person knocking. So the question was; is this interpreting? Yes in fact it is, interpreting what is going on in the environment. They're still 5 years.

GL: And they already realise-

FCI 1: Yes, that they should alert mother that there's someone outside.

GL: That's amazing. Children are intelligent. I mean no one told them to do this.

FCI 1: That's why I say in the deaf community that's how it is. Especially if it's only the mother living with the children.

GL: That is great. Thank you for your time, if I have any other questions, can I email you? Are you available for that?

FCI 1: Yes.

GL: Thanks.

APPENDIX 2

QUESTIONNAIRE OF FCI 2

Please answer each question as honestly and as in much detail as possible. Remember, there is no right or wrong answer.

1. How old were you when you first interpreted for your parents/guardian/other adult?

   Approximately 6 years of age

2. How often did you do this? How frequently, i.e. every week/month, once in a while.

   I had to interpret almost daily. Much of the interpreting was informal, such as television news interpreting (or explaining what was said on the news)

3. In which context(s) did you mostly assist your elders with interpreting?

   Television interpreting, telephone interpreting, doctor's appointments, workplace meetings. My father had a private business where he did carpentry work for people after hours. I had to assist him when he went to meet with 'customers' to make sure that he understood what it was that they needed.

4. Do you recall any particular stressful or difficult situation in which you had to interpret? Or, what was the most difficult situation in which you had to interpret?

   Nothing really stands out as 'difficult'. I guess it was more irritating than difficult (at the time ;))

5. What skills or attributes do you think interpreting at a young age, added to your life, whilst being a child, and later as an adult? What benefits, if any, did you draw from performing this role as a child?

   Performing this role as a child taught me to be a responsible child and possibly provided more world knowledge.

6. Are you currently working as a professional/untrained interpreter? (Please specify). Do you believe that your childhood experience in interpreting led or aided you into this profession?

   I have been working as a SA Sign Language interpreter for about 24 years now. I qualified with an Honours in Interpreting from Wits University in

2011/12.

I believe that being a Child of Deaf Adults (CODA) were/is beneficial to me in becoming and being a professional SA Sign Language interpreter. It also means that I am part of the Deaf culture and am 'accepted' in the community as one of 'them'.

7. Do you have any suggestions, particularly for the public service providers that do not have professional interpreters available to assist in communication with non-English speaking adults?

   My suggestion would be that these service providers ensure that they have professional interpreters available.

8. Additional question: Did your parents ever have the option of using professional interpreters when interacting with service providers? If so, did they ever opt to rather use you for interpreting, because they felt more comfortable with you, or for some other reason?

   Answer: In 'my days' there were no professional interpreters available… in fact, we didn't know that there was such a thing as a professional interpreter!!

APPENDIX 3

QUESTIONNAIRE OF FCI 3

Please answer each question as honestly and as in much detail as possible. Remember, there is no right or wrong answer.

1. How old were you when you first interpreted for your parents/guardian/other adult?

   I started signing at about 18 months but interpreted fully at the age of 4.

2. How often did you do this? How frequently, i.e. every week/month, once in a while.

   Every day of my life.

3. In which context(s) did you mostly assist your elders with interpreting?

   All contexts including medical, etc

4. Do you recall any particular stressful or difficult situation in which you had to interpret? Or, what was the most difficult situation in which you had to interpret?

   Interpreting as a child itself is stressful and therefore I can't just isolate just one incident.

5. What skills or attributes do you think interpreting at a young age, added to your life, whilst being a child, and later as an adult? What benefits, if any, did you draw from performing this role as a child?

   Honestly? It actually made me grow up faster than I had to. I never had a chance to be a normal child.

6. Are you currently working as a professional/untrained interpreter? (Please specify). Do you believe that your childhood experience in interpreting led or aided you into this profession?

   I still work as an interpreter but not on a full-time basis. Sign language is my first language so interpreting will always be a part of me and cannot be separated from me.

7. Do you have any suggestions, particularly for the public service providers that do not have professional interpreters available to assist in communication with non-English speaking adults?

   I believe it's time for the public sector to consider using more CODA's or other family members who have been assisting the Deaf as interpreters. With the correct training (creating a framework) I believe this is possible.

8. Additional question: Did your parents ever have the option of using professional interpreters when interacting with service providers? If so, did they ever opt to rather use you for interpreting, because they felt more comfortable with you, or for some other reason?

