Crossing the language barrier to provide culturally sensitive care

Mothertongue provides professional counselling to people from black and ethnic minority backgrounds in their preferred language. Beverley Costa explains how health visitors can work with multilingual families to ensure culturally sensitive care.

We are living in an era of significant migration, with more people moving across borders in pursuit of work, safety and refuge (Castles and Miller, 2009). Discussions about migration are highly politicised and contested, but the experiences of professionals and service users working across languages are vital for the provision of health services.

According to 2011 UK Census data, 4.2 million people (7.7%) in the UK speak another main language besides English. Polish was the most popular 'other' main language, with 546 000 people reporting this as their main language (Office for National Statistics (ONS), 2012). London had the highest proportion with another main language (22.1%). In addition, data show that a quarter of births in 2013 were to mothers born outside the UK (ONS, 2014). This information is relevant for health visitor practice, and it is important to consider the issues for health visitors who are working with multilingual families across cultures and languages, including interpreter-mediated communication.

This article will offer recommendations for practice that link with findings from the research and from theory. The term 'interpreter' rather than 'translator' is used throughout this article. An interpreter attempts to convey the spoken transfer of meaning across languages, while a translator attempts to convey written meaning across languages.

Background

The NHS makes use of a wide range of different interpreting agencies. It should be noted that even within the domain of professional interpreting services, there is no official inspection process and agencies tend to vary in quality of provision. Cambridge (2012) writes about the lack of suitable interpreters in a number of tragic cases in midwifery and suggests that:

'They [interpreting services] should be subject to the same degree of rigorous governance as any clinical discipline in NHS institutions.'

Appropriate guidelines for practice in the NHS are being developed, although service provision differs across localities. This article will draw on the experiences of Mothertongue multi-ethnic counselling service, which also provides a mental health interpreting service in Berkshire, UK.

Mothertongue

Mothertongue (www.mothertongue.org.uk) is a culturally and linguistically sensitive counselling service, which provides professional counselling to people from black and ethnic minority backgrounds in their preferred language. It has its own pool of specially trained mental health interpreters who interpret for therapeutic sessions. The organisation works in partnership with a variety of organisations. With the Victoria Climbie Foundation, Mothertongue has created a white paper about multilingualism and misunderstandings for children in care and their families, *My Languages Matter: the multilingual outlook for children in care* (Costa et al, 2015). While the experiences of Mothertongue mainly relate to mental health services, the organisation has always worked closely with health visitors who refer to the service regularly and who use the services of its interpreters.

Health visitors were the principle referrers in the early days of the organisation. They have been key in helping to develop a form of collaborative referrals and are trusted by many of the clients that use the service. Health visitors may find it

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useful to adapt the recommendations made in this article for a good fit with their context.

When communication needs to be conducted across languages and cultures it is put under strain. Professionals may feel de-skilled, wandering through a hazardous course and anxious not to cause offence. This may lead to disengagement. Serious issues, such as child protection, may be attributed to conflicting cultural beliefs (Dwivedi, 2003; Fernando, 2003; Dutt and Phillips, 2010).

Many parents do not know that they are eligible for, and have a right to request, an interpreter. When interpreters are used, professionals have seldom had training in how to work effectively with an interpreter (Rosenberg, 2007; Gray et al, 2012; Costa and Briggs, 2014; Talbot et al, 2015). A variety of misunderstandings may be exacerbated through interpreter-mediated communication. Dwivedi (2003) states that families and professionals can feel frustrated and unsure if their meaning has been communicated accurately, and a great deal of preparation is necessary so that all the parties feel that they can trust the process. Professionals may resist using an interpreter because they are not sure how to manage the communication to ensure safety for all (Raval and Smith, 2003).

Relatives as interpreters

Parents are at their most vulnerable with a new baby and they may not want to have an 'outsider' or a professional interpreting for them. A mother may express the wish for her family member to interpret for her, or a family member may wish to interpret for the mother. This can create problems for the health visitor who is attempting to adhere to conflicting advice about what to do in this situation. On the one hand, health professionals are advised not to use family members as interpreters. Some research has found that access to trained professional interpreters or bilingual providers increases patient satisfaction and reduces errors in general medical practice (Flores, 2006).

Although there are very few studies of patient/service-user responses to interpreters, Bischoff et al (2003) and Bischoff and Hudson (2010) assessed patient satisfaction with care received and communication during consultation in a primary care setting in Switzerland to find, unsurprisingly, that patients reported feeling more understood when interpreters were made available. Although some researchers have expressed doubts about the use of friends and family members as interpreters, several studies show that people may prefer to use friends and family members rather than professional interpreters (Kuo and Fagan, 1999; Antonini, 2010: 10). Antonini (2010: 10) found that parents often prefer their children to interpret for them, even if other forms of language support are available:

'Because of cultural reasons, and for a host of other motives, immigrant parents will continue to ask their children to translate and interpret for them regardless of the law and of other resources available to them, such as professional interpreters and language mediators.'

In a review of users' experiences of access to services via interpreters, Alexander et al (2004: 60) found that this preference may be because 'they trust them … they have an ongoing relationship with them and an emotional commitment and loyalty towards each other.' Greenhalgh et al (2006), who conducted interviews with service users, believe that family and friends can make a contribution to improved care by shifting the power balance in favour of the service user.

Hadziabdic et al (2014) found that there was no agreement among family members about their experiences with interpreting, recommending that interpretation should be individually and situationally adapted. When family members acted as interpreters, their role was to give both practical and emotional support, and this led to both positive and negative emotions.

