Unseen forms of interpreting: Child language brokering in Italy

Rachele Antonini

Abstract

Whenever and wherever there is a lack of language services provided by professional interpreters and translators, non-professionals become the obvious and only alternative. Through schooling, the children of immigrant families learn the language of their new country of residence before their parents and thus are often asked to mediate both linguistically and culturally for their families and community members. The interpreting and translating activities they perform cover a very wide range of contexts and situations, yet no acknowledgement nor recognition is generally given to the huge cultural, economic and social contribution these children make. After a review of the state of the art in Child Language Brokering (CLB) research, this paper will provide a detailed description of the phenomenon in Italy and will then focus on the divergent perceptions that children adults have on CLB. The discussion will be supported by data gathered with a multi-method approach, including a questionnaire survey, interviews and narratives.

1. Introduction

Child Language Brokering is an extremely widespread and equally submerged phenomenon that generally sees children from a variety of linguistic and ethnic backgrounds interpreting and translating for their families and members of their communities.

As a result of the ever-growing migration fluxes of people, the demand for linguistic and cultural mediators needed to facilitate access to educational, health, legal, and social services has grown exponentially in many countries and has contributed to shift the attention of research

towards this area of Interpreting Studies.[1] Nevertheless, the provision of professional and trained interpreters and translators is not always guaranteed and, when there is a language barrier to overcome, owing also to financial or cultural reasons, immigrants and foreigners have to resort to the services of a non-professional linguistic mediator, a family member or a member of their linguistic community who is fluent in the language of the host country (Antonini 2011). Since children, through scholarization, tend to become proficient in a new language and to adapt to the new culture more quickly than their parents, they are very often asked to take on the role of the linguistic and cultural mediator. Child language brokering (CLB) thus defines interpreting and translation activities carried out by children who mediate linguistically and culturally in formal and informal contexts and domains between their family, friends and the members of the linguistic community they belong to and the institutions and society of the country where their families reside or have migrated to.

The term Child Language Brokering became established in the 1990s when scholars and research felt the need to find a term that could best capture the complex and multifaceted role played by children and adolescents who mediate linguistically for their parents (Shannon 1990; Tse 1995). Over the years, other terms (e.g. natural translation and interpreting) have been coined and used by scholars to define this phenomenon (Antonini 2015), however CLB is the term that is commonly used to define this practice.

2. The In MedIO PUER(I) project

The present chapter is based on the data collected within the In MedIO PUER(I) research project (the acronym stands for Linguistic and Cultural Intermediation by Young Users in Emilia Romagna (and Italy))[2], which

[1] While CLB is mostly perceived and studied as a phenomenon involving children of immigrant groups and communities, it is a practice that is also performed by children who belong to specific minority language groups, such as children of deaf adults (CODAs) who have grown up learning and using a signed and a spoken language, and children who grow up in bilingual and multilingual communities (Antonini 2015).

[2] Intermediazione Linguistica e Culturale ad Opera di Giovani Utenti in Emilia Romagna (e in Italia)

was devised to fill a gap in research on CLB in Italy and with four specific aims:

1. to confirm that CLB is extremely common among all the linguistic and ethnic communities that live in Emilia Romagna and, eventually, Italy at large;
2. to provide a detailed description of the participants, the situations and contexts in which CLB takes place;
3. to assess the impact that CLB has on various aspects of the life and development of language brokers, and on public institutions' policies;
4. to gather data on children's, parents', teachers' and institutional representatives' attitudes towards CLB.

The collection of data was based on a multi-method approach that allowed the research group to observe and analyse the phenomenon from the widest perspective possible. For the purposes of this chapter, I will focus on a specific setting, healthcare provision, in which children are likely to interpret and translate for their families.

The following section will provide an overview of CLB research with specific reference to CLB in healthcare.

3. Literature review

Research on child language brokering (CLB) began in the 1970s with Harris (1973) and Harris and Sherwood (1978) seminal studies on natural translation (NT), before that any data or observation on CLB was simply a by-product, an accidental and marginal discovery within studies focussing on other research topics and areas.

Following its establishment in the 1970s, CLB became an object of study within many different disciplines that included, inter alia, bilingualism, educational studies, immigration, and psychology. It was only in the mid-1990s that research on CLB gained momentum and began to be researched by means of different methodological approaches, yet still remaining a peripheral topic in the specialized literature of many disciplines (most notably Translation and Interpreting studies).

Until the end of the 1990s research on CLB was carried out exclusively in the US and the UK and focussed predominantly on Latino and Asian communities with an academic production that was characterized by the fact that it was highly fragmented across many disciplines and which did

extend beyond contributions in specialized journals.

Morales and Hanson (2005), Hall and Guery (2010), and Orellana (Forthcoming) provide a detailed review of the CLB literature, which highlights how this phenomenon has been approached from a number of different angles, such as the impact of the mediating activity on the children's psychological development and on the educational, linguistic and cultural spheres. Other areas of research that emerge from their analysis of the literature focus on how children feel and perceive their language brokering activities. Studies that focussed on the emotional impact of CLB highlighted the fact that children very often experience mixed emotions which can make their role as language brokers a stressful and/or enjoyable experience. This emotional side of CLB is also influenced by the sensitive issues that are the object of such mediated interactions, which may occur in a wide range of settings ranging from administrative offices, to schools, banks, hospitals, etc.

The who, what, where and when of CLB have been thoroughly researched thus providing a very detailed picture of the contexts, situations, and domains in which children are required to interpret/translate and the people involved.

Less researched aspects of CLB include the shifting of family and, more specifically, parent-child dynamics that are a result of the increased responsibilities taken on by brokers within the family and of the fact that adults find themselves in a position in which they have to rely on their children to communicate and interact with the institutions and society of their new country of residence.

All these different aspects of CLB have been researched by resorting to a variety of traditional qualitative and quantitative methods used in the social sciences, which include, inter alia, questionnaires, narratives, journal entries, interviews, participant observation, simulations.

4. The provision of language mediation services in Italy

The provision of language services varies enormously across countries and is generally influenced by a variety of factors that determine whether a Government will take action by devising and implementing specific policies (Ozolins, 2010). Over the past few decades, some countries, like for instance Australia, Sweden, the US, and the UK, have been helping immigrants overcome their language and cultural barriers with "a range of

policies which can make life easier in this respect, for instance printed material produced in different languages, employing specific language speakers and so on" (Hall and Sham, 2007: 18). However, the implementation of such policies is the exception rather than the rule in many of those countries that have recently become the destination of growing influxes of immigration.

In Italy, local, regional and national authorities and institutions have not been able to deal effectively and efficiently with the ever growing request and need for language services for the new immigrant population (Antonini 2014). The measures and policies implemented are scarce and based on ad hoc solutions aimed at overcoming linguistic barriers when they occur and with no specific guidelines on how to deal with such barriers (Rudvin 2006). Funding for language mediation services is provided by the central and local governments (the Ministry of Immigration, the Regions, the Provinces and the Town Councils). Every year health authorities and centres, as well as other public offices, are allotted funding to cover the expenses linked to the issuing of contracts to professional linguistic and cultural mediators. However, since this funding is very often insufficient to cope with the demand for these services, professional mediators are usually given the task of translating information material (e.g. leaflets, brochures and notices) and are required to be present at specific times and situations. The obvious consequence of this insufficient provision of professional linguistic mediation services is that both users and institutions have to rely on non-professional interpreters and translators who, very often, happen to be children (Antonini 2014).

5. CLB in health care services

In Italy, the provision of language services in health care is based on ad hoc measures and random initiatives (Rudvin 2006). In the case of the province where we conducted the initial stages of our research project (Forlì-Cesena), the provision of language services includes pamphlets and handouts in different languages explaining how to access basic services, a phone interpreting service, and a professional mediation service offered by AUSL (local health authority). However, all these initiatives are not extended to all the health units and centres that operate on the territory. Moreover, the few existing services and resources offered to the foreign population are poorly advertised and thus unknown to both users and

operators (Cirillo and Torresi 2013). The demand for other language mediation services, for interpreting in particular, is met by resorting to ad-hoc measures applied to the communication problem when it arises. This means that family members, friends, untrained members of support staff, and strangers found in waiting rooms or in the street will be asked or offer to interpret with the increased risk, as Flores (2006) points out, of errors or misunderstandings and consequent adverse clinical outcomes.

The literature on non-professional interpreting (NPI) in health care services has developed along two main lines of research (Schouten et al. 2012):

1. the negative impact of NPI on communication and on practical and clinical outcomes in terms of interpreting errors, loss of information, the altering of linguistic and discursive features, and the negative effects on the quality of clinical care (Elderkin-Thomson et al. 2001; Flores et al. 2005).

2. the experience documented from the point of view of healthcare providers, particularly when children are involved as linguistic mediators (Cohen et al. 1999; Meyer et al. 2010). It also focuses on the experience of patients and their preferences when having to rely on professional vis-à-vis non-professional interpreters (Flores et al. 2015).

NPI/family interpreting in healthcare settings is generally seen as bad practice, something to be discouraged and condemned. Nonetheless, since many countries perceive language barriers as a transitional problem that is likely to decrease or disappear over time, the demand for language services is not met by an adequate provision of services aimed at facilitating the access of immigrants to healthcare services, and thus NPI is generally considered a necessary evil (Antonini 2015).

There are of course notable exceptions, such as the US where NPI in healthcare, and CLB in particular, have been strongly opposed with the implementation of propositions, guidelines and measures aimed at ensuring that these services are accessible to people who do not speak English by means of the services of professional and thus trained interpreters (Rice 2014).

Among the few advantages that have been identified in relation to family interpreting, within health provision services, is the fact that family members may be able to provide information and participate in the interaction in ways that other interpreters cannot, thus helping patients understand specialized or technical information, or by providing second opinions or additional information. They may also shorten the

communicative exchange by interacting directly with the medical staff. This active participation can also impact on the interaction by leading to subtle or open interventions in decision-making and knowledge transfer.

CLB in healthcare settings is an understudied topic. The few studies focussing exclusively on CLB in healthcare so far have dealt with the cognitive, psychological, relational and sociological impact of CLB on children and their families. Only a few studies have taken into account the other party involved in child-mediated events, i.e. institutions (healthcare authorities and providers). In those cases where institutions are mentioned, they are usually equated with the contextual variable of setting (Cirillo and Torresi, 2013) with no reference to the attitudes towards and perceptions of CLB shared by health care workers and operators. Research has demonstrated that children are likely to experience a varying degree and level of stress and positive and/or negative feelings attached to their role as language brokers in different domains (Hall and Guéry 2010). The main drawbacks associated with using children as interpreters and translators in the health care setting are that (a) children may not translate information in an accurate way, (b) that translating legal and medical information may have a negative effect on the parent-child relationship, and (c) that the child may be traumatized by the delivery of information about a serious medical condition concerning the child or a person s/he loves (Cirillo and Torresi 2013). As the analysis of the data used for the purposes of this paper will illustrate, translating and interpreting in contexts and situations pertaining to the provision of health care (as opposed to the other settings described) is the activity that is more likely to put the child in a position in which s/he might experience negative feelings such as anxiety, confusion, and fear and describe their role as mediators as burdensome.

The following section will provide and overview of the objectives of the In MedIO PUER(I) project and will describe the methodology used to collect the narratives contributed by children and the interviews with the GPs, which contain their description of their language brokering experience.

6. Method

The analysis presented in this paper compares data collected with a qualitative approach and two different data collection methods, namely

semi-structured interviews carried out with adults and visual and written narratives provided by children. The interviews were carried out with nine general practitioners and one nurse practising at an emergency ward. All of them are based in the Forlì area and work for the public healthcare system. The interview protocol used with the nine GPs who agreed to take part in our research project aimed at ascertaining the informants' awareness of and opinion on four main areas: 1. The existence of guidelines/resources for healthcare provider-immigrant patient interaction; 2. The contribution made by CLB to healthcare provider – non-Italian speaking patient interaction (and delivery of healthcare in general); 3. The situations and contexts in which should CLB be excluded; 4. Health care providers' perceptions of CLB.

The 200 narratives collected by means of two editions of a school competition were submitted by children and adolescents attending seven primary schools and four middle schools in the Forlì-Cesena province.[3] Who The children either submitted an essay or a drawing describing their own experience as a language broker or a language brokering event they had witnessed.[4] A jury then selected the visual and written narratives that were deemed to be the best description on CLB events. The winners received their prize (i.e. vouchers for school material for both the children who had won and their schools) and a plaque engraved with *Traduttore ad Honorem* at an official ceremony officiated by the mayor of the town of Forlì at the presence of many local authorities and the local press, and their class mates and teachers.

In the following sections I will compare and discuss excerpts from the interviews and from the narratives focussing specifically on how both GPs and children perceive the role played by language brokers with the aim of showing how these perceptions diverge.

7. Analysis of the data: GPs perceptions of CLB

This section will provide an analysis of the answers given by GPs to the four main questions and will discuss in detail their perception of the children's performance as language brokers.

[3] In the south east of the Emilia-Romagna region.

[4] See Antonini (Forthcoming) for a more detailed description of the InMedIOPUER(I) project and the school competition.

The answers given to the first question show that not all the GPs that were interviewed are aware of the existence of support material created by the local health unit and aimed at facilitating healthcare provider-immigrant patient interaction (example 1 below):

Example 1[5]

Interviewer: Are you aware of the existence of guidelines/resources for healthcare provider-immigrant patient interaction?

"no" (R8, R9)

"I've been complaining for years… there's nothing… we're left to ourselves" (R2)

"brokers are called when there are major problems… but… as far as I know… they're not available at night" (R3)

"we have a phone number we can call to request a cultural broker (…) but we work in real time. (…) If patients come now then I need to solve their problems now" (R4)

"there isn't a standardized approach. (…) The local health unit some time ago sent us a brochure in a whole lot of languages, like Chinese, there were sentences like 'Where does it hurt?' and all the rest, one might point out to the sentence with his finger to try and understand what the patient's problem was" (R7)

The excerpts in example 1 show that not all GPs are aware of the existence of (all) the resources that are available to them, and even when they know about them they do not find them helpful since no planning goes into scheduling appointments with patients who do not speak Italian.

When asked to provide their insight on how CLB contributes to facilitate communication between themselves and non-Italian speaking patients all the informants described this form of language mediation as a necessary evil whereby "the presence of the child is necessary, otherwise communication would not take place, even like when you have to take a

[5] The excerpts and examples from the interviews with the GPs and the narratives submitted by the children are presented in the English translation provided by myself.

medicine…" (R1) or when the practitioner needs to impart simple commands such as "sit down, pull up your shirt, breathe through your mouth…" (R2). The presence of a child who can interpret certainly contributes to making "our task easier… if you have a cold or a sore throat your child can easily help you solve the problem" (R2) and to "communicate and solve problems without wasting time" (R5). Moreover, as one of the informants observed, the children "provide a free service… they are no additional cost for the health system, which is already under pressure" (R1).

The GPs also indicated a few pros and cons linked to relying on children to mediate. The main advantages are represented by the fact that "children are more direct, more sincere usually" (R6), that they are "more involved in the context in which they live" (R7), and that they "repeat exactly what you say and ask and report exactly what they are told. Whereas it happened that adults made comments. There was a different atmosphere, perhaps a biased or mistrustful one, this doesn't happen with children" (R8).

Among the disadvantages described by the informants, the most relevant is that having a child translate the interaction is a waste of time, as one doctor states: "I have to listen and then my answer, too, gets translated, so there's a whole procedure that takes twice as long [as a normal interview] and then I wonder 'Has he said exactly what I said? Has he understood?'. All right, then you can sort of guess from the mother's or father's expression, but… I don't see any real advantages in all this" (R9).

When asked about situations in which CLB should be excluded, the informants provided a range of topics and health problems to which language brokers should not be exposed let alone translate (although it is not clear from their responses whether in fact they had children interpret sensitive topics or had opted for an alternative solution) ranging from "more private questions" (R1), "gynaecological problems" (R2), "sexually transmitted diseases" (R4), "birth control" (R7), or "serious diseases" (R5, R8, R10). Some of the GPs reported that when any of these issues arise, then they may ask the patient to have someone else (generally an adult family member) interpret for them.

The fourth main question was aimed at ascertaining health care providers' perception of language brokers. The excerpts in example 2 contain the more recurrent terms used by the GPs to describe how they perceive these children in their role as language brokers.

Example 2

"They are very much **into their role** [as mediators] and extremely **precise**, they are **not easily intimidated**… precise, I'd say" (R1).

"These children have to grow up fast. (…) They might feel embarrassed by the fact that their parents do not speak the language" (R4).

"He is more **easy-going**, more **open**, very **intelligent**" (R2).

"Yes, for them it's **natural**, it's like breathing" (R5).

"I must say that the children are quite good at it. They are able to immediately grasp the problem and ask the right questions. They are exceptional interpreters. They are always **willing to help**. You can see that **they feel important**. It is a **positive experience** for them" (R3).

"They are very much **into it**. They act all **grown-up**, you can see how much they are into it" (R4).

"They are **natural**" (R8).

"They seem to be **stress-free**. I have always thought that they looked **at ease**. Also because I thank them, I mean I let them know that the role they are playing is very important" (R9).

With only one exception, all the GPs describe them only in positive terms with no reference whatsoever to any discomfort or uneasiness that the children may feel when interpreting and translating for their parents or family members (and sometimes friends or people they may not know very well) at the doctor's.

8. Children's perception of CLB: Narrative data

The narratives submitted for the school contest contain a huge variety of situations and contexts in which children are require to mediate linguistically for their family. Within the health sector, they report that they have interpreted/translated diagnoses, prescriptions, medicines instructions, leaflets, verbal interactions (i.e. conversations and consultations) for their family and community members and GPs, on the

phone with emergency operators, with paramedics, and at the hospital (ER, obstetric and gynaecology wards).

Figure 1: Places where children may be asked to interpret/translate

The drawing in Figure 1 above illustrates well the variety of contexts and situations in which immigrant children are involved in language brokering activities: at school in pizzerias, at the butcher's, at the baker's, at the bank, chemist's, supermarket and at the hospital.

The caption at the bottom ("We are all the same if we look at ourselves in the mirror of our heart"), as well as the smiling faces and bright colours indicate that this child's feelings and attitudes towards CLB are still very positive and optimistic. The analysis of all the narratives collected by means of the school contest reveal that children/adolescents tend to express positive feelings when they describe their language brokering activities in specific domains/situations and contexts: informal as well as formal (e.g. helping school mates, in shops, etc.). However, as the following excerpts will show (examples 3 to 6), these feelings, and thus the impact that language brokering has on an emotional level, as well as the

children's perception of the responsibilities they have to take on, change drastically when situated within the context of healthcare provision.

Example 3

At home I help my mother and my grandmother, in fact I go to the hospital with my granny and I talk to the doctor while she is really scared. Once the doctor told me that my grandmother was very ill and that she had to take important medicines: he started saying all these **difficult words** and I got **very confused**, I was **really worried about** my grandmother's health.

Example 4

I have sometimes helped my mother at the doctor's, but when I talk to him I am **afraid** of getting things wrong, so I listen, I listen in silence until **my head aches** because I am concentrating so much. When I tell my mother what he said, she always asks me the same question because she is not sure that I have understood correctly. But I do understand, it's just that **I can't really find the words in Italian**.

Example 5

One day [my mother and I] went to the doctor's because she wasn't feeling well. When we arrived at the surgery I was experiencing very strong feelings, I felt **anxious** and **worried**. We took a seat and waited for our turn. […] When it was our turn we went into the doctor's office and he asked us what was the matter. Looking for the right words to explain the situation, I told him that my mother was not feeling well. In front of the doctor **I felt uneasy**, **inadequate** and I was **afraid** I would not make myself clear. When the doctor talked, she [my mother] wanted to know everything he was saying word for word, without missing a syllable, she didn't even leave me time to think, she was curious and worried at the same time.

Example 6

When she was pregnant: we would go to the doctor's 2 or 3 times a week, the doctor would talk to me, when my mother said something I would translate it for the doctor. Now that my brother is born we go to his paediatrician […]. I translate what the paediatrician says to her. I tried to teach her Italian, I hoped I would succeed but… I failed. She did not want to learn and kept watching her films: she didn't care.

As the examples above show, the language brokering described by children in the context of a medical consultation do not fall under the rubric of either enjoyable or stress-free experience. Contrary to the GPs' perception of how children experience their role as language brokers, describing them as natural, self-assured and stress-free, the narratives depict a completely different picture and the adjectives used to describe their experience are antonymous to the ones employed by the GPs. The children report feeling afraid, anxious, confused, inadequate, uneasy and worried. One of the main causes of such discomfort can be attributed primarily to the fact that these children are directly involved in a situation in which the health state of a loved one (one of their parents or a close member of their family) is discussed (as in all the examples below). Another cause of distress is represented by the terminology that is likely to be employed in a medical consultation (example 3 and 4) and which children may not understand and be able to translate (with the awareness of the fact that a mistranslation may have a negative impact on their loved ones' health). Examples 5 and 6 not only describe how the children feel when language brokering, they also hint at another issue that has been raised and discussed in the relevant literature, that is child-parent and family dynamics. Although in many cases parents do not have a choice and need to rely on their children in order to be able to communicate and interact with representatives of the institutions of their new country of residence, they are not always at ease with the outcome of their children's translation. In example 6, moreover the last three lines are indicative of two other aspects related to CLB: the desire shared by many language brokers that their parents learn Italian in order to become (linguistically) more autonomous, and the fact that CLB is an extremely complex phenomenon that is not merely limited to transferring information from one language into another.

9. Conclusions

The samples on which this study is based are in no way representative of the two populations they represent, hence the comparison of the opinions expressed by the two sets of informants has the obvious limitation of being based on data gathered by means of two different methodological tools (i.e. interviews and narratives). However, the analysis of the transcripts of the interviews with the family doctors and of the narratives

written by the children showed that there are striking differences in terms of how adults perceive the emotional impact of CLB on the child interpreters and the feelings the children describe in relation to their brokering activities in health care settings. Yet, given the scarce resources available to health care operators (or the lack of knowledge of those that are available to them) and the fact that the need for a language mediator is often impromptu and thus not always possible to plan, children will continue to be used to provide access to a variety of health care services for their families and communities.

One of the main aims of the In MedIO PUER(I) project, then, is to contribute to raising awareness of CLB as an unacknowledged and growing practice in various institutional settings and on the inadequacy of resources made available to Italian public healthcare operators.

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