EDUCATOR-FAMILY-INTERPRETER DYNAMICS FOR CHILDREN WITH HEARING LOSS: NAVIGATING COLLABORATIVE INTERACTIONS

This article presents preliminary findings from a multistage, international research project aimed at enhancing collaborative practices among education/health professionals, families of children with hearing loss (CHL), and spoken language interpreters within Early Childhood Intervention (ECI) settings. Focusing on the complex nature of these interactions, this study specifically investigates the experiences of ECI educators in Australia collaborating with CHL families and interpreters. While effective collaboration between professionals and families is critical for quality care, existing resources often overlook interactions involving communication barriers. This research delves into the intricate dynamics of educator-family-interpreter collaboration, especially pertinent for children with communication difficulties from diverse linguistic backgrounds. The study analyses 21 Australian educators' expectations and experiences who engaged spoken language interpreters when working with families of CHL in ECI. Thematic analysis of survey responses revealed *facilitators* and *barriers* within educator-interpreter-family interactions. Positive collaboration minimizes language disparities between home and school, yet challenges can arise in these three-way exchanges. Educators stress the significance of interpreters possessing contextual understanding and proficiency in linguistic and hearing loss terminology. This article advocates for qualified interpreters, offers resources to enhance collaborative practices, and outlines ongoing research directions to support professionals working with CHL families and interpreters in ECI settings.

Keywords: early intervention, d/Deaf, hard of hearing, interpreter, multilingual

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INTRODUCTION

The research presented in this paper is an initial look at data being collected in a multistage, international, interdisciplinary research project that aims to understand and support the collaborative practices of education/health professionals, families of children with hearing loss (CHL), and spoken language interpreters in Early Childhood Intervention (ECI) settings. The preliminary data presented in this paper focuses on the experiences of ECI educators working with families of CHL and spoken language interpreters (hereafter referred to as *interpreters*) in ECI settings within Australia.

Inter-professional and family-professional collaboration in ECI settings is recognised as essential to providing best-practice comprehensive care and education for young children internationally (Fukkink and van Verseveld, 2020; Ragnarsdóttir, 2023). There are ample resources that explain how professionals and individuals/families can best work together in health and education contexts (e.g., Cahn, 2020; Khalili et al., 2019; Interprofessional Education Collaborative, 2016). Underpinning this success are family-centred practices and child-centred curriculums such as those embodied in the Australian *Early Years Learning Framework* (Department of Education, 2022). Effective family participation in the ECI setting is defined by Epstein (2001) as requiring provision of: (1) communication activities and/or spaces; (2) activities to educate families on their child's development and aims of curriculum; (3) activities to support transfer of learning from school to home; (4) opportunities for family members to be volunteer and social members of the ECI setting; (5) involvement of families in decision-making; and (6) collaboration with the broader community in which families live. Meeting these participation aims depends on effective communication between the ECI professionals, family, and community. While guidance documents focused on inclusive education for children with additional support needs in ECI (Bray, 2020) note the importance of collaborative practice, these documents provide little guidance on how to achieve this. Some idea of the barriers to collaborative practices between ECI professionals and family in other contexts can be found in studies such as that by González et al. (2023).

A recent synthesis of interprofessional practices in ECI for children found that the needs of children with communication differences or difficulties are only met when interprofessional collaboration is supported by institutional structures and individual communicative and cooperative skills (Langner and Fukkink, 2023). When the parents/caregivers of a child engaged in ECI come from a language background different to that of the educator, the involvement of other

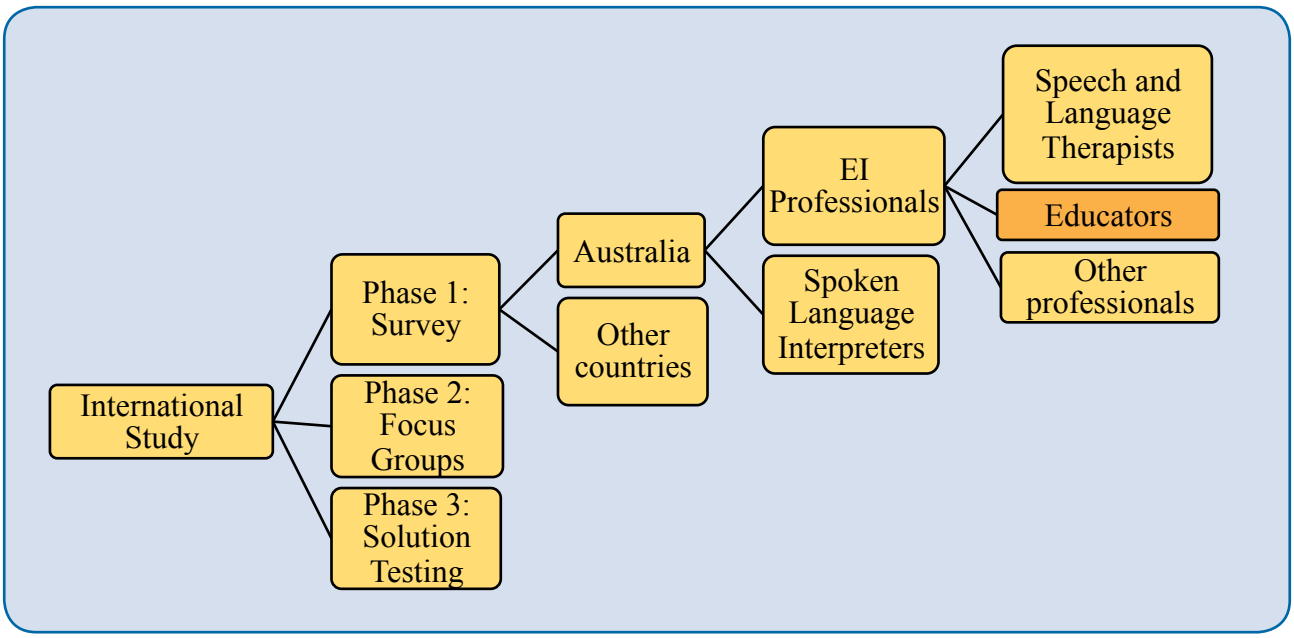
professionals, like interpreters, are essential stakeholders in effective collaborative practices. No established guidelines exist for effective collaboration among ECI stakeholders, including for the group of interest in this study, the families of multilingual CHL (Crowe and Guiberson, 2021; Bowen, 2016; Cheatham, 2011; van der Straten Waillet et al., 2022). In addition, contemporary views of interpreting in healthcare settings challenge the traditional view that the interpreter is only a conduit for information transfer between languages (Gaviolo and Baraldi, 2011). Instead, interpreters are positioned using an interactive approach in which the interpreter is an active co-constructor of meaning within an interaction along with the professional and the patient. In this view, the current guidelines and checklists encourage professionals to *use* an interpreter, rather than to collaborate *with* an interpreter. Such views are not only outdated but damaging to the quality and success of interpreter-mediated interactions (Li et al., 2017).

With the global prevalence of multilingualism being high (Crystal, 2003), it is likely many families of CHL who are seeking the services of ECI professionals, where the families and the ECI professionals have no shared language for effective communication (Pretto, 2012). In these cases, engaging with an interpreter to bridge linguistic and cultural differences is crucial, with the interpreter positioned as a core ECI team member. However, interactions involving an educator, a family of CHL, and an interpreter may create a collaborative practice context that is unfamiliar to the people involved. This paper aims to present preliminary ECI educator perspectives on these types of collaborations within an Australian context. In asking ECI educators to share their best and worst experiences of engaging with interpreters to provide services to the families of CHL, we provide ideas as to how ECI collaborative practices can be enhanced in the future.

METHOD

The data reported in this paper is part of a larger mixed methods research project investigating professional-family-interpreter collaborative practice interactions in ECI settings across the world. The Australian arm of the study was approved by the Charles Sturt University Human Ethics Committee (H22347) and is illustrated in Figure 1.

Figure 1: *Overview of Multiphase Research Project.*



Participants

Participation relevant to the data reported in this study was open to those who met the following criteria: (a) experience working as an ECI educator, and (b) one or more experiences engaging with a spoken language interpreter when providing services to the family of a child with hearing loss in Australia. Recruitment involved snowball and purposive sampling. Authors shared study details, consent forms, and surveys via emails and social media, leveraging personal and professional networks. Targeted distribution utilized relevant newsletters and emails from organizations like ECI and Australian professional groups. Additional ethical clearance was obtained from participating organisations as required. Participants in the study were encouraged to share information about the survey with their peers who they judged were eligible to participate.

Materials and Procedure

Participants completed a Qualtrics online survey after it had been revised in response to feedback received during piloting with eight speech-language therapists (SLTs), seven educators, and five interpreters. Data from the survey reported here includes: (a) demographic information; including, professional background, language skills, and prior experience working with an interpreter; and (b) responses to two open-ended questions about participants' experiences with interpreters in early intervention settings. The two open-ended questions asked participants to report their positive and negative experiences in ECI interactions between professionals, families of CHL, and an interpreter. Data were collected between February and August 2023.

Data Analysis

Quantitative demographic data were analysed using SPSS Version 29 (2022) to attain descriptive statistics and complete proportional analysis. Answers to the two open-ended questions were analysed using inductive thematic analysis (Braun and Clarke, 2006; Braun and Clarke, 2019). The first author read and re-read the data, noting initial ideas, generating first level codes across both questions and then collating these ideas into second level codes. Second level codes were mapped to reveal themes and sub-themes, and the process of systematically recoding the data and revising themes and subthemes continued through three cycles of revision. Data and themes were reviewed by at least two authors at each cycle of revision. Where there were initial differences of opinion, discussion ensued, and consensus was eventually reached without the need to enlist another co-author's opinion.

RESEARCHER BACKGROUND

All authors are hearing, qualified SLTs. Authors KC, SH and MG have experience working with families of CHL. KC is also a certified sign language interpreter. The study's origins stem from research on culturally responsive practices by all authors; and participants in the authors' past research identifying the quality of interpreter-mediated interactions as a barrier to effective practice with the families of d/Deaf multilingual learners. The authors aim to enhance support for children, families, and professionals by describing professional-parent-interpreter interactions in their research.

FINDINGS

The findings presented here first consider the participants and their collaboration with families and interpreters. Secondly, analysis of the data presents themes that pertain to the collaboration of educators, families and interpreters.

Participants

Twenty-one Australian-based educators with experience working with families of CHL in ECI settings completed the survey. Participants' experience providing ECI services for CHL and their families ranged from 1 to 35 years (M = 14.3, SD = 8.9). Participants indicated that they had experience working with infants (0-12 months-of-age: n=19, 90.5%), toddlers (1-3 years-of-age: n=20, 95.2%), and preschool-aged children (3-6 years-of-age: n=20, 95.2%), with 18 (85.7%) participants reporting experience with all three age groups. All participants reported working as an educator in this setting, which included teachers, early intervention teachers, special education teachers, and teachers of the deaf. Two participants (9.5%) reported working as a SLTs, as well as a teacher. Two other participants (9.5%) reported also working as Auslan/English interpreters but without interpreting training or accreditation. Participants stated that their highest level of educational attainment was postgraduate degree (n=15, 71.4%), graduate diploma or certificate (n=2, 9.5%), bachelor's degree (n=3, 14.3%), or a certificate (n=1, 4.8%).

Participants reported the number of languages they used and how well they understood/spoke/signed these languages. Participants were prompted to report on their skills in English and Auslan and asked to add other languages that they used. Nearly all (n=20, 95.2%) participants reported being fluent users of English, with the remaining participant (n=1, 4.8%) reporting he/she/they could have a simple conversation in English. All participants reported some level of skill in Auslan, from a few words and phrases (n=1, 4.8%), to simple conversations (n=3, 14.3%), conversations with some errors (n=11, 52.4%), to being a fluent user of Auslan (n=6, 28.6%). Other languages used by participants were British Sign Language (conversation with some errors: n=1, 4.8%), Cantonese (simple conversations: n=2, 9.5%), German (a few words: n=2, 9.5%), Japanese (a few words: n=1, 4.8%), Mandarin (fluent: n=1, 4.8%; a few words: n=1, 4.8%). All participants reported being multilingual, using two (i.e., Auslan and English: n=17, 81.0%), three (n=2, 9.5%), four (n=1, 4.8%), or five (n=1, 4.8%) languages.

Educator-Family-Interpreter Collaboration

All participants had utilised the services of an interpreter (qualified or unqualified) in their early intervention sessions with the parents of CHL, as this was a requirement for participation in this study. Participants were asked to report how often interpreting services were provided by different people in their early intervention sessions. All participants

reported that they had used a professional/qualified interpreter (always: *n*=11, 52.1%; often: *n*=7, 33.3%; sometimes; *n*=3, 14.3%). Some participants also reported using people who were not qualified interpreters but who often worked as an interpreter (often: *n*=3, 14.3%; sometimes; *n*=4, 19.0%; rarely: *n*=4, 19.0%) and another staff member who speaks the required language (often: *n*=1, 4.8%; sometimes; *n*=8, 38.1%; rarely: *n*=1, 4.8%). A few participants also reported that no one was used to interpret in some cases (always: *n*=1, 4.8%; sometimes; *n*=4, 19.0%; rarely: *n*=2, 9.5%). Two (9.5%) participants stated that friends and/or family members provided interpreting in their sessions. When asked about the service delivery modes through which they had accessed interpreting services, most participants reported they had used in-person interpreting services (*n*=20, 95.2%), followed by telephone interpreting services (*n*=13, 61.9%), and video interpreting services (*n*=6, 28.6%). Six (28.6%) participants had experience using one service delivery mode, and this was in-person interpreting for all of these participants. Eleven (52.4%) participants had experience using two service delivery types, and five (23.8%) had experience using all three.

Participants were asked to specify the five languages which they most often utilised interpreting services for. Responses were provided by 19 of the 21 participants (90.5%) who named five (*n*=4, 19.0%), four (*n*=4, 19.0%), three (*n*=5, 23.8%), two (*n*=2, 9.5%), or one language (*n*=4, 19.0%) languages. The spoken languages that interpreting services were most often reportedly used for were Arabic (*n*=9), Cantonese (*n*=4), Dari (*n*=4), Mandarin (*n*=10), Urdu (*n*=4), and Vietnamese (*n*=5). Other languages were reported only once or twice and included: Amharic, Assyrian-Chaldean, Bengali, Burmese, Dinka, Farsi, French, Gujarati, Hindi, Khmer, Lebanese, Nepali, Portuguese, Somali, Spanish, Tagalog, Thai, and Ukrainian.

Participants Experiences When Using an Interpreter

Thematic analysis of the two open-ended survey questions revealed the major themes of action, communication, professionalism, and interaction clustered around specific role designations: educator, family, interpreter, or all. Each theme contained at least two subthemes which are outlined in the table and discussed below.

Roles, themes, and subthemes describing participants' best and worst experiences with interpreters in early intervention settings.

Role	Theme	Subtheme
Educator	Actions	Pre-session
		Post-session
	Communication	Management
		Nonverbal
Family	Actions	Interpreter use
		Leadership
	Communication	Content
		Outcome
Interpreter	Actions	Context
		Engagement
	Communication	Accuracy
		Repair
		Intelligibility
		Interlocutors
	Professionalism	Environmental
		Objectivity
		Distraction
		Conduct
All	Interaction	Rapport
		Known interpreter
		Exclusion

Educator Actions and Communication

Participants described actions that occurred either pre-session or post-session related to their experiences working with an interpreter. Positive pre-session actions included booking the interpreter for sufficient time, rebooking the same interpreter who had previously been used with the family, and having time to pre- and post-brief with the interpreter. The content of pre-session briefings with the interpreter included discussion of the session plan, goals/expectations, child and the family linguistic background, and key terminology that would be needed in the session. Content of these pre-session briefings also included pre-emptively trying to mitigate potential communication breakdowns as illustrated by E4: "*Making sure they [the interpreter] understood to ask me for clarification if I used too many jargon words*". Pre-session briefings were noted to create positive collaborative environments because they resulted in improved "*communication flows*" (E30) between participants. Strategies for managing communication that the educator considered to have broken down revolved around prompting the interpreter to interpret: "*I usually find myself asking, "was that a word? What did mum say? Can you please repeat what I say in Arabic?""* (E4).

A lack of the need to prompt was noted as a sign of a well interpreted session:

> "*I didn't need to prompt them or ask them to interpret any part*" (E74).

Family Actions and Communication

The actions of families were described as playing an important role in both more and less successful collaborations with interpreters, and this related to interpreter use, engagement, and leadership. Some participants reported that families requested to *not* work with an interpreter, often for fear of breach of confidentiality by the interpreter: "*Some families have preferred to try sessions without an interpreter for fear that their interpreter will talk amongst the (families') community*" (E55). One family was described as taking leadership in a session where the family-approved interpreter was unable to attend, and another interpreter was substituted: "*We had to change what we could cover as the family did not want information spread through the community*" (E25).

Families' communication was similarly mentioned as impacting the success of interactions with interpreters, including the content and outcome of the communication. The content of communication was described as sometimes going off topic when the parent wanted to interact just with the interpreter; however, collaboration with the interpreter was viewed positively when this was well managed by the interpreter within the session: "*Often times the families would like to discuss other matters and areas they required support in. The interpreter drew the family back to the information being shared and its importance, offering to help with the other matter if there was time*" (E71). When educator-family-interpreter collaborations went well positive outcomes were reported: "*The family has been able to make a choice about how to proceed with their child's school enrolment based on clear information*" (E86). However, sometimes outcomes of the interaction were reportedly less positive. One participant said they could not always be "*sure that the family understood*" (E9) even when using an interpreter. Another recalled a session where a mother's participation was limited because of interference by the father: *"[The] father cancelled [the] interpreter and said mum could understand more than she could speak. It became clear that mum did not understand English and was excluded from conversation. Dad answered all the questions*" (E130).

Interpreter Actions, Communication, and Professionalism

Participants described interpreters' actions impacting on the success of interactions in terms of context and engagement. Having knowledge of the context in which the interpreting was occurring facilitated interactions, whereas the absence of this knowledge was a barrier: "*The interpreter was prepared and familiar with hearing loss*" (E71) compared to "*they didn't understand deafness and didn't ask for clarification*" (E4). Educators identified that it was important for interpreters to have knowledge related to linguistics, hearing loss, terminology, early intervention, the family, and the session. Context was also important in terms of the setting. Interpreter behaviour that showed engagement with the situation were reported to facilitate success, while a lack of familiarity with child-led interventions could be problematic for interpreters and hinder communication. Participants noted participation was hindered when "*[an] interpreter [is] not comfortable in a play-based, family-centred session – not traditional interpreting*" (E88) or if "*the interpreter(s) seem to forget that the child is an important communication partner, if not the most important, during intervention sessions*" (E74). Conversely participation was facilitated when: *"the interpreter got down to the child's level and engaged in the activity modelling the home language*" (E117) and "*They were 100% actively interpreting, including the tone of voice they used and participated in the play intervention. This drew more participation and expressive language from the child*" (E74).

Interpreters' communication was described by participants in terms of accuracy, repair, intelligibility, and interlocutors. In terms of accuracy, many instances were mentioned where the interpreter appeared to not interpret everything said during the session: "*They sat back and only interpreted if I communicated to the parent*" (E74), "*Interpreters who forget to interpret because they feel that the person they are interpreting for has understood the English*" (E22), and "*The family would respond with a long sentence and the interpreter would translate that to 'yes'*" (E117). Accuracy was also compromised by

interpreters adding information that was not part of the educator's or family's message: "*The interpreter went off on their own and started 'judging" the family we were working with. We did get a feeling it was happening at the time but because we didn't know the language, we weren't sure what was going on. Also, the answers did match the previous discussions*" (E128). Another participant reported: *"[the interpreter] making decisions and responding to questions on behalf of the client*" (E13). The ability of an interpreter to identify communication breakdowns and engage in repair was viewed positively when it was present and negatively when it was absent: "*The interpreter would indicate if they thought the family didn't understand*" (E117). "*Interpreters who don't ask for clarification and obviously have said something different to what you have said*" (E22). Finally, poor intelligibility in English was another hinderance described by participants.

The impact of the behaviour of interpreters in terms of their professionalism was also described by participants, captured in the subthemes environmental, objectivity, and conduct. In relation to the environment, positioning of the interpreter could be helpful: "*the interpreter was comfortable to adapt to the environment e.g., sit on small chairs*" (E71), or unhelpful: "*Interpreter stood above the family and child the whole session*" (E117). Time was helpful where there was enough time or flexibility with time: "*It is also great when interpreters have been a bit flexible with time, particularly being able to stay an extra minute or two when an important discussion is continuing*" (E30). However, situations were described in which the management of time was unprofessional, e.g., "*the interpreter who was 45 minutes late because they were relying on google maps instead of the clear description I had provided*" (E115). A lack of the expected objectivity from the interpreter's was often mentioned negatively: "*feedback from the parent in broken English to let me know the interpreter was "too much sadness" about her child being* deaf" (E50) and "*I've had interpreters who have included their own opinion. E.g tell a family they should move house so they can be closer to a specialist school. Also pressured the family to enrol in a specialist preschool which was going to place additional pressures on the already complex family situation. This totally contradicted my message to the family*" (E74).

Interaction

The final theme identified related to interactions within early intervention sessions that were not under the ownership or control of any single party: rapport, known interpreter, and exclusion. Unsurprisingly, positive rapport was always described in relation to successful interactions: "*The same interpreter used for regular appointments which helps build trust, rapport and increased knowledge and skills*" (E130), whereas negative rapport was always related to negative interactions: "*no relationship between any stake holders*" (E117). Less clear was the impact of the interpreter being known to either the educator or the family. Sometimes using an interpreter known to the family was positive: "*I had 2 fantastic Turkish interpreters that I was able to book regularly, they were just lovely people, totally understood what I was doing in my visits*" (E115) while other times it was problematic: "*Distrust and family did not wish to talk with a particular person [the interpreter]*" (E4). Several participants also described being excluded from interactions as the family and interpreter spoke with no interpreting occurring: "*Long conversations between family and interpreter that weren't shared with me*" (E9) and "*Does not interpret all the conversation, has side conversations with client without including the professional*" (E13).

CONCLUSION

The educators who participated in this study were all experienced in working with CHL and interpreters in ECI settings, and many were readily able to identify characteristics of interpreter-mediated sessions that lead to more positive or negative interactions. In addition, many of the participants were multilingual themselves. It is unknown how representative this sample of educators may be of all educators working in ECI and providing services to the families of CHL in Australia, and a more diverse sample of participants may yield different results. Educators showed strong agreement over the need for interpreters to have some basic knowledge of hearing loss related terminology in both languages being used in the session prior to the session starting as well as for the sharing of information specific to the family and the session. Educators' reports of experiences working with interpreters described a range of communication and behavioural actions that facilitated or created barriers to successful educator-parent-interpreter interactions. The authors acknowledge that the data presented here is indicative of some of the systemic issues that come with community interpreting and interpreting in medical settings. This is especially important in situations where educational professionals themselves knowingly work with non-trained, non-professional interpreters.

As this research continues, it will explore the experiences of other early intervention professionals (e.g., SLTs, audiologists, psychologists) and interpreters in diverse cultural and linguistic contexts across the world. While this paper reports on survey data, future research includes collection of qualitative data from focus group discussions providing a deeper understanding of the issues raised in this paper. With more data a critical lens can be applied connecting these findings about participants experiences to the broader literature on interpreter-mediated interactions. The aim of this project is to create locally appropriate, culturally responsive, evidence-based resources to support the collaborative practices of educators, interpreters, and families of CHL thereby promoting positive outcomes. Interventionist are encouraged to engage with qualified interpreters, consult guides about collaborating

with interpreters, reflect on their role in creating an environment for effective communicative interactions, and to critically reflect on the value that an interpreter adds to their work beyond simply being considered a conduit for the transfer of information between themselves and the families of CHL (Acar and Blasco, 2018; Langdon and Saenz, 2016; Saenz and Langdon, 2021).

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