   During the time that I was born, there weren't professional Terps. It was always the children of the Deaf who served as interpreters. As you know interpreting services are expensive and was always unaffordable back in the day. The Deaf relied on their children for almost everything. I can only remember of one time that my parents had to get a professional interpreter… WHEN I WAS A REBEL LOL and it was only to serve as a mediator between my mom and I …

   My parents still choose to use my sister and I as interpreters and my children (but it's very seldom).

APPENDIX 4

TRANSCRIPT OF SOCIAL WORKERS' DATA

GL: Good morning ladies.

All: Morning.

GL Thanks so much for your time and being available and willing to take part in my survey. So the topic I'm writing about is child interpreting. I'm looking at the phenomenon of when kids have to assist their parents with communication because their parents can't speak English of Afrikaans, and then the child has to act as interpreter. And I'm sure you guys as social workers you've got experience of having to communicate maybe with a child? So I've got a few questions, it's very basic, just please feel free and go into as much detail as you want. Of course, there's no right or wrong answer, so just share, I'd like to know about your experiences. SO my first question was: have you every assisted a client that didn't speak English or Afrikaans, and had to rely on a young child to facilitate communication with you. Did you ever have to speak with a parent but then the child had to step in, explain to the parents what you're saying.

SW1: I personally had an incident with one of my clients where the grandmother is Xhosa-speaking, so she understood what I was saying but she couldn't reply back in English so then her grandchild would interpret the whole session. So it was kind of like challenging with regards to taking notes and trying to get proper information from the client because it can be time consuming to converse with the client and then waiting on someone to interpreter the whole conversation back. And in situations like that, the person expresses themselves in Xhosa but then the person who interprets the information back they're not conveying the correct information that the person was saying, conversing to you. So yeah that is basically, it can be quite challenging when you communicate with the client in that manner.

SW2: Okay, ek het gewerk in intake by ons intake office, ne? Delft local office, nou het ons het baie sulke kliente gekry. Meestal wat ons doen, ons het basically studente wat ons assist, dan moet hulle vir ons assist in terme van dit. So ek het nog nie so 'n experience gehad nie, maar soos Yolanda nou se, kan ek relate wat sy se, dit is baie time consuming en dis self, 'n groot uitdaging vir ons want dan

kry ons nie die regte antwoorde van die klient af nie. So dan is dit nie, hoe kan ek se, die probleem waarmee hulle sit, dan is dit 'n ander probleem wat hulle vir ons explain. So dis nie dieseldfe problem wat ons oplos nie, dan vind ons uit dat daar's altyd iets anders wat die probleem is.

SW3: Missing information.

SW2 : Yeah, ek kan dit glo ja.

SW3: I also had cases like that, and even if the child can't help you with the translation then he'll ask the students. And even you'll pick up with the students also they're not giving you the correct information, so as Yolanda said, it's very challenging. SW2: It just prolongs the whole…

SW3: Then at the end of the day then, you pick up later on, this is the missing information that was, they left something out or something.

SW4: I would say, I don't really [talk] with the mother, or the granny or with the child per se, but maybe a family member that's a bit older, or a student. But I think with the child it's, you're not mos on the same level as the child, so they won't really, what you're trying to, the manner in which you talk to an older person – they can't really relate mos now to what to the way – so I don't think. I think they do somehow get the message through, but still…

GL: Lots of stuff gets left out? So it's definitely difficult to speak through the child?

SW3: Definitely.

GL: And did you guys ever find, […] did you find that the child have any difficulties with any terminology or words that you would say, I'm sure you guys have some terms that's obviously at an adult level. Did you find that the child couldn't translate that word, or when you communicate certain terms that you use - I can't think of any – ECD, you guys talk about ECD a lot, maybe the child doesn't know what ECD is. Do you find that with certain words –

SW4: Yes, definitely yes. You have to try and keep it simple.

SW3: I just wanted to say that. Simple as possible yes, not to use difficult words or big words as they say yes.

SW4: Sorry but you'll find that even the client she is an adult but she won't even understand the words, or have knowledge of the terms, yeah.

GL: Good, and was there ever any incidents where you had to pass on sensitive information maybe delicate things, and that you wish you could have spoken directly to the adult, cos you don't want to expose the child? Do you have any stories, without going into detail, this child, without identifying

any child? Do you guys have any experience where you had to tell something very icky to the parents? Or is it generally just basic information?

SW3: In my case, it was just basic information, I haven't experienced anything like that.

GL: No traumatising information that you had to share?

SW4: They have to make other means to communicate such information with the client, not through the child.

GL: Oh ok so you guys do that then, if it's, let's say the child has to be removed from the house?

SW2: What we normally do we'll get maybe a Xhosa-speaking social worker, one of our colleagues to relay the information.

SW3: And not a student, rather a social worker. That understands, you know, the confidentiality and sensitivity of [the information].

GL: I just want to quickly take a note. That's a nice point that I could add to my research. And in your opinion, did the child seem comfortable doing this interpreting or did the child ever look under pressure, or nervous or uncomfortable when they had to assist their granny like in your case? Or did they do it with ease or did they look like "I don't really wanna be here?

SW3: I had a case like that, where my child he was very frustrated that he had to translate. He really didn't want to do it but in a way he didn't have a choice, because there wasn't a student around to assist me, so I had to ask him.

GL: Shame, I'm sure he wanted to be out playing with his friends rather, or doing something else.

SW3: Because at the end of the day, you know, it's about him, so somehow the information we're asking about him, so he needs to translate!

GL: Oh my goodness! That must be so awkward!

SW3: In some cases you need to ask what are the circumstances about his foster care placing. But now he has to –

SW1: No, in my case the child was kind of like a little bit ashamed that granny couldn't express herself in English, but I just kind of like, let her know it's fine, it's ok, She's just there to help granny. But then it was … they do tend to feel a little bit like, when the grandmother or parent can't speak proper English then they're sort of embarrassed, but then I just -

SW2: Ok some of them come to our office, then they feel nervous because they have this impression about social workers, because when they see social workers they think “removals”, so some of the children have that, then we try to make them feel comfortable, try to explain what is the whole procedure.

GL: Maybe on the flip side, do you guys ever see some kids feel like “hey I’m so important, look at me, communicating for my parents?” Do some of them show confidence? Do they look proud? Proud that they’re helping granny, or is it just generally embarrassment and discomfort?

SW1: From my side it’s just embarrassment and being uncomfortable.

SW4: I haven’t really had cases where I had to use the children recently, so yeah.

GL: So what are your personal opinions about the use of children as interpreters? Do you think it’s a good thing or a bad thing, or do you just think, well, it is what it is, that’s life. What do you think about, when kids have to do that? How do you feel about it?

SW4; I think it depends on what it is you’re discussing. But it can also have negative and positive impacts on the child, because with the positive I would say then they also feel important, they’re able to speak another language and they feel, the confident levels … but I don’t think all the time, using the children to do that is good, it depends on, especially …. The kind of information that’s being shared.

SW2: Well I think that children normally.. hulle pas aan by hulle omstandighede, hulle verstaan dat hulle ouers het mos nou nie by daai, hoe kan ek se, het nou nie hulle agterouers het nou nie so groot geraak soos wat hulle vandag grootraak nie. Som van hulle, dink ek, verstaan die idee dat die ouers of grootouers nie Engels of Afrikaans kan praat nie. So ek dink daai is miskien wat die ouers nou die expectations van hulle af kry, want dan neem hulle altyd iemand of vir hulle saam om die goed vir hulle te doen. Ek dink som van hulle pas goed aan, maar net die idee dat hulle na ons office toe kom dan dink hulle, “social workers”-

GL: Dan voel hulle geintimideerd.

SW3: I think some of them are also used to it, they go to other places or organisations then they have to do the same thing. And at the end of the day I think also it’s sometimes a lot of pressure on that child, I don’t know… even if it doesn’t look like that but to take that responsibility of translating every time.

GL: Almost like working.

SW4: Sometimes too much information that not's really, [for] the child's not supposed to [be exposed to]. Although you're supposed to be open, the child has to know what's happening, not hide things, but I mean certain sensitive stuff, you don't want to expose the children to.

GL: that's maybe inappropriate for the child, especially if it's an 8-year-old child, they don't understand. I see what you mean. So, what is your understanding of the nature of interpreting? When you hear the word interpreting, what does it mean to you, what does it involve? What do you think interpreting means? It's a very simple question, but it's interesting to know, some people understand one way –

SW4: People have different views or ideas of what it is.

GL: Some people might say it's like writing, translating a book.

SW2: Normally when I hear the word, I think, it's another foreign language, someone who can't speak English or Afrikaans, that's what comes to my mind.

SW1: To me it would be just be like to convey the message that that person has, just in another language.

SW2: Or a language barrier.

SW4: Because it's not like we all understand English and now you have to make it more clear, because it's got to do with the – definitely with two different languages there, that's where interpretation comes in for me, that's how I [understand it].

SW1: It is basically translating a foreign language into English.

GL: Or even South African languages, Xhosa to English. So from your experiences, ladies, does it seem easy or difficult for these children to do interpreting? I guess you kinds of already answered that question pretty much, but most of the kids do they seem like they struggle to get the words? Anything that you want to add?

SW3: I think some of them do struggle but as we said we try to make it simple for them so they can have an understanding.

GL: Make it easier. And do you think the children are mature enough to interpret between adults? Do they have the emotional maturity – the kids that you've seen, do they seem like they're emotionally mature enough to do this thing?

SW1: Yeah I would say so, cos my client, she was fifteen years old. So she could comprehend what's going on.

GL: Have you had any kids where you saw, oh no, this child is too young, let's say, an eight-year-old child, did you have any experiences where the kid was too young?

SW3: No, only teenagers, they're all teenagers.

SW1: I would feel like, for an 8 or 7 years old, it's a lot of pressure being put on the child, to translate.

SW4: We look at children older than 10, you know?

SW3: Not that young.

GL: Oh, so that actually answers my next question, I was going to ask what is the average age, so I can say about 10 and older. Makes sense, and I guess that answers my next question as well, I was going to ask, do you think there should be a form of age restriction to this role? So like you said, ten and up. You answered this one already… I'm actually so happy that you guys are speaking so freely because you're pretty much answering everything I was going to ask. I'm getting really great information from you guys, so thanks very much. So I guess that leaves us with pretty much one last question, I'm just going to read it off. The Department of Social Development plays a vital role in society in ensuring the protection of human rights, particularly those of children, and I know there are various policies in place that guide the work that you do. I wanted to know, How do these policies play out in real life, in other words, how do you see it reflected in the day-to-day work that you do? For example, when you visit the families/foster home. Do you think that it is possible – ok, the first question is: can you see the policies that you have reflected in the work that you do when you visit families, do you see a change being made in everything that you do? And then secondly, do you think it's possible to adopt a similar policy or approach in providing support for children that play the role of interpreter for their parents? Do you think that the government or whoever, can we actually design some kind of policy that can ensure that those kids that do interpreting that we protect their rights, that they're not too exploited? How could one go about that, do you have any ideas? Do you have any suggestions of how this could be done, to make sure that those kids aren't too much under pressure?

SW2: Like the same that the site where the children's act that protect the children who are in need of care. So basically, actually, how can I explain it? So basically wat moet gebeur is daar moet 'n selfde act vir die kinders wat translate, wees. Dis hoe ek dit sien.

SW3: They must implement it, a specific one for those children to protect them.

SW2: Yes, an act. Maybe a child by the age of 12 can do it.

SW3: Oh ok and a specific age as well on the policy.

SW2: Like the welfare policy covers children who are need of care, child justice act, etc. So basically the same policy.

GL: That sounds like a great idea.

SW2: I think it will be a great idea, from 12 years old.

GL: To set more things in place yes.

SW4: To answer your first question on whether the policies do make a difference, I think that definitely it is. Because really we attempt, always attempt to not place the children or have the children in situations where they can get abused again or, you know? There is an attempt to place them in a safe environment and make sure their rights are being looked after and their needs are met. So yes.

SW2: and we have also a community development thing that focuses on, mostly on programmes, ECD programmes, there's social workers for that, the SOD.

GL: What's SOD?

SW2: SOD, what is the name – she knows more about that, but you can see the changes in the community.

GL: That's good .So hopefully in the same way we can get something more specific for those kids that are always doing this interpreting thing, because I do think that it must take a lot of effort for a child to have to play that role, when he could rather be hanging out with his friends instead of going everywhere with grandma and having to interpret the whole time. I think that is all the questions that I can think of right now ladies. Thank you for your time. If I – I don't think I will, but if I come up with any more questions, can I contact you via email?

All: Yes that's fine.

GL: Ok that's all for today. Can I have your email address?

SW3: You already have Ms van Graan's, and mine.

GL: Oh yes. Well thank you for your help with my research. Your input has been extremely valuable; enjoy the rest of your day.