Mothertongue has attempted to build on suggestions by Rosenberg et al (2007) that health professionals (working with interpreters) should be trained to use guidelines that can be incorporated into their general assessment and decision-making processes. Gray et al (2012) have developed a toolkit and evidence-based process to help practitioners make appropriate decisions about levels of language support and corresponding risk. The following guidelines can help professionals to prepare for the interpreter-mediated encounter with the client.

Good practice when working with interpreters

Pre-briefing

- Meet with the interpreter before you meet with the client for a briefing
- Explain your method of work and expected outcome to interpreter
- Let the interpreter know if you will be using any specific terminology. Even when there is a home visit, Mothertongue's interpreters have found a number of creative ways around this. They

might exchange car registration numbers with the health visitor and meet in each others' cars for a quick briefing and debriefing session.

Meeting with the client

- Thank anyone from the family who wants to interpret so that they feel validated, but explain that you are required to have a professional interpreter for your work. You may want to suggest that you would appreciate their support with other aspects of care if they are willing. It is important that the family member does not feel rejected or humiliated, for the wellbeing of everyone involved
- Introduce yourself and the interpreter. Think about how you will manage beginnings and endings of sessions
- Set the ground rules, including confidentiality and the fact that everything said in the room will be translated
- Arrange seating so that everyone can see each other within the constraints of the room and people's homes
- Speak directly to the client
- Work collaboratively with the interpreter to form a team
- Speak in small chunks so that the interpreter can translate accurately
- Avoid having a private conversation with the interpreter in the client's presence
- Allow enough time for de-briefing with the interpreter at the end.

Cultural knowledge versus humility

In preparation for this article I asked some of Mothertongue's interpreters about their experiences of supporting health visitors. Their answers included suggestions about managing the linguistic and technical aspects of the communication, which are included in the Good Practice section above.

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» No one can ever know everything there is to know about all cultural practices. Indeed, even attempting to do so can lead to stereotyping and potentially misleading assumptions. «

They expressed views about some of the cultural sensitivities that could help when working with families from different ethnicities and cultures. For example, generally, breastfeeding is regarded positively in the UK, but it may be discouraged in some cultures and countries, and new mothers may have expected a great deal of help and support from their families back home and are shocked to find themselves so isolated here. They may expect the health visitor to behave like a family member and have expectations that go beyond the health visitor's role; they may be alarmed by the size of the book used to record information about their child; or they may not know the extent to which the statutory services can become involved with children's welfare and be unaware of safeguarding practices in this country, which may differ greatly from practices in their own country.

Questions such as, 'Is your husband ever angry or aggressive?' may seem very strange. No one can ever know everything there is to know about all cultural practices. Indeed, even attempting to do so can lead to stereotyping and potentially misleading assumptions. Not everyone lives according to cultural norms (Minkler, 2004). Of course, cultural knowledge can be very useful in helping to form a working relationship. A professional who learns a greeting or the correct way of pronouncing someone's name is often very welcome.

There is a limit to the usefulness of cultural knowledge (Lago, 2012). Cultural humility is an attempt to move beyond stereotyping and to prepare the ground for authentic encounters between people (Tervalon and Murray-Garcia, 1998). It is 'a process of self-reflection and discovery in order to build honest and trustworthy relationships' (Yeager and Bauer-Wu, 2013: 1). This type of self–reflection can avoid assumptions being made and can encourage a way of relating to people without knowing everything about them

Box 1. Case study: cultural knowledge

A young mother tells her health visitor, through an Arabic interpreter, that she is not eating very much. In the de-brief, the interpreter explains to the health visitor that it is Ramadan and that this is why the mother is not eating. The explanation given by the interpreter is an example of cultural knowledge. The health visitor is grateful for this explanation as it may help her to understand the mother's behaviour. However, on reflection she decides she needs to find out if this piece of cultural information really does explain the client's behaviour. Is this piece of cultural knowledge actually relevant to this client? When she checks this out with the mother, the mother tells her that she is not a practising Muslim. It becomes clear that she is not eating because she is desperate to lose weight as she is feeling unattractive after the birth. Had the health visitor relied on the interpreter's cultural information and assumptions, and attributed the client's behaviour purely to a cultural or religious practice, she would have missed this important information about the client's health.

Key points

- Meet with the interpreter before you meet with the client for a briefing
- Thank anyone from the family who wants to interpret so that they feel validated, but explain that you are required to have a professional interpreter for your work
- There are cultural sensitivities that could help when working with families from different ethnicities and cultures
- Cultural humility is an attempt to move beyond stereotyping and to prepare the ground for authentic encounters between people
- If we accept that mistakes may be made and that we can learn from each other, cultural mistakes can be viewed as the means to enable a relationship

(*Box 1*). If we accept that mistakes may be made and that we can learn from each other, cultural mistakes can be viewed as the means to enable a relationship rather than to freeze it through guilt, fear or distrust.

Conclusion

A number of anxieties can be raised when working with clients across cultures and languages. Preparing with the interpreter in advance of the meeting with the client can be invaluable. Recommendations can help, but they will need to be transferred to the health visitor's particular context. Thinking about how to deal with offers from family members to interpret in their own homes can be useful preparatory time. The notion of 'cultural humility' is a useful stance in avoiding assumptions and enabling real and caring—if imperfect—clinical encounters with families. JHV

To find out more about interpreters' experiences of interpreting across languages and cultures visit the Mothertongue website: www.mothertongue.org.uk or go to: www.gla.ac.uk/research/az/gramnet/research/trainingmodel/resources/ for their excellent training video scenarios on working with an interpreter.

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