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Abstract

This article explores the challenges that social workers in child welfare agencies in Norway and England experience when working with minority ethnic families who are not proficient in the country’s language. This study is based on fifty-three interviews in which social workers reflected on an open-ended question that addresses the differences between working with minority ethnic children and their families and white children and their families, provided they believed that there were any differences at all. This study shows that social workers encounter several challenges when using interpreters in their work with minority ethnic families: social workers lose information and they lose time and trust. In addition, the lack of a common language pre-empts the types of interactions that are necessary to establish a good relationship with minority ethnic families. We found that there are hardly any differences between the two countries, even though England has historically had more extensive experience with ethnic minority families and more stringent anti-discrimination laws. The findings also suggest that minority ethnic families may lose out on accurate assessments and access to services due to problems arising from the use of interpreters. We discuss four sets of implications for practice, including strong ethical guidelines for and testing of interpreters, training of social workers in working with interpreters, affirmative strategies on the part of local authorities to eliminate language-related barriers for ethnic minorities and pro-active child welfare systems that address the challenges language differences pose to the child welfare work.

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Introduction

What are the linguistic challenges that social workers in Norway and England face when working with minority ethnic families who are not proficient in the country’s language? How do social workers handle these challenges? We explore these questions based on in-depth interviews with fifty-three experienced social workers in England and Norway, of whom we asked what the differences were, if any, between working with minority ethnic children and their families and with white children and their families. Many of the social workers we interviewed reported that language issues, and especially working with interpreters, were an obstacle when communicating with minority ethnic families, understood here as minority ethnic families who are not proficient in the majority language of the country they live in. As communication is salient to child welfare work, the prevalence of communication challenges in both England and Norway is an important but troubling finding. It is troubling because it may imply that minority ethnic families are treated more poorly than families with majority language proficiency by the social service system (Barn, 2007; Chand, 2008). Ensuring effective communication between social workers and carers is important because communication creates understanding between social worker and child and carer in various ways: first, communication helps social workers and their communication partners to get a sense of what is at stake or important for the other party. It helps social workers to accurately analyse situations and potential problems, and it also allows social workers and families to discuss and potentially come to a mutual understanding about possible solutions. As communication is such a salient element to social work practice, it is important to explore whether language barriers hinder social workers in their work, and to discuss the consequences of linguistic barriers to minority ethnic families and implications for social work practice. In the following, we will focus on exploring whether minority ethnic families are treated poorly as a result of linguistic challenges. Given the different historical experiences with immigration and minority ethnic populations in England and Norway, we also address whether social workers’ perceptions of linguistic challenges vary across countries.

Research on language and interpretation issues in child welfare is scarce. According to Gotaas (2007), who has undertaken an extensive literature search and review of scholarship on language, interpretation and child welfare, Chand’s (2005) research is the most relevant in this field. In his article, Chand reviews four pieces of scholarship that discuss challenges that arise when social workers work with interpreters. Chand’s review
unearths several interpreter-related challenges that negatively affect the quality of social work, including the lack of interpreter availability or suitability and inaccuracy of interpretation. Following Chand’s path, we compare how experienced social workers in Norway and England perceive working with minority ethnic families who do not speak Norwegian or English, respectively. First, we outline the conceptual framework that has guided our data analysis: J. L. Austin’s theory of speech acts. Second, we describe the methods of data collection and analysis before turning to the study’s findings. We also discuss the implications of our findings on the treatment of minority ethnic families in the social work system, and end by teasing out implications of our findings for social work practice.

**Theoretical approach**

As mentioned above, the social workers we interviewed pointed out the lack of a common language and interpretation-related issues as a major challenge in their work with minority ethnic children and their families. We use Austin’s conceptualization of language as the theoretical backcloth to this study because it allows us to identify interaction between communicative parties that includes more than simply the exchange of words. Austin (1962) conceived of utterances as ‘speech acts’ and distinguished between three aspects: (i) locutionary, (ii) illocutionary and (iii) perlocutionary speech acts. The locutionary dimension of an utterance refers to the actual words that a speaker utters. In child welfare work, this would refer to the words that social workers and children or carers use when talking to each other. An illocutionary speech act refers to the meaning that a communicative party intends to express to the other party. For instance, a social worker may want to inquire about a carer’s child-rearing methods, or a carer may want to express that they do not understand why the social worker would be worried about their parenting. The perlocutionary dimension of a speech act is the (intended or unintended) effect that the speaker’s words have on the other party. For instance, social workers may harbour feelings of insecurity when hearing about parenting methods they are unfamiliar with, or carers may feel insulted or upset as a result of social workers’ inquiries. In this paper, we focus on the challenges that social workers experience along all three dimensions.

**Methods and data**

This research is based on qualitative interviews we conducted with social workers to explore their perceptions of their work with minority ethnic children and families. This study is part of a larger research project called Child Protection in a Comparative Perspective (CHILDPRO), which is funded by
the Norwegian Research Council. CHILDPRO combines a case vignette survey with in-depth interviews to analyse how social workers in England and Norway take decisions in child protection cases. Between January and March 2008, the authors conducted in-depth, semi-structured interviews with a total of fifty-three front line social workers in Norway and England. Among other reasons, we compare Norway and England because we expected differences in social workers’ perceptions of linguistic challenges, given the two countries’ different historical legacies and experiences with minority ethnic populations who are not proficient in Norwegian or English. The research sites in Norway were Sandefjord and Stavanger, and Sheffield was the study site in England. We interviewed fourteen social workers in Sandefjord, fourteen in Stavanger and twenty-five in Sheffield. We recruited social workers using their e-mail addresses, which were made available by the respective city councils. In Sheffield, we had the additional help of a research officer employed by the city council, who provided generous logistical support to recruit interview participants. Social workers were invited to participate in this study in their leisure time and received an honorarium for their participation. Interviews were transcribed verbatim and first coded for major themes and patterns that are relevant to our research question. We subsequently determined the frequencies of the main themes in the data and then returned to the interview material to undertake more focused, line-by-line coding of the most frequent themes. All social workers are given a female pseudonym in this article to preserve their anonymity. We also changed families’ countries of origin to de-identify cases.

With regard to respondent characteristics, it is noteworthy that, in both locations, our samples were almost all native-born, majority ethnic white and almost all female. Overall, the demographic characteristics of the English and Norwegian samples do not differ significantly across countries. Our samples do differ in terms of social workers’ age and work experience: the average respondent’s age in England is fifty years; in Norway, it is forty-three years. In both countries, most interviewees were experienced social workers but more so in England, where 50 per cent had over nine years or more of work experience; in Norway, 50 per cent had over eight years or more of experience. However, Norwegian social workers had more experience at the child welfare agency they were working for at the time of the interview. On average, they had worked 3.8 years for the present agency, whereas, in Sheffield, social workers only had 2.6 years of work experience at the present agency. Social workers in Norway considered themselves less experienced than social workers in England with regard to working with racial and minority ethnic children and their families. We expected that we would find differences between the Norwegian and English samples in terms of perception of and strategies working with interpreters, given that English social workers had more overall work
experience and had more experience working with minority ethnic families compared to Norwegian social workers.

This article builds on data collected on the following open-ended interview question: ‘In what ways, if any, is working with minority ethnic families different from working with white families?’ We allowed participants to follow their own thoughts, and only asked for examples or further explanations on issues they had raised themselves. The interview data we collected yielded rich, in-depth information on social workers’ perceptions of their work with minority ethnic children and their carers, in particular the actions, events and processes involved in this work and the meaning social workers attach to it. As we asked open-ended questions and only prompted participants for examples or additional explanations if the interviewer had trouble understanding what the respondent meant, we did not influence or bias respondents’ perceptions or their definitions of minority ethnic families. We also did not know whether their answers were based on a few or many experiences with a certain ethnic group.

Lost in translation

As language is the basis of communication, it comes as no surprise that a majority of social workers in both countries perceive the lack of a common language with minority ethnic carers and children who are not proficient in the majority language as a towering obstacle to undertaking their work—an obstacle they often refer to as ‘the language barrier’. In total, about 75 per cent (twenty-one out of twenty-eight) of social workers interviewed in Norway, and more than 70 per cent (eighteen out of twenty-five) of social workers in England reported on issues related to language and/or interpretation. For most workers who addressed these issues, language or interpretation-related issues were among the first two issues they mentioned in their reflections on the differences between working with white and minority ethnic families (seventeen out of eighteen in England and fifteen out of twenty-one in Norway). This finding reveals that social workers strongly connect language issues with ethnic minority families. In both countries, many social workers explicitly or implicitly stated that they considered these issues a challenge. Most of the English social workers who mentioned these issues perceived them as difficult, and a few of these social workers described these difficulties in negative terms, likening them to a ‘bloody nightmare’ or stating that they produce ‘massive complications’. In Norway, social workers consistently described language issues as ‘challenging’, but did not show strong feelings about the issue or seemed to think it was too problematic. This could be the case because social workers in England have a higher level of awareness of anti-racist practice than Norwegian social workers (Križ and Skivenes, forthcoming). Except for this difference in perception, both Norwegian
and English social workers consider language-related issues part and parcel of the challenges they face when working with minority ethnic children and their carers. ‘Wendy’s’ comment illustrates the saliency social workers attach to overcoming the language barrier:

I don’t want a language barrier when we got to speak to people. Do I need an interpreter? Particularly for a child, after the Climbie inquiry\(^4\) that was a big question about speaking to the child in their own language. So that would be the first barrier that I would want to overcome, if it was a barrier.

In general, social workers seek to overcome the language barrier by using interpreters. The communication difficulties arising from the language gap and the challenges when using interpreters to bridge this gap are similar in England and Norway.

‘Marjorie’ provides a summary of some of the challenges that arise when social workers use interpreters. The following quote encapsulates the main issues that social workers in England and Norway are commonly concerned about:

Obviously, when you’re working with interpreters, how you say things isn’t interpreted correctly sometimes. . . Sometimes I felt I had to go over a hell of a lot more. It’s a lot more time-consuming working with interpreters, and you don’t actually . . . strike up a relationship with the parent as you would do if they understood the language that you’re speaking because you’re working through a third person. . . you’ve mom, whose engagement you want, and she might ring you up, ‘Oh, this is happening and I need some help.’ That’s never going to happen because this woman can’t speak English. Now the interpreter, nine out of ten, is from Social Services, so this mom doesn’t know how to get hold of that interpreter. So it’s very difficult for her to get hold of me to tell me, ‘Oh, this is happening and I’m very concerned.’ So you never get that full relationship, I feel, with minority ethnic families.

Social workers reported that language barriers and the use of interpreters result in information deficits, more curtailed relationship-building processes, feelings of mistrust and practical obstacles for ethnic minority carers who are trying to reach social workers. In the following, we will describe these challenges in more detail and discuss their consequences on child protection work with ethnic minority families.

First, the information social workers deem necessary to undertake an appropriate assessment of a child’s situation by communicating or exchanging information may simply not ‘reach’ the other party. It is the illocutionary dimension of speech acts that gets distorted. ‘Sylvia’, an English social worker, puts it like this: ‘And although we use an interpreting service, which more and more we are getting more focused that the interpreters are used to doing child protection work, . . . things can often get lost in translation. People kind of not really understanding.’ This quote indicates that children and families ‘not really understanding’ what social workers are saying may happen when interpreters are not used to or trained in interpreting social
work-specific content. Similarly, ‘Nina’, a Norwegian social worker, told us that she thought that interpreters who are not specifically trained in social work terminology and do not know the child welfare system do not necessarily understand what social workers are trying to get at and thus do not provide accurate information to parents and children. ‘It all depends on how good the interpreter is,’ ‘Nina’ adds.

In addition, subtle information, such as the beginnings of sentences that get abandoned by the speaker and tangents speakers go off on, may get lost in interpretation because interpreters do not interpret verbatim. ‘Natasha’, an English social worker, seemed frustrated when she explained that interpreters would summarize a person’s five-minute response with a simple ‘yes’, while ‘Natasha’ was interested in hearing ‘all the bits’ of a conversation. ‘Natasha’ felt that only a word-for-word translation would result in her fully understanding what was going on with a family. ‘Natasha’ explains: ‘I want literally everything [the child’s mother] has said so I understand what it is she’s saying.’ This suggests that interpretation itself may produce information and communication gaps if interpreters do not interpret information correctly; and that social workers may not be able to build a very close rapport with a family whose language they do not speak, which leads straight to our next point.

Second, social workers experienced the perlocutionary dimension, because working with interpreters alters the quality of and logistics involved in their work. They reported that their relationship with minority ethnic families becomes less immediate, and families become less accessible. In the following quote, ‘Laila’, a Norwegian social worker, explains in what way using interpreters changes her work:

> If an interpreter is necessary, then it’s harder to arrange meetings, and this is why we meet less frequently and we talk less frequently. You can’t just pick up the phone and talk to a mother or father. It must be planned. If you need an interpreter to be physically present (instead of on the phone), then you must make sure to request him or her long before the meeting.

And—more worrisome from the standpoint of child welfare—a carer may feel barred from contacting a social worker if they need help because they need to go through an interpreter whom they do not know how to reach. This suggests a potential access barrier for minority ethnic families due to linguistic challenges, as well as fewer opportunities for social workers to build a strong working relationship with families.

Third, the use of interpreters might cause mistrust, which is another example of the perlocutionary aspect. ‘Rose’, an English social worker, emphasizes that ‘the challenges are . . . as much about the interpreters themselves, because, actually, I have no idea what they’re saying. . . . Quite often I can tell from the body language that there’s a degree of collusion going on’. This quote suggests that to ‘Rose’, using an interpreter is far from the ideal-case scenario of gathering accurate information on a child’s
situation: ‘Rose’ does not trust the interpreter and the carer, nor does she trust the information she is gathering.

The presence of an interpreter may also increase minority ethnic families’ mistrust of their social workers. A few social workers in England (two out of eighteen who commented on language-related issues) and Norway (three out of twenty-one) mentioned that families fear loss of confidentiality when talking to social workers via an interpreter, who may belong to their ethnic community. As a result, families might not reveal any type of information that they would not want to leak back into their community. That, in turn, means that information necessary to accurately assess a child’s situation may potentially not reach the ears of the social worker. ‘Lise’, a Norwegian social worker, expresses this problem in the following way:

Respondent: Often the family does not want an interpreter because the [immigrant] milieu is so small and they fear someone will recognize them. Instead they suggest to bring someone from their family or a friend [to interpret]—which is a problem for us.

Interviewer: Why is that a problem?

Respondent: Because we must ensure that the interpreters are independent and objective.

And ‘Robin’, an English social worker, sums it up like this: ‘We have problems with interpreters because in some communities families are very frightened to speak because the interpreter can connect it in some way. So you don’t always get what’s actually going on.’ ‘Robin’s’ statement suggests that acquiring information gathered in the presence of an interpreter may potentially include a wider margin of error.

Fourth, working with interpreters adds yet another perlocutionary element, as it is time-consuming and might adversely affect the quality of assessments and slow down the decision-making process. ‘Moira’ told us that she feels frustrated by communicating through an interpreter: she believes that communication via an interpreter has adversely affected the quality of her assessment and slowed down her decision-making process in a recent case in which the toddler boy of a Slovak migrant woman was put into foster-care. These are ‘Moira’s’ words:

I just expressed my frustration and said my assessment is absolutely rubbish because I haven’t got the Slovak language. I feel if I got the language, I would be able to make decisions and I’d have a very clear assessment, and I’m having to work through an interpreter and I don’t get a true picture. It’s very patchy, and I don’t have a full understanding.

‘Moira’ continued to state that it took her three months to learn important pieces of information about the boy’s mother, including the fact that the boy’s mother actually wanted her son back. ‘Moira’ added that she now has a completely different picture of the mother and is concerned that the delay in information gathering (and subsequent decision making) may
adversely affect the toddler’s development. When talking to us, ‘Moira’ was clearly concerned that the initial picture she had assembled of the child’s mother’s situation was inaccurate because of the incomplete information, the ‘patchy picture’, that ‘Moira’ had assembled. ‘Moira’ also felt under time pressure because ‘the powers to be’ (management) wanted her to take the case to court, while ‘Moira’ felt she still needed to gather more information. ‘Moira’s’ story suggests that issues related to language and interpretation may lead to an assessment based on partial information, which may result in decision-making processes that are only partially based on facts and sound reasoning. If this is true, this would effectively mean that minority ethnic families are receiving differential (and potentially less fair) treatment.

**Discussion**

Social workers in both countries experienced language barriers and thought that working through interpreters, while the only way to overcome the hurdle of the lack of a common language, reduces the quality and extent of information they receive from children and carers when making an assessment of a child’s situation. Following Austin’s tri-partite model, we found that the use of interpreters introduces communicative distortions at all three dimensions of speech acts: locutionary, illocutionary and perlocutionary. First, at the locutionary level, distortions occur because, at a very basic level, the words that interpreters use are simply not ‘right’. These locutionary distortions occur because interpreters do not translate verbatim or do not have the knowledge to accurately translate social work-related language. Locutionary distortions imply that carers and children do not get to hear the actual words that social workers are uttering. This affects the illocutionary dimension because families may misinterpret the intentions of the social worker and vice versa.

In addition, social workers cannot express what they intended to express because of a lack of the interpreter’s understanding of the child welfare system. Social workers may also feel that they cannot accurately judge the intentions of the carer or child, for instance if interpreters summarize answers instead of translating verbatim. The presence of the interpreter may also result in carers and children fearing loss of their confidentiality. This, in turn, affects their communication at the illocutionary level because it impacts upon their intentions of what to communicate to the social worker.

Third, at the perlocutionary level, distortions occur as a result of the distortions at the locutionary and illocutionary levels and because of the logistics involved in communicating through an interpreter. The effect of interpreters’ words on social workers may be frustration because it is time-consuming and labour-intensive to make communication work despite
distortions (and because of the logistics involved in arranging meetings in which an interpreter is present). In addition, social workers mistrust the information they receive via the interpreter, and they have more difficulty establishing a working relationship with a carer and/or child. These communicative distortions at the perlocutionary level may delay interventions that are necessary for the ethnic minority child.

In short, we found that distortions at all three levels of speech acts result in what we label communicative insecurity—both social workers and carers and/or children feel insecure about words, meanings, intentions and effects of their communication. This finding of communicative insecurity adds to other scholarship about communicative problems in English child protective networks in particular (Reder and Duncan, 2003), and in decision-making processes in general (Tversky and Kahneman, 1974). Communicative distortions also lead to access barriers to services for minority ethnic carers and children who are not proficient in the majority language. The distortions occur because of interpreters’ (i) lack of adequate interpretation skills geared to social work, (ii) lack of understanding of the child welfare system, and (iii) lack of professional ethics.

Our findings on the effects of language barriers and working with interpreters are consistent with Chand’s (2005) study of previous research, especially Brandon et al. (1999) and Humphreys et al. (1999). Humphreys et al. found that in child protection conferences, interpreters inaccurately interpreted what services users said and spoke on behalf of carers. Brandon et al. (1999) found that minority ethnic families were concerned about confidentiality when interpreters within the community were used. Our study concurs with these previous findings but also shows that, from the viewpoint of social workers, the effects of working with interpreters are even more complex than these findings suggest: social workers also feel that they lose information, time, trust, relations and the interactions necessary to establish reasonable knowledge and understanding of the minority ethnic child and her or his family. Our data clearly show that an important reason for this is deficient interpretation services (cf. Chand, 2005). In addition, our data indicate that neither social workers nor the child welfare agencies concerned handle language challenges in an efficient way. In the following, we discuss in more detail in what ways social workers and local authorities could reduce communicative insecurity resulting from the distortions mentioned above.

One obvious solution to communicative insecurity resulting from interpretation-related distortions of speech acts is to use certified interpreters, namely interpreters who have completed training that is explicitly geared to social work-relevant interpretation, who have learned that they need to provide verbatim translations, have solid knowledge of the local child welfare system and abide by a professional code of ethics that includes strict confidentiality rules. It is just as obvious that, today, there are not enough certified interpreters of this kind to fill the demand for
every type of language needed (Youdelman and Perkins, 2002). This lack of interpretation resources calls for proactive or affirmative actions on the part of the local and national governments, as we shall discuss below. Our findings suggest that without these pro-active strategies, the playing field between majority and minority ethnic service users who do not have language proficiency will not be easily levelled. This is confirmed in a review article about research on the use of interpreter services in health care (Flores, 2005).

In addition, previous scholarship gives us reason to believe that access to qualified interpreters has been a persistent problem, which makes us wonder whether there are characteristics of the child welfare system that can shed light on linguistic challenges. Ethnic minorities might get unfair treatment that is fostered by a working environment in which social workers are required to complete assessment and decision-making processes within time frames that are too stringent and do not take into account delays resulting from language and interpretation-related issues. The use of interpreters is, of course, an issue of cost and of social workers’ competencies to ask for and prepare an interpreter. Pressure by management to take certain actions within a particular time frame was mentioned by two English social workers as a reason for language challenges. When social workers have a heavy caseload and need to meet tight deadlines, it would make sense for management to allow social workers more time when working with interpreters in order to ensure accurate assessments.

This reasoning leads us to suggest that child welfare agencies have not given interpretation-related challenges enough attention, even though this is an explanation that few of the social workers indicate. At the same time, it may be possible to improve social workers’ skills in how to behave and interact in a situation with an interpreter and a child and his or her parents, such as by reminding the interpreter that a verbatim interpretation is needed, or stating at the outset of the meeting that the information gathered is to be treated with strict confidentiality.

In addition, in cases in which carers are mistrustful of interpreters leaking information back into their communities and in which face-to-face meetings are not necessary, information technology, such as conference calls and voice distortion software, may be a cost-effective way to deal with carers’ and children’s feelings of mistrust of interpreters. If local governments took seriously the needs of minority ethnic children and families (and if costs were not an issue), they could establish phone hotlines in languages other than English or Norwegian, staffed by people able to establish the connection between social workers and service users in cases in which service users are trying to reach social workers whose language they do not speak.

Unexpectedly, we found that there are hardly any differences between the ways in which social workers in England and Norway perceived
interpretation-related challenges, with the exception of higher levels of frustration and irritation amongst English social workers when talking about interpreters. These might be due to the higher level of consciousness around issues of racial discrimination and assimilation among English social workers. Norwegian social workers are more inclined to favour linguistic assimilation, and English social workers are more aware of racial discrimination and anti-discriminatory practice, as other research has shown (Križ and Skivenes, forthcoming). Feelings of frustration among English social workers could also be due to the relative effect of the quantity of social work with interpreters: English social workers may simply have used interpretation services more frequently than Norwegian social workers, and may therefore have encountered related problems more frequently.

The cross-country similarities in experiences with interpretation-related challenges, in spite of major differences in legal frameworks concerning racial discrimination and differences in historical experience with immigration and ethnic minority populations, reveal that communication-related problems remain unsolved at the level of street bureaucracy, where social workers and service users meet. Local procedures in Sheffield explicitly encourage culturally sensitive practice with minority ethnic service users (Sheffield Safeguarding Children Board, 2007). The procedures are very explicit and encouraging about social workers using interpretation services during enquiries and child protection conferences in cases in which the child’s or carers’ first language is not English. However, with the exception of gender issues and issues of confidentiality, the procedures do not provide specific guidelines on how to deal with the specific challenges arising from interpretation mentioned by the social workers we interviewed (Sheffield Safeguarding Children Board, 2007). According to the procedures, ‘the use of interpreters is appropriate when parents/carers are hesitant to speak English. . . . Parents may be unable to speak frankly if an interpreter of inappropriate gender is used. The council Community Languages Team will undertake interpreting. . . . The Team . . . will ensure work is done in-house to maintain confidentiality’ (Sheffield Safeguarding Children Board, 2007, p. 54).

At the national level, England has strong laws on anti-discriminatory bureaucratic practice. The 2003 Amendment of the 1976 Race Relations Law in particular explicitly prohibits social services from discriminating on the basis of race, religion or culture (HMSO, 2003). In Norway, there are no comparable anti-discrimination laws pertaining to service users at the national level, and there are no guidelines for social work practice with minority ethnic children and their families in our Norwegian research sites.

We suspect that the persistence of interpretation-related problems in both countries reflect a lack of organizational attention to the problem at the local level, including the lack of a set of specific guidelines on how to work with interpreters, and how to interact with children and families.
that are not proficient in English or Norwegian. We are also inclined to believe that linguistic problems become so challenging because they add an additional layer to other challenges that social workers encounter in their work with ethnic minorities, such as cultural and value differences.

Conclusion

To conclude, it is not only social workers who may get lost in translation when working with minority ethnic children and carers. Children and their carers may also get lost or lose out, by losing access to appropriate assessments and to the services they might need. Further, if decisions are made based on the wrong reasons, one can hardly expect child welfare services to work in the best interest of the child. If the above portrayal is an accurate description of the situation of interpretation-related challenges in child welfare work in Norway and England, this would effectively mean that minority ethnic families are receiving differential and potentially less fair treatment.

What specific recommendations can we make to improve the deficits that social workers have commented on? First, it is imperative that local authorities only rely on certified interpreters, who know the local child welfare system and child welfare-specific language. When this is not possible, local authorities need to ensure that interpreters are knowledgeable of both ethical guidelines as well as proficient in the relevant language and knowledgeable of the child welfare system, such as by administering tests that assess whether interpreters actually have sufficient knowledge of the language they need to interpret in. The testing of interpreters’ language skills and their training in child welfare thinking and terminology ought to be a requirement for interpreters working in child welfare services. Second, social workers need to receive training on how to assess the quality of interpretation and how to best use interpretation services. Third, ethical rules and best practice guidelines related to confidentiality, verbatim translation, impartiality, etc. that prevail in an interpretation situation must be made clear to all parties in the communicative exchange. In some situations, if there are suspicions of bias or incompetence, it might also be advisable to use tape recorders to allow authorities to evaluate interpreters. As interpretation-related problems seem to persist, more resources and attention towards training interpreters and social workers might be needed. Alternatively, there might be additional reasons for linguistic challenges not related to interpreters at all—maybe linguistic challenges are associated with other issues in interactions between social workers, children and carers. Only further research that is based on observations of interactions and on content analysis of interpretation situations can find an adequate answer to this question.
At the system level, fourth, child welfare systems in both countries must become pro-active about the fact that social work with minority ethnic families who do not speak English or Norwegian simply takes more time. This fact makes it more difficult for social workers who work under tight deadlines to deal with uncertainties about how to interpret information or an action. It is therefore imperative that child welfare systems aid social workers in taking responsibility for the quality of the communicative relationship with minority carers and children by ensuring that minority children and their carers can reach them (in a literal and figurative sense) if necessary, and by ensuring that social workers are competent to deal with situations in which language is a problem.

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1. We obtained ethical approval for this research from the local authority we studied in England and from the Privacy Ombudsman for Research in Norway. The local authorities involved have approved our identification of the sites in published reports on our study.
2. Interestingly, we found that, in both countries, almost all respondents referred to people of colour hailing from Africa and Asia when talking about minority ethnic families.
3. For the sake of simplicity, we refer to the social workers interviewed in Stavanger and Sandefjord as ‘Norwegian social workers’ and those interviewed in Sheffield as ‘English social workers’, even though some may hail from outside Norway or England, respectively.
4. The Victoria Climbie inquiry was held in January 2003 as the result of a gruesome child abuse and maltreatment case. Victoria Climbie was a girl born on the Ivory Coast in 1991. She was brought to England via France by her father’s aunt in 1999, where she was abused and tortured by her father’s aunt and her partner to the extent that she died in February 2000. Public authorities did not help Victoria, even though she came in contact with them multiple times (Laming, 2003).
5. The translation of all the Norwegian material is by M. Skivenes.

References


