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**Peer-to-Peer Learning: Working with Interpreters**

**Our thanks to members of the Parent-Infant Teams Network for sharing their learning about working with interpreters.**

**Important considerations when working with interpreters:**

* Do the family and interpreter already know each other through a community connection? (it helps if you can establish this before the first meeting)
* Can the interpreter be consistent throughout the work and attend all sessions? (some interpretation services won’t facilitate this)
* Can the interpreter translate written communication as well as interpret verbally?
* Is the interpreter fully fluent in the family’s language and dialect?

**Interpreters are a unique dynamic and the relationship with them is key**

Interpreters add a fourth ‘node’ into the network of complex relationships with baby, parent(s) and therapist.

They are not a co-therapist but are another sentient being in the room and add cultural and human capital to the session. They can facilitate avenues of curiosity based on snippets of cultural understanding.

They have their own histories and experiences, and want to be helpful, but may need help holding their boundaries.

Some can see what you might have missed, a bit like a reflecting team, or can add cultural information related to what parents are or are not saying.

Some attempt to join as co-therapist, for example in a group for parents; this needs addressing sensitively but directly.

**Practical tips**

Book then for half an hour longer than the session duration to include a short pre-brief and debrief

Start with a conversation with the family and interpreter about the process of interpretation – cover confidentiality, trust, boundaries, accuracy of communication so that all parties have clear expectations.

Feedback forms can be another way to gather the experience of interpretation of everyone involved – these may need to be translated obviously.

Ask the interpreter to interpret the baby’s utterances as well as parents’. Including all attempts to communicate.

Where possible, try to build up a good working relationship with a bank of trusted and trained interpreters.

Ask the family how they are finding the experience of working with an interpreter.

Do not proceed with sessions where the family and interpreter already know one another or have a close community connection.

Sometimes the families’ referrer is already using an interpreter that could be booked for the parent-infant work too.

Charities can access funds for interpreters through the families GP or local NHS services.

Your priority in the session is the family – you may need to hold back in containing the interpreters emotional reactions until the debrief after your session.

Have a copy of all written resources for the interpreter too – whether individual or group work. Send these out to the interpreter in advance where possible.

**Offer training and support as much as possible.**

Training is highly valued by interpreters even though they have to attend it unpaid in their own time.

Interpreters can find the idea of the “baby’s language” quite strange.

If you’re not confident that your words have been interpreted faithfully, or if you are concerned that the interpreter is adding their own spin or content, ask the interpreter to repeat back to you what they’ve said to the family. This reassures everyone in the room that accuracy of understanding and communication, and trust, are priorities. All parties need to be engaged in all parts of the conversation – no side conversations.

Bradford have developed training for interpreters which is highly valued and useful – information attached. It includes the importance of infant mental health, the work of the service and its therapists, why the interpretation role is so important and the need for accuracy. It’s also useful to cover the importance of self-reflection, self-awareness and reflexivity in the work so that interpreters are forewarned.

Interpreters can have their own emotional reaction to the session content – distress, excitement, etc – or can engage the baby separately or disclose their own experiences. Training and support to manage this are key.

**Groups**

Experience suggests have only one interpreter in a parents group.

Including interpreters in groups very much slows down the flow of the group and sessions have to be increased or extended in duration to compensate for this.

**Phone/online interpretation services**

Using an interpreter by phone or using an online interpreting service can be very stilted and difficult – the quality of communication tends to be very rudimentary.

Experience is that you lose the felt sense of togetherness and th conversation can be stilted and limiting. It can also make observing the baby and other non-verbal communications very difficult.

**Written communications**

You can use separate translating services to translate patient leaflets, intervention worksheets, meeting minutes, letters etc (Parent-Infant Foundation can recommend a company for this)

Written translation can be expensive especially if it is an uncommonly used language.

Alternatively, use the interpreter to read out documents during your live sessions. It can be helpful to ask the family if they have received any other documents they need interpreting whilst you are there

**Additional resources**

We are not aware of any occupational standards of accreditation body for interpreters (can anyone add to this?). A psychologist in Manchester has set up a CIC called Just Psychology that can advise about cultural norms – although be advised that they are extremely busy