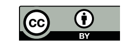

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‘No professional interpreter at hand!’ Training healthcare professionals on how to work with child language brokers

Almudena Nevado Llopis
Universitat Autònoma de Barcelona
Ana Isabel Foulquié Rubio
Universidad de Murcia
Alina Pelea
Universitatea Babeș-Bolyai

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Abstract. A qualitative study conducted in Spain in 2023 by the authors of this paper highlights the complexity of child language brokering in medical contexts. While such brokering may offer uncertain benefits for communication and subsequent medical treatment, it often results in negative consequences on the children, which can be difficult to mitigate. However, in some situations, children may be the only bilingual individuals available to assist. Moreover, language-brokering tasks can prove rewarding and, at their best, have a profoundly positive impact. Although legislation in most countries rightly prohibits child labour, children may still be called upon to interpret for family members or friends in medical contexts where no professional interpreter is readily available. Such tasks may not be recognised as ‘labour’, and the adults involved may be unaware of the potential risks to the child. Raising awareness of the implications of such tasks and offering guidance on how to prevent long-lasting adverse effects on minors is therefore essential. This is what our paper sets out to do, drawing on testimonies from the authors’ qualitative study. It offers a series of guidelines to help health professionals and patients engage with child brokers in ways that minimise risks for everyone involved. While these recommendations represent an imperfect solution to a deeply imperfect situation, their aim is to encourage safer practices.
Keywords. Child language brokering, healthcare, awareness raising, guidelines.

¡No tenemos intérpretes! Formación para profesionales sanitarios que recurren a la intermediación lingüística por parte de menores

Resumen. Un estudio cualitativo realizado en España en 2023 por las autoras de este artículo pone de relieve la complejidad de la intermediación lingüística por parte de menores, especialmente en contextos sanitarios. Si bien dicha intermediación, en ocasiones, puede resultar beneficiosa para la comunicación y el posterior tratamiento médico, a menudo tiene consecuencias negativas para los menores que la realizan que pueden ser difíciles de mitigar. No obstante, en algunas situaciones, estos menores son las únicas personas que pueden ayudar. Además, las tareas de intermediación lingüística pueden resultar gratificantes y, en el mejor de los casos, tener un impacto positivo. Aunque la legislación de la mayoría de los países prohíbe el trabajo infantil, hay situaciones en las que no se dispone de un intérprete profesional y se pide a los menores que interpreten para familiares o amigos en contextos sanitarios. Es posible que estas tareas no se reconozcan como «trabajo», y que los adultos implicados desconozcan los posibles riesgos para el menor. Por este motivo, es esencial concienciar sobre las implicaciones de estas tareas y ofrecer orientación sobre cómo prevenir efectos adversos duraderos en los menores. Este es precisamente el objetivo de nuestro artículo, que se basa en testimonios recopilados en un estudio cualitativo. En él se

ofrece una serie de pautas para ayudar a los profesionales sanitarios y a los pacientes a decidir si se debe recurrir a la intermediación lingüística por parte de menores, de modo que se reduzcan los riesgos para todas las personas implicadas. Si bien estas recomendaciones representan una solución imperfecta a una situación profundamente imperfecta, su finalidad es fomentar prácticas más seguras.
Palabras clave: Intermediación lingüística por menores, sanidad, concienciación, pautas.

Summary: 1. Introduction. 2. Methodology. 3. Main findings. 4. How to work with child brokers. 5. Conclusions.

1. Introduction

This paper examines how child language brokering (CLB) in healthcare settings impacts the lives of brokers and how they retrospectively view this impact as adults. Additionally, it aims to raise awareness among healthcare professionals and patients about the potential consequences of relying on children as language brokers and to encourage careful reflection before resorting to this practice in medical contexts.

According to the World Bank (2023), approximately 2.3 % of the global population resides outside their country of origin, with migration patterns expected to impact most nations due to factors such as demographic changes, climate crises and conflicts. Spain has seen a significant increase in immigration over the past two decades. Data from the Spanish Statistical Office (INE 2024) indicate that the foreign population grew from 923,879 in 2000 to 6,632,064 in 2024. These individuals, according to the Organic Law 4/2000, of 11 January, on the rights and freedoms of foreigners in Spain and their social integration, Article 14, have access to most public services under conditions comparable to those for Spanish nationals. However, given their diverse origins —40 % from Europe, 30 % from the Americas, 20 % from Africa, and 10 % from Asia— linguistic challenges, especially in accessing healthcare services, are unavoidable.

CLB is a longstanding phenomenon in many countries (Morales & Hanson 2005, Cline et al. 2010, Degener 2010) and is likely to persist across diverse contexts (Antonini 2015, Foulquié Rubio 2015, Orozco-Jutorán & Vargas-Urpí 2022). Children often serve as intermediaries due to their relative language proficiency, typically acquired through schooling (Buriel et al. 1998, Weisskirch 2007, Antonini 2015). Some researchers (Shannon 1990, Crafter & Iqbal 2020) advocate using the term *language brokers* or *language brokering* instead of *interpreters* or *interpreting* to better reflect the linguistic and social competencies demonstrated by children or adults who mediate between allophone individuals and service providers. Language brokering involves facilitating communication, translating and interpreting for allophone individuals who do not share a common language (Tse 1995, Weisskirch 2007, Faulstich Orellana 2009). Brokers assist not only public service providers and their own parents, but also extended family members, community members and peers (Kam & Lazarevic 2014, Foulquié Rubio 2015, Antonini 2022). Beyond linguistic and cultural translation, language brokers frequently act as communication managers, making decisions that extend beyond language itself (Crafter & Iqbal 2022, Kwon 2024). Their roles encompass a wide range of settings and activities (Kwon 2024), from everyday tasks, such as helping parents translate letters or other information at home (Jones & Trickett 2005, Weisskirch 2006, Bauer 2010, Iqbal & Crafter 2023) and interpreting for peers at school (García-Sánchez 2010, Foulquié Rubio 2015, Antonini 2022), to more specialised, complex and demanding situations, such as accompanying parents to medical appointments (Antonini 2015, Iqbal & Crafter 2023) or assisting them during interactions with bank personnel or police officers (Bucaria & Rossato 2010). These responsibilities can be challenging and potentially conflict-ridden (Crafter & Iqbal 2020, Antonini 2022), particularly in healthcare settings where children are often exposed to emotionally charged and age-inappropriate information (Cohen et al. 1999, Green et al. 2005, Katz 2014).

How do children perceive these experiences? Does brokering affect their lives in any way? Research on the subjective experiences of child brokers remains scarce, particularly in healthcare settings. Most studies primarily rely on retrospective accounts from adults (Martinez 2019, Iqbal & Crafter 2023), and only a few incorporate the perspectives of former child brokers (Free et al. 2003, Antonini 2022, Kwon 2024, Martinez et al. 2024, Nevado Llopis et al. 2024).

Evidence suggests that the effects of CLB are varied, with both positive and negative implications depending on the context and individual circumstances (Weisskirch 2006, Bucaria & Rossato 2010, Martínez-Gómez 2020). Emotional responses to CLB are shaped by factors such as the child's age, the setting, the nature of their relationships with the adults involved and family dynamics (Degener 2010, Antonini 2022, Crafter & Iqbal 2022). Negative impacts include reduced self-esteem (Weisskirch 2007, Hue & Costigan 2012) and mental health challenges stemming from the stress and responsibilities experienced in situations for which they are not prepared (McQuillan & Tse 1995, DeMent & Buriel 1999, Weisskirch & Alatorre Alva 2002, Jones & Trickett 2005, Martinez et al. 2024). CLB may also be the cause of emotional distress on children and family disagreements (Jones et al. 2012).

Conversely, many children view CLB as an opportunity to assist their families and showcase their bilingual skills, fostering a sense of usefulness and pride (Free et al. 2003, Dorner et al. 2008, Faulstich Orellana & Phoenix 2017). It may also be seen as a way of "facilitating the circulation of care and enabling community care networks" (García-Sánchez 2018: 177). Additionally, some children regard CLB as a family obligation (Kwon 2024, Martinez *et al.* 2024) —an unquestionable duty they must fulfil to support their parents.

Academically, CLB has mixed outcomes. In García-Sánchez's (2010) study conducted in a rural area of Spain, authorities intervened because child language brokers frequently missed classes to accompany their parents to institutions during school hours. On the other hand, some studies (Buriel et al. 1998, Perry 2014, Guntzviller et al. 2016) highlight that bilingualism and language brokering can strengthen children's academic development.

Despite these findings regarding impact, emotions and feelings, further research is necessary, particularly in healthcare contexts where children may be exposed to topics and situations that are inappropriate for their age. In Spain, research indicates that CLB occurs across various public service domains, including healthcare (Abril Martí & Martin 2011, Rubio-Rico et al. 2014, Nevado Llopis 2015, Foulquié Rubio et al. 2018, Arumí-Ribas & Vargas-Urpí 2021, Foulquié Rubio et al. 2020, Orozco Jutorán & Vargas-Urpí 2022). However, studies specifically addressing the emotional impact of CLB on children in healthcare settings remain limited (García-Sánchez 2010, Nevado Llopis et al. 2024). Given the potential consequences of this practice for both children and medical outcomes, further research is urgently needed to assess the long-term implications. It is also essential for healthcare professionals to consider alternative solutions and recognise the ethical and developmental concerns of relying on children as language brokers.

Effective communication is a cornerstone of quality healthcare. However, professional interpreters are not consistently available in healthcare settings, leading many allophone patients and healthcare providers to rely on informal resources such as family members, friends, children or untrained bilingual staff (Nevado Llopis 2015, Foulquié Rubio et al. 2020, Iqbal & Crafter 2023, Foulquié Rubio et al. 2024, Martinez et al. 2024). Otherwise, the quality of the healthcare provided could be compromised. While some professionals view children's involvement as an acceptable temporary measure for emergencies or less complex interactions (Cohen et al. 1999), others criticise the practice due to the ethical challenges it poses. As explained by Bucaria & Rossato, CLB may impact "on the development of the children who performed it on an emotional and relational level" (2010: 239). Additionally, children may lack the necessary knowledge or maturity (Wal & Aksheh 2023) required for effective language brokering, and non-professional interpreters or language brokers often increase misunderstandings and the risk of harm to patients, thereby compromising healthcare quality and patient safety (Flores 2005, Karliner et al. 2007, Flores et al. 2012, Jucket & Unger 2014). These issues can also contribute to delayed diagnoses (Goenka 2016), reduced treatment adherence (Bagchi et al. 2011) and higher risks of adverse outcomes and restricted access to healthcare services (Silva et al. 2016). They also raise healthcare system costs and contribute to suboptimal care delivery due to missed appointments and prolonged hospital stays (Ali & Watson 2018), ultimately resulting in lower patient satisfaction and more medical incidents (Boylen et al. 2020, Saeki et al. 2022).

2. Methodology

A qualitative study was conducted to understand the impact of healthcare language brokering on minors in Spain. Semi-structured interviews served as the primary data collection method, with audio recordings obtained after participants signed informed consent forms. The initial interview script was developed based on CLB literature, and then reviewed by a researcher, clinical psychologist and psychotherapist specialising in children to ensure clarity and the lack of potentially disturbing questions for the interviewees. After this revision, the final version of the script was agreed upon by the three researchers responsible for the study. It consisted of a section with sociodemographic data followed by 26 questions of different types: open, closed and multiple-choice.

Participants were recruited through purposeful sampling to identify and select participants who were well informed and experienced in CLB. The interviewees had to meet several criteria: they had to be at least 18 years old at the time of the interview; they (or their families) had to have migrated to Spain from a foreign country; and they had to have acted as language brokers as children or young adults. Additionally, we used convenience sampling to engage participants from pre-existing contacts, supplemented by snowball sampling, where interviewees recommended additional informants.

In total, we interviewed 11 participants—2 males (M) and 9 females (F)— aged 22 to 42 at the time they were interviewed. They or their families originated from Romania, Morocco, the UK, Italy and Armenia (with the Armenian interviewee having been admitted as a refugee in Spain). Two were born in Spain, while others arrived between the ages of 1 and 17. They currently live in 6 different Spanish provinces and began brokering between ages 7 and 19[1].

[1] Even if the legal age in Spain is established at 18, according to the Spanish Constitution, Article 12, as previously explained, being a child or a young adult (for example, 19) was among the criteria employed for selecting the participants in this study.

Table 1. Interviewees' Sociodemographic Data

Age when started mediating	Nationality	Current age	Sex	Country of birth	Province of residence	Age when arrived in Spain
7	Moroccan	23	F	Morocco	Murcia	1
8-9	Italian	25	F	Spain	Alicante	Born in Spain
9-10	Romanian	22	F	Romania	Madrid	7
10	British	28	F	Spain	Almería	Born in Spain
10	British	28	M	United Kingdom	Almería	8
11	Romanian	28	F	Romania	Zaragoza	10
12-13	Armenian	38	M	Armenia	Valencia	12
12-13	Romanian	26	F	Romania	Zaragoza	9
16	Moroccan	28	F	Morocco	Valencia	15
17	Romanian	42	F	Romania	Valencia	16
19	British	42	F	United Kingdom	Alicante	17

The interviews were transcribed and analysed thematically using manual deductive coding in search of shared themes and ideas, going from general areas to specific themes. We started with a pre-defined set of codes derived from CLB literature and assigned those codes to the collected data. Additional codes emerged during analysis based on unforeseen information provided by interviewees. This led to the creation of a hierarchical coding frame which was used by all three researchers. Figures 1 and 2 illustrate the general coding tree and the coding tree concerning the brokers' perception of the experiences.

Figure 1: General Coding Tree for Thematic Analysis

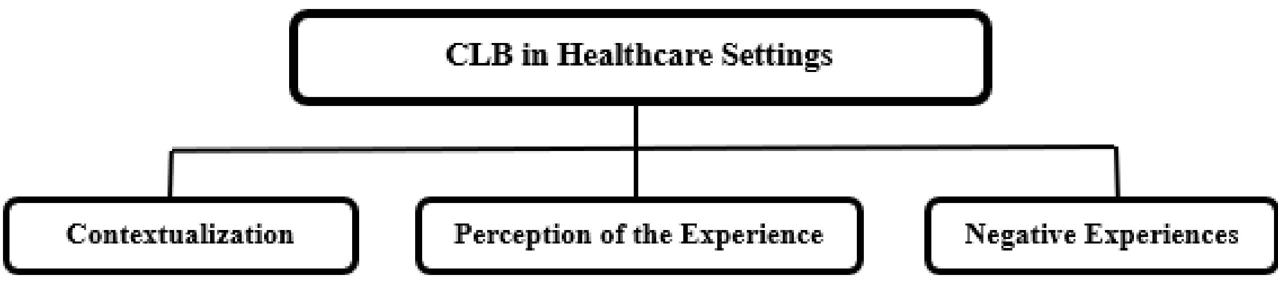

Figure 2. Coding Tree for Brokers' Perception of the Experience.

- **Perception of the Experience**
  - **Impact on…**
    - Self-Esteem
      - Yes / No
      - How?
    - Relationship with Friends and Classmates
      - Yes / No
      - How?
    - Academic Performance & Educational Development
      - Yes / No
      - How?
    - Relationship with Brokering Addressees
      - Yes / No
        - If Yes
          - Closeness
          - Keep in Secret
          - Suspiciousness
          - Confidence
          - Other
      - How?

The analysis focused on three primary areas: How interviewees recalled their feelings while brokering as children or young adults in healthcare settings; potential negative experiences they may have encountered; and the impact of brokering on their childhood and later life.

Considering the purpose of this paper, we will focus on the contextual information, the effects of brokering on the interviewees' relationships and the undesired impact and adverse implications of brokering during their childhood and later in life. The results analysis includes verbatim quotes to amplify the voices of the participants in the study.

In the last stage of our research, based on the results of the study and the literature on CLB, we propose a set of guidelines that could be used by the addressees of the brokering to minimise the potential negative effects on the brokers.

3. Main findings

To contextualise the study, we will begin with the following key elements:

- *For whom?* Participants mainly performed language brokering for their parents, but also for relatives, friends and community members.
- *Where?* They acted as brokers in healthcare services and other public services and institutions, such as migration offices, courts, schools, etc.).
- *When?* Participants began brokering at various ages, from young children (7-11 years old) to teenagers or young adults (12-19 years old). While most of them had stopped by the time of the interviews, a few continued to broker.

> I don't like seeing people suffer. If I see someone at the bank, city hall, or elsewhere struggling to communicate in Spanish, I cannot just say 'It's not my problem!'. So, I usually ask how I can help them (B42)[2].

Asked about their linguistic preparation for brokering, only two participants reported a high level of Spanish proficiency when they began brokering. In fact, they were native-like speakers since they were born in Spain. The rest had intermediate proficiency, which, combined with the context, complexity of certain topics and the brokers' maturity levels, made it difficult for them to understand and translate the messages conveyed in some situations.

> There were things related to medicine that I did not understand. For example, you cannot expect a 10-year-old child to understand terms like 'glycaemic index' (I25).

Additionally, no training was provided, as brokering was considered a natural role for bilinguals. Participants were never asked about their willingness to broker but were simply requested because they seemed to be the only bilinguals who could help in certain situations or felt responsible to help.

> I don't remember whether I was asked to do it or decided myself. I think it was more about me wanting to be with my mother because she was shy and struggled to express herself well... (R26).

Professionals seldom suggested alternatives for communication. The only exception included British brokers, who reported occasional attempts by doctors to speak English with their relatives, with varied degrees of success.

Brokering generally strengthened relationships between participants in our study and those they helped, particularly parents. According to the interviewees, these people always expressed trust and gratitude but were often unaware of potential mistakes brokers might unintentionally make.

> When it was a simple headache, it was easy. But with serious issues like surgery, they should beware that children may not understand the procedure or related terminology. And if they make mistakes, it could be very dangerous (M28).

> I had mixed feelings. I was happy to help my parents with something that was very difficult for them. But I also felt insecure and afraid of making mistakes, something that neither my parents nor the doctors seemed to consider (R28).

Furthermore, at times, both relatives and providers seemed unaware of the emotional impact experienced by the brokers in delicate situations. This lack of awareness became particularly apparent when brokers were required to mediate or deliver bad news to their relatives, with whom they felt personally involved. This dynamic is illustrated in the following two cases:

> The gynaecologist gave me the news and I was in shock. I was very young at the time. Initially, I doubted whether I had fully understood, and once it was confirmed, I was even more shocked. The entire family was eagerly awaiting the baby. (...) And then I had to tell my sister, but I started crying. You know, if I had been translating for an unknown patient, being paid as a professional interpreter, I would have been able to react in a more detached manner. But here, I was translating for my own sister; they were talking about my future nephew who was on his way, and I had high hopes for him, just like everyone in my family did... (B42).

> I recently did a paid interpretation for an elderly English man, 84 years old, who had been diagnosed with a severe heart condition. The doctor informed him that he was about to die. Whether you want to or not, the impact is still there. But I never saw this man again. In fact, I do not even know if he is still alive. On the other hand, when something similar was said to my father... Sometimes the doctors were very blunt, saying things like 'If you continue like this, it will end badly'. And I thought 'Don't tell me my father is about to die and, to make matters worse, ask me to tell him about it' (I25).

[2] The interviews were conducted in Spanish. For brevity's sake, only the English translation of the quotations extracted from the participants' responses are presented here. All translations are our own.

When asked whether they had ever been asked to keep any information shared during the brokering encounter confidential, most respondents affirmed that they were not normally asked, as the issues discussed were considered family matters or, when brokering for acquaintances, were considered private.

> I was never asked [to keep anything secret], but I never mentioned what had been discussed at the doctor's office. I understood those things were private (B28m).

One of the participants, however, described a difficult situation involving an ethical dilemma in this regard:

> The doctor explained that the medication that my father was taking was not having the expected effect. My father did not want me to share this information with my mother. I told him 'I am really sorry, but, in my opinion, Mum should know. I won't keep it a secret'. My father was very upset, but I thought it was my duty to inform my mother (B28f).

The brokers' relationships with their classmates and friends were not negatively affected. In fact, according to the participants, they were seen with empathy or even with envy, as they were allowed (or rather asked) to miss school lessons when assigned a brokering task. However, skipping class was not seen as a positive thing by all participants, as one of them explained:

> Sometimes I was not happy when asked to miss secondary school classes, especially in my last years or when final exams were approaching, because those classes were important. But it was about my father, so I could not refuse to help him (I25).

Overall, they did not believe brokering had a negative impact on their academic performance or future educational development. On the contrary, many felt that it made them more mature, responsible and focused.

In this respect, it should be noted that 6 out of 11 participants pursued Translation and Interpreting studies at a university level, and one expressed regret at not being able to enrol in an interpreting course due to financial constraints. While we specifically reached out to some informants who were former students at our universities, it is nevertheless clear that their brokering experiences influenced their decision to study language-related degrees.

> When I started to understand what I had been doing, I decided to become an interpreter and enrolled in the Translation and Interpreting bachelor's program. Later, I specialised in healthcare interpreting because I wanted to act as a linguistic and cultural bridge and spare others, especially children, from having to act as brokers. Professionals should be doing that job (R28).

Finally, all participants agreed that brokering increased their self-esteem, made them feel stronger, useful and proud of being able to help, which increased their self-confidence.

> I used to be very shy and reserved. I could not even make a phone call when I was 12 years old. But once I started to interpret and was forced to speak with different people, I became more sociable and less afraid of talking to others (B28f).

> I felt mature and very... not smart, but sharp. I knew things completely unknown by my friends. I felt fulfilled and congratulated myself, even though I cried many times after hearing bad news (I25).

In summary, despite some challenges, none of the participants seemed to regret their role as brokers during their childhood or teenage years.

> I do not regret doing that. I am very proud I could translate for people from my country. If I made mistakes, they were unintentional. I was a child, doing my best. And I would do it again and again... (A38).

4. How to work with child brokers

As shown also by the results, a variety of factors can make it very difficult, or even impossible, to find a professional interpreter for a healthcare consultation, including language combinations and time constraints. This often leads to relying on a child for immediate help without considering if they are cognitively or emotionally prepared to do this task. The complications that, according to the literature and the interviewees' experiences, such a choice entails are neither considered. Our participants indicated social embarrassment if the patient is not a family member, personal discomfort if the patient is a family member due to reversed roles, as well as the psychological and cognitive burden, lack of interpreting skills and communicational demands, among others. Are there solutions to this conundrum? We believe that a thoughtful approach by medical staff can lead to a satisfactory resolution and minimise or even prevent harm to the child broker.

Based on our study, previous findings[3] and literature on CLB in general, we propose an explanatory checklist (for more on the potential of checklists in improving healthcare, see Gawande 2011, passim) or toolkit[4] to highlight the most important principles to be considered before, during and after a medical consultation with a child acting as a language broker.

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3 See the multilingual guidelines for working with interpreters on the website of the ReACTMe project: http://reactme.net/guidelines

4 See The Immigrant Education Society's "Child Language Brokering Settlement Practitioner's Toolkit" and the guidelines "Working Effectively with Interpreters" by the Think Cultural Health initiative of the US Department of Health and Human Services.

In *assessing the initial situation*, the principle 'First, do no harm', commonly attributed to the Hippocratic Oath (North 2002), serves as a good indicator of whether CLB should be considered. To decide, the following questions can be used, in this order:

– Do the patient and the doctor share a common language?

– If they do, do they both have a sufficient level of proficiency to allow effective communication in the given situation?

For example, as explained by one of our interviewees, the doctor's level of English, that was the patient's language in this case, was not enough for effective communication.

– If not, is a professional interpreter with the appropriate language combination available within the required time frame? (For a list of situations requiring the presence of an interpreter, see Phillips 2010)

– If no professional interpreter is available, is a medical professional fluent in the language combination available to act as an interpreter?

– If not, is an adult with the appropriate language skills available?

– If not, is a child with the necessary language skills available?

In fact, several participants explicitly mentioned their difficulties when having to translate complex medical concepts and terminology.

– Is the child willing to act as a broker?

Most of the times, our interviewees were not even asked whether they were willing to act as brokers. Their service was taken for granted.

If the child is willing, as many participants affirmed, and it seems to be the only available option, the following questions should be asked before making a decision (see Pando et al. 2020):

– Is the child too young to understand the subject matter and the situation in general?

This is an important question, because, as we could see in the interviews, more than half of the participants were very young (less than 12 years old) and presumably inmature when they started brokering.

– Does the child's gender pose any obstacles to participating in the consultation? (Hadziabdic & Hjelm 2013)

– Will either the child or the patient feel embarrassment, possibly leading to incomplete communication?

– Could exposing the child to sensitive information harm them emotionally?

This is relevant especially when child brokers must deliver bad news to members of their families, as explained by some of the interviewees.

– Is the child's linguistic, terminological or general knowledge insufficient to accurately grasp the medical information?

Sometimes, the interviewees admitted that they did not know some medical terms, even in their own language, and this caused distress on them, since they were afraid of making mistakes in such a delicate situation. This also poses a threat on the accuracy of the information exchanged.

A 'yes' to any of these questions should rule out CLB, as the communication may not be effective, and the child could be harmed by the experience.

If, however, CLB seems like a sensible solution, medical personnel should follow a series of steps to ensure the process is as smooth and harmless as possible. In an emergency, with so much happening and a strong focus on the patient's condition, one might ignore or forget obvious facts that normally come to mind immediately. Thus, having them clearly listed can be very helpful (The Immigrant Education Society s.d., Gawande 2011).

Before the consultation: preparing the exchange

– General setting

  - Ensure all participants can see and hear each other well during the conversation.
  - Take measures to prevent visual exposure that could cause embarrassment or trauma to the child broker and the patient during the consultation.

- Allow sufficient time to explain the process to both the child and the patient, ensuring they understand the limitations and involvement of the child.

– Relieving the pressure

- The adults ensure the child has not changed their mind about interpreting.
- The child is informed that they are not responsible for medical decisions.
- The child is told they can ask questions whenever needed.
- The child is encouraged to focus on the general idea, rather than details that might be difficult to render.

– Informing the child broker

- The child is briefed on 1) the basics of the medical situation, 2) the likely terminology the doctor will use, and 3) the consecutive method (emphasising that using the 1st person singular is easier). As Phillips (2010) states, "In most cases the 3–5 minutes lost in engaging an interpreter will be readily compensated for by a more efficient and safer consultation", —this is even more relevant when the interpreter is a child, with less preliminary information at hand.
- The child is reminded to focus on conveying meaning, not individual words.

– Informing the other participants

- All participants in the interaction should be aware of the specifics of the exchange, including potential limitations in content and the stress the child may experience.

During the consultation

There are very good established guidelines for working with interpreters (to give but one example, see the 'Guide for Clinicians Working with Interpreters' of the Australian Institute of Interpreters & Translators 2019). Below, we will stress only the principles that are crucial when working with CLB, as it was corroborated by our interviews.

– Clinicians:

- acknowledge the child's role from the beginning to make them feel at ease (The Immigrant Education Society, n.d.).
- speak clearly (at a reasonable pace and without a heavy accent) and avoid medical jargon.
- pause frequently to allow the child to interpret small bits of information.
- monitor the interaction carefully, paying attention to non-verbal clues to gauge whether things are going fine (or not). 'While the interpreter speaks, the doctor can observe the patient and formulate the next question and the direction of the consultation' (Phillips 2010). Briefly, 'Be sensitive to what is happening!' (Hadziabdic & Hjelm 2013).
- ask questions to ensure the information is correctly understood, as this could help child brokers to feel more confident and allow them to make questions when finding their task difficult.
- avoid side conversations to prevent ethical dilemmas for the child broker (Hadziabdic & Hjelm 2013).
- use the 1st person.
- address the patient, thus relieving the interpreter's stress and making the conversation flow more naturally.
- remind the participants that the information exchanged during the consultation will be kept confidential, in order to avoid ethical issues and psychological pressure on the child.

– Patients:

- speak clearly, logically and simply.
- provide concise answers.
- address the clinician directly and avoid side comments.
- understand the child's limitations and ask questions to clarify any confusion.

After the consultation

At this stage, it is crucial to ensure that the experience has no negative impact on the child broker and, ideally, that they leave feeling a sense of accomplishment. To support this, the adults involved in the consultation can:

– offer the child the opportunity to share their thoughts or ask questions about the experience.

– praise the child for the task they accomplished (The Immigrant Education Society n.d.).

– thank the child for their work (Center for Immigrant Research n.d.).

Such positive reinforcement can help foster a healthy attitude toward child language brokers and reduce the risk of trauma from the experience. In this respect, we can remind how proud and useful several participants felt after performing the brokering task.

4. Conclusions

The use of children as language brokers requires careful consideration. Based on the findings from our study, which reflect the perspective of adults and young adults, it is not immediately clear whether the impact of brokering will be negative or positive. Indeed, most of the participants affirmed that they had mixed feelings in relation with their brokering task. On the positive side, they felt useful and proud of being able to help, as if they were "caregivers" for their families (see also García-Sánchez 2018), and this experience even influenced their subsequent academic choices (since some of them decided to study Translation and Interpreting). At the same time, they usually felt under pressure, fearful of making mistakes and confronted with ethical dilemmas.

As highlighted in previous studies as well as in our research, the emotional and psychological effects on the brokers will depend on the immediate context, such as the adults' attitude, the brokers' age or the medical content.

Despite the potential risks, it is important to recognise that in some situations, healthcare professionals and patients may have no other choice but to rely on children for communication. Thus, the adults involved must be fully aware of the sensitive nature of the situation, considering the medical aspects and the well-being of the child broker.

According to existing literature and our results, when specific conditions are met, child language brokering can compensate for the lack of professional interpreters. However, it is essential to follow the guidelines provided by specialists and corroborated by the answers provided by the interviewed child brokers, and efforts should be made to ensure these guidelines are readily available to healthcare professionals. Once translated, this could help save time and, most importantly, avoid distress for the child acting as a language broker.

In any case, when children are asked to perform language brokering, the situation must be approached with deliberate caution and care.

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