

**CHILDHOOD IN TRANSLATION**  
**DOCUMENTARY MULTI-MEDIA TOOLS**  
**An introduction and discussion guide**

*I translate the papers from the school, the doctor's appointment for my Dad . . . . We translate everything, because he's our Dad and we have to help him.*

- Darely, 16



***Childhood in Translation*** is a multi-part documentary project about how immigrant families are affected by language barriers. It is designed to put a human face on these challenges in order to raise awareness and spur discussion about how communities can better serve their newest members. A DVD from the project contains three short modules that illustrate immigrant families' experiences, as well as the perspectives of social service providers and health care professionals that are adapting to a changing clientele. This document provides a brief background about the project and suggests potential uses and topics for discussion around the modules.

**Background**

More and more, our communities are multilingual. In New York City, for example, half of the households speak a language other than English at home, and about a quarter do not speak English well. This is not just a big city phenomenon, as many immigrants increasingly move to new destinations in the South and Midwest. Over half the foreign-born in the United States over the age of five – about 18 million as of 2006 – are limited English proficient. Over a quarter of all children under age 6 have at least one parent who speaks a language other than English at home, and this number is growing.

For the numerous households with limited English proficient parents, basic social services, healthcare, the legal system, education, and so on, are often inaccessible due to language barriers. Existing language services do not begin to meet the need and the children in immigrant families are often the only ones who can fill the gap. They are called upon to fill out government forms, interpret during parent-teacher conferences, report crimes to law enforcement, or communicate with health care providers.

To address these needs, many jurisdictions are taking bold steps to reach out to community members in many different languages. Laws and regulations at the federal, state, and local level require that agencies take steps to ensure that their services are accessible to limited English proficient people, including Title VI of the Civil Rights Act of 1964 and President Clinton's 2000 LEP Executive Order (Executive Order 13166).

Materials describing the legal background, demographic data, as well as extensive detailed information on how government offices and agencies are implementing language access measures, are available at <http://www.migrationpolicy.org/languageportal>.

### **A New Tool for Practitioners and Policy Shapers**

*Childhood in Translation* is a multi-part media project about the challenges that language barriers pose to the health and well-being of recent immigrants and their children.

Utilizing a documentary approach, the project highlights the experiences of immigrant families, agency employees, and advocates as they discuss the impact of language barriers. Immigrant families show how their access to services has been affected by language barriers. And service providers likewise show how language barriers affect their ability to connect with their clients and give them the appropriate standard of care.

Taking these multiple perspectives into consideration, this project is already bringing alive the crossed signals that must be negotiated in an increasingly diverse America. Short educational modules from the project are being used in numerous settings, from policy presentations arguing for increased funding for language services, to trainings for health care workers about the importance of truly informed consent for limited English proficient consumers.

### **Flexible Media – Where and when you need it**

*Childhood in Translation* educational media is available on a DVD with three modules, designed to engage targeted audiences and move them to action. The first module focuses on the experiences of immigrant families, and is useful as an overview of the impact of language barriers. The second module is geared towards service providers at government agencies, and the third is concerned with language services in a health care context.

The modules are ten to fifteen minutes long; each is self-contained and provides an introduction to language access issues and scenes that illustrate consequences of language barriers as well as efforts to address them in specific fields. Each module is also broken down into 3-5 minute chapters so that viewers with a shorter period of time may focus on specific topics.

- Module 1 – *Childhood in Translation, Youth on the Edge*: This 16 minute module raises awareness about the impact of language barriers through the voices of youth who interpret for their families. Separate scenes address medical settings, the court system, schools, and health care. Targeted audiences include policy-makers, advocates, front-line staff, and other audiences who are interested in learning more about the experiences of immigrant families with language barriers. This module can be played from beginning to end in order to raise a spectrum of issues. Alternately, individual chapters are accessible for more focused settings.

- Chapter 1, Introduction, 1:08
- Chapter 2, Overview, 3:28
- Chapter 3, 5<sup>th</sup> grade interpreter, 1:34
- Chapter 4, Divorce court, 0:50

- Chapter 5, Parent-teacher conference, 3:22
  - Chapter 6, Uninformed consent, 2:52
  - Chapter 7, Conclusion, 2:57
- Module 2 – *Childhood in Translation, Providers on the Front Lines*. This 14 minute module shows how service providers at social service and government agencies are working to serve a rapidly changing population. Separate scenes address government benefits, child welfare, social work and housing assistance. Targeted audiences include management and staff at agencies that provide services to limited English proficient clients.
- Chapter 1, Introduction, 1:48
  - Chapter 2, Human services, 2:35
  - Chapter 3, Children’s services, 4:37
  - Chapter 4, Social workers/housing, 4:07
  - Chapter 5, Conclusion, 0:58
- Module 3 – *Childhood in Translation, Interpreting Health Care*. This 10 minute module is an introduction to the impact of language barriers in health care settings. Scenes in a community clinic with on-site interpreters, as well as a client encounter utilizing remote video interpretation, illustrate a range of approaches in delivering an appropriate quality of care to limited English proficient consumers.
- Chapter 1, Introduction, 0:43
  - Chapter 2, Community clinic, on-site interpreters, 3:14
  - Chapter 3, Reducing barriers, 1:49
  - Chapter 4, Using technology, 2:57
  - Chapter 5, Conclusion, 0:51

## Topics for discussion

How the *Childhood in Translation* modules are used depends to a great degree on the context, the audience, and the need to be met. The modules can be used to inform and influence policy shapers, to raise general awareness for front line staff, and as part of more detailed presentations on agency-specific practices and procedures. As you consider the use of entire modules or individual chapters, you may wish to utilize the following as starting points for discussion:

1. Your own institution and the communities it serves.
  - Do you have reliable data on the make-up of your patient/client population? What sources are used (for example, census, school system, and community based data)? Does your institution follow trends in population changes systematically? Is this data used in decision-making and integrated into operations?
  - How well do your own registration and admission systems capture language and demographic information? Can the systems be improved, for example, by adding fields and by training staff to ask the right questions in the right way?
  - If a new limited English proficient client were to walk into your offices, how easy would it be for that person to get help? Is there adequate signage and a defined intake system?
2. Consequences of inadequate language services.
  - How might language barriers and inadequate language services affect the ability to deliver services with an appropriate quality of care?
  - Discuss any incidents your institution (or other institutions you may have heard of) may have had because of inadequate language services. Is there a pattern? If so, what can be done or was done?
  - "Pay now or pay later:" How might this idea apply in the field of language services? Despite tight budgets, how can language service expenses be justified?
3. Training
  - What training resources are available, or would be useful, to support effective language services? Discuss the importance of training for interpreters and for staff that utilize language services.

- Is it enough for an interpreter to be bilingual? What makes an effective interpreter? Training? Knowledge of specialized vocabulary? Something else?

#### 4. Technology

- What methods and tools does an institution use now, such as telephonic interpreters and/or video equipment?
- What are the advantages and limitations of technology?
- What kinds of plans, if any, does the institution have for upgraded technology?

#### 5. Obstacles

- What are perceived to be obstacles to using interpreters, either live or through technology? Overly burdensome hurdles in requesting interpreters? Expense? Delay? How much of it is perception and how much can be overcome?
- Discuss ways to increase the use of interpreters.

#### 6. Motivation

- At your institution, what is the main source of motivation for language services? Compliance with mandates? Better patient care and/or client satisfaction? Marketing efforts?
- Are there other reasons for language assistance that you may not have considered? If compliance is your main motivation, how can your institution move to the next level?

#### 7. Cultural competence

- What might “cultural competence” mean in your specific context? What are some concrete examples?
- How do language services relate to cultural competence?
- What measures of cultural competence would make sense at your own particular facility?

## Internet Resources

As you think about opportunities to utilize the modules, please consider the resources collected at websites such as:

California Academy of Family Physicians (cultural proficiency)

<http://www.familydocs.org/practice-resources/cultural-proficiency.php>

Cross-Cultural Health Care Program (health care)

<http://www.xculture.org>

DiversityRx (health care)

<http://www.diversityrx.org>

Kaiser Family Foundation (health care)

[http://www.kff.org/uninsured/immigrantcare\\_linguisticaccess.cfm](http://www.kff.org/uninsured/immigrantcare_linguisticaccess.cfm)

Medical Leadership Council on Cultural Proficiency (health care)

<http://www.medicalleadership.org/index.shtml>

Migration Policy Institute, National Center on Immigrant Integration Policy, Language Portal (language access overview, sample documents and other resources for government agencies)

<http://www.migrationpolicy.org/languageportal>

MPI Data Hub (extensive demographic information relevant to immigrant integration)

<http://www.migrationinformation.org/datahub/integration.cfm>

National Health Law Program reports and links (health care)

<http://www.healthlaw.org/library.cfm?fa=detail&id=56882&appView=folder>

National Immigration Law Center reports and links (public benefits, etc.):

<http://www.nilc.org/immspbs/la/index.htm>

U.S. Dept. of Health and Human Services:

<http://www.hhs.gov/ocr/lep>

US Dept. of Justice:

<http://www.usdoj.gov/crt/cor/13166.htm>

US Federal Interagency Working Group on Limited English Proficiency

<http://www.lep.gov/>

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