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Ethics and social responsibility in practice: interpreters and translators engaging with and beyond the professions

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ABSTRACT

Interpreting and translation are unregulated activities in most countries, yet interpreters and translators perform challenging work in sensitive domains, such as the law, medicine and social work. Other professionals working in these sectors must complete formal ethics training to qualify, then subscribe to Codes of Practice or Ethics. When they face ethical challenges in their work, they can access ongoing support. They must undertake regular refresher training in ethics. Interpreters and translators rarely have access to this sort of ethical infrastructure. This places the onus on interpreters and translators to reflect on ethical aspects of their practice, for reasons related to both professional performance and social responsibility.

This contribution presents original UK-based research with one type of professional 'clients' who rely on interpreters and translators, social workers and social work students prior to their first work experience placement. Findings suggest that insufficient attention has been paid to such professional clients and that ethical aspects of professional communication can be compromised as a result. By framing ethics training and ongoing support in terms of social responsibility, we point to some ways in which the different professional groups might communicate and work more effectively with one another and with service users.

KEYWORDS

case studies; translation clients; ethics; service users; social responsibility; social work

Introduction and context

Professionals such as doctors, social workers and solicitors must complete formal education in ethics and subscribe to publicly available and contractually enforced Codes of Conduct, Ethics or Practice[1] (such as the England and Wales Solicitors Regulation Authority *Code of Conduct 2011*). They have access to support and guidance when they face ethical challenges in their work via ethics committees, formal supervision, nominated mentors and professional associations, and are required to follow regular refresher training in ethics. In the UK, for example, the General Medical Council has a statutory role to provide guidance on medical ethics and regularly updates materials for use by doctors as evidence in appraisal.[2] Interpreters and translators work alongside these professionals in exactly the same sensitive settings and with the same service users, but are unlikely to have access to

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the same sort of ethical infrastructure. Moreover, particularly in public service contexts such as health and social care, a high proportion of interpreting work in particular is known to be carried out by untrained, unqualified linguists (Taibi 2011). The interpreting and translation professions are unregulated in most of the world, with no requirements relating to qualifications, training, experience or continuing professional development (Pym et al. 2012, 3). Professional codes do of course exist for interpreters and translators, but these are advisory or educational rather than regulatory in force (Frankel 1989, 110–111); apply only to those linguists who opt to join the professional associations which produce the Codes; and regularly contradict one another yet offer no guidance for users, who might be subject to more than one code simultaneously, on how they should respond in such cases of conflict (Drugan 2011, 116; McDonough Dolmaya 2011, 49).

This difference in ethical infrastructure between interpreting/translation and regulated professions is increasingly recognised and debated in translation studies, with attention being paid to ethics in translator training, for example (Baker and Maier 2011; European Masters in Translation 2009). Scholars have highlighted interpreters' and translators' demands for professionalisation of the sector, and linked these claims directly to issues of ethics (Gouadec 2009). Such calls for greater professionalisation of interpreting and translation have also been linked to their effects for society, broadly defined. Thus interpreters in particular have been framed as active participants rather than 'mediums' (Berk-Seligson 1990), or as activists (Tymoczko 2000), stakeholders (Boéri 2008), or co-participants who exercise agency (Angelelli 2004). Pöchhacker (2006) links this trend to the increasing prominence of community interpreting, noting the interpreter's 'co-constructed social interaction' and agency in the interpreted encounter: rather than the traditional location of the interpreter 'between' service provider and service user, a position 'within' the encounter then becomes possible (Pöchhacker 2006, 205). Recent work has extended this understanding of the social dimensions of cross-language communication to translation as well as interpreting (Taibi and Ozolins 2016).

Conversely, interpreters and translators may have access to some types of support on questions of ethics which their interlocutors lack. For example, their education or training is likely to have paid some attention to ethical professional relationships with clients and users (Hubscher-Davidson and Borodo 2012; Kearns 2008). Relations with clients and users also feature as standard in linguists' professional Codes.[3] Of course, these advantages do not apply to untrained providers of interpreting and translation, and they play an important role in public service contexts. Like the untrained providers of language services, linguists' interlocutors are unlikely to have had any comparable training in working with interpreters and translators. This is true of both the service users (e.g. patients) and the service providers or professional clients (e.g. doctors, midwives, nurses), even for some highly challenging ethical circumstances. Professional training in law, medicine, social work and other disciplines typically includes no practical experience or guidance in working across languages. This means that trainees and newly qualified professionals are likely to consider the related practical and ethical challenges only when they encounter the first service user who doesn't share their language. Perhaps in recognition of this imbalance, translation studies theorists have long emphasised the perspectives of users and readers of translations, notably via the work of functionalists (e.g. Nord 1997), even if critics often stressed the gap between such theories and their

application in practice (Chesterman and Wagner 2002). Recent research on strategies for user-centred translation (Suojanen, Koskinen, and Tuominen 2015) have focused attention even more powerfully on the various parties involved in cross-language communication.

Linguists and their professional clients each have distinct ethical duties to the third interlocutor in the translated encounter, i.e. the reader or service user. What is the impact for this third interlocutor of the imbalances between linguists and professional clients which we have noted above, in ethical infrastructure and preparation for professional collaboration? As Dragoje and Ellam point out in relation to interpreting in health care settings (2004, 10), if all parties do not share the same knowledge base then this 'will inevitably become a barrier to effective communication'. Such barriers naturally have an impact on all those directly involved in translated encounters; but the focus on social workers and linguists in this contribution also highlights wider social effects, with implications for socially responsible practice.

This Special Issue was proposed because we perceived there to be a lack of attention paid to social responsibility in relation to interpreting and translation; this applies to the very definition of the term. In the present discussion, we understand social responsibility as individuals' responsibility to the wider society in which they live; that is, interpreters' and translators' responsibility to the broader social context beyond the immediate translated encounter. Carroll (1999) identifies four areas in his definition of social responsibility in corporate contexts: economic, ethical, legal and philanthropic. For this discussion of non-corporate settings, two are pertinent: ethical and legal. In earlier work with ethicist Chris Megone (Drugan and Megone 2011, 189), we advanced the view that:

> … translation often involves impacts, direct or indirect, on oneself and others. Thus, the question arises whether, in these impacts, one is manifesting virtues or vices (or respecting obligations, or producing good or bad consequences), and this … requires ethical reflection. In sum … the point of studying ethics for translators is not that they become philosophers but that they develop good judgement.

This article aims to extend this argument by widening the focus of attention from interpreting and translation to the broader society in which interpreters and translators work. What are the impacts beyond 'oneself' and those 'others' who are directly involved in the translated encounter? The provision (or absence) of translation, and its quality, have wide-reaching effects. Interpreters and translators manifest virtues and vices, respect obligations, and produce consequences within the translated encounter, but the impact of their choices can also be apparent far beyond the encounter itself. This contribution argues that we ought to bring some of these impacts into our consideration of what constitutes ethical practice.

Social work training already pays attention to the concept of social responsibility, as has social work research for some time (Koubel and Bungay 2012). This makes the choice of social workers an apt one for this discussion, but also represents a further disconnect between the two groups of professionals under discussion here, since translators and interpreters are unlikely to have focused on social responsibility in any formal training they have undertaken.

Methodology

Previous research (Drugan and Megone 2011) reported on the desirability of ethics training for students of interpreting and translation. This prior research employed survey data and a trial of training for interpreters, using the case study method that is widely favoured in ethics education (Megone and Robinson 2002). Another relevant empirical study by Dragoje and Ellam (2004) examined beliefs about the Australian Institute for Interpreters and Translators (AUSIT) Code of Ethics among three populations: health care interpreters, health professionals working with interpreters, and people accessing health care through interpreting. Dragoje and Ellam also used surveys to assess the three groups' beliefs then compared these with eight 'ethical principles' in the AUSIT Code.

This article reports new research which harnesses some of the above methods (trial of training, surveys), but shifts the focus of attention to professional clients who need to communicate with service users through interpreters or translators. The social work profession was selected to represent such clients for this trial for three main reasons. First, effective communication in challenging contexts is considered vital in social work (Lishman 2009), even for monolingual encounters. Second, social workers benefit from the sort of ethical infrastructure outlined in the Introduction: their core training must address issues of professional ethics, burnout and self-care, and introduces them to the support and guidance available in their regulated profession (Newell and Nelson-Gardell 2014). Third, the choice of social care as the setting to examine multilingual communication provides an engagement with an area that has so far been under-represented in Translation and Interpreting Studies.

We conducted an online survey of UK universities which offer specialist Masters in Social Work in February to March of 2014 to establish whether training in working with interpreters or translators was currently included in curricula. None of the courses in our sample stated they currently offered such training. We next approached six social work lecturers at Norwich City College and the University of East Anglia, who all reported that an increasing proportion of social work caseloads relied on interpreting and translation due to recent and ongoing patterns of migration. We could therefore infer that our training would not replicate content already in the curriculum, or be redundant (see also Lawrence et al. 2009, 41). University social work programmes were selected as our test site because they provide regular accessible opportunities to deliver targeted training: 'Skills Days' (centrally funded compulsory practice-based training) and Continuing Professional Development training are strongly embedded in all programmes, often linked to work placements.

We worked with local social work lecturers to design the course using real-world case studies, a proven training method in ethical awareness and decision-making (Megone and Robinson 2002). The lecturers, who are experienced practitioners of social work, supplied relevant anonymised real-world examples from their own practice which we then used to structure the training around core concepts and known challenges. The head of the local interpreting and translation provider and a practising interpreter with extensive experience in social work contexts assisted in designing and delivering the training.

The training materials and case studies were first tested with c.40 BA Honours Social Work students as a one-day course at City College Norwich in 2014. This training was

delivered by the author and the two interpreters/translators. We gathered feedback via anonymous questionnaires on paper directly after the training. We used the responses from the original participants to review the training content and methods then a second course was delivered to 59 Masters Social Work students at the University of East Anglia before their first workplace placement[4] in 2015. The same team delivered the training (the author and the same interpreters/translators). Two weeks before the second round of training, we sent an online questionnaire to all participants to measure baseline levels of understanding and identify ethical issues on which the social work students would value information and support (n = 21). We again distributed a questionnaire on paper after the training then sent email reminders after one and two weeks (n = 47). Survey data were anonymised but respondents were invited on two occasions to contact the researcher by email if they were prepared to contribute further feedback after their placement. Four participants volunteered. Short semi-structured interviews were conducted by phone and in person over the following three months to assess the perceived usefulness of the training after the students had completed their workplace placements, and to add qualitative insights to the quantitative data.

Findings

Relatively low numbers of participants (36%)[5] responded to the online pre-training survey, though these results are comparable to Dragoje and Ellam's survey response rate (38%, 36% and 34% for their three respective groups; Dragoje and Ellam 2004, 11) and with online questionnaire response rates generally (Nulty 2008, 301). The questionnaire distributed after the training achieved a much higher response rate (80%). Almost all questionnaires were returned on the day with fewer than five sent back over the following two weeks. This pattern is in line with studies of survey methodology, as 'in person' administration is known to result in higher response rates (Nulty 2008, 303). Our questionnaires collected both quantitative (closed questions) and qualitative (open questions and free text responses) data. We used coding in our first analysis of questionnaire data to identify hypotheses and recurrent themes which were then explored in semi-structured interviews. We then used thematic analysis to identify, analyse and report patterns in both the survey responses and semi-structured interviews (Saldanha and O'Brien 2014). We report a summary of responses to each of the questions in the two questionnaires below, with some verbatim comments (in italics) from free text boxes in the questionnaires, and (in the *Post-training questionnaire* section only) comments from the semi-structured interviews. The comments are grouped and presented in descending order of popularity (i.e. the most common response is given first and the least common last).

Pre-training questionnaire (n = 21)

Question 1: Have you already communicated with service users via interpreters or translators?

Yes, more than once (29%); Yes, once (0%); No (71%).

Question 2: If you have worked with interpreters or translators before, please give a brief summary of the encounters (languages, brief outline of context).

Some respondents had extensive prior experience of working with interpreters in social work settings, with comments including *Communicating with people who are deaf and/or have a learning difficulty using BSL or Makaton*; and *We regularly use 'Language Line*[6] *to help assessments* [*sic*] *who do not have English as their first language*. Others had occasional or limited prior experience in social work settings: *I worked with 2 non-English speaking families and organised to have translators present at FSP* [Family Support Process[7]] *meetings, to ensure the families understood what was being said by professionals*. Several respondents had experience of working with interpreters or translators in other work contexts, including as an NHS 111[8] telephone Health Advisor.

Question 3: In your view, are there any additional risks or challenges when working through interpreters or translators?

All respondents offered comments in answer to this question. The main categories of response related to lack of understanding (*There are risks of being misunderstood; A lack of understanding between the service user and professional*); trust (*Trusting the translators to accurately translate when you can't read what they've written; Sometimes the service user speaks for ages then the interpreter says a few words and so you don't know if you can trust what they're passing on to you*); completeness/accuracy (*The interpreter not translating fully what you mean; Missing some of the information that might be important to know; Things get misinterpreted or mistranslated*); empathy and emotion (*It is much more difficult to express empathy; You miss non-verbal cues; Emotion not being portrayed; Tone of voice really matters for expressing empathy but you can't know if it's the same in the other language*) and particularly, a sense of frustration for the social worker and/or service user (*Frustration at the pace of the conversation; You can see the mistranslations leading to the service user feeling more frustrated; One time I could hardly understand the interpreter, it was frustrating*); respect for the service user (*It can feel like the BSL interpreters are patronising the deaf service users sometimes and going further than communicating just their own words; Some male interpreters won't address the female family members unless you really insist*) and intercultural factors (*Cultural exchanges and factors that don't correlate*). Perhaps surprisingly, only one respondent identified the cost of using the 'translation service' as a challenge in social work settings in response to this question.

Question 4: In your view, are there any potential benefits when working through interpreters or translators?

All respondents offered comments in answer to this question. The main categories of response related to the fact an interview might not be able to take place at all, or important written information shared, without the interpreter or translator (*We can hopefully help more people who would not otherwise have access to services*); support for diversity and equality (*Able to reach a more diverse service user group; Anti-oppressive in that families are able to understand what is being said and are able to communicate*

fluently back to professionals too; Allows people to express their opinions fully, equality of opportunity); benefits for service users (*Questions are clearer for the person being assessