

Clinicians' Perspectives on Child Language Brokering

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Abstract : Linguistic and cultural difficulties regarding the access and use of public services, as well as facilitating communication at all levels, are problems which have not yet been tackled by authorities in Spain. In fact, linguistic and cultural issues are often not recognised as an integral part of migratory movements or social integration. While professionals of interlinguistic and intercultural communication (translators, interpreters, mediators) know that language and culture are key components to achieve immigrant integration and consolidate a truly multilingual society, policymakers at local, national, or supranational levels do not always seem aware of the risks and costs of not providing interpreting and translation services, particularly those affecting the health of users. Regarding the services currently used to cover the communication-related needs between the non-Spanish speaking population and healthcare professionals, evidence proves that there are no effective provisions for communication problems at present in Spanish hospitals. An example that suggests the poor management of the situation in relation to the migrants' access to public healthcare is the fact that relying on a family member (often a minor) in medical consultations is one of the main practices that affects communication. At present, most medical professionals will explain that in their consultations with migrants who do not speak Spanish, they ask them to bring along a family member or friend who speaks Spanish. In fact, an abundant body of literature describes situations in which family members, children, friends, or anyone who speaks or understands a language helps to break language barriers in hospitals, not only in Spain. It is not difficult to see the problems this may cause, from ethical issues to comprehension problems and misunderstandings. This paper will present the results of Narrative Inquiry from a sample of eight clinicians about their perceptions and experiences using child language brokers in their appointments with non-Spanish speaking families. The main aim is to collect information about child language brokering as recalled and perceived by clinicians who present CLB as a routine practice and express their concerns and worries about using children to convey negative news to their parents or family members.

Keywords : child language brokering, community interpreting, healthcare, PSIT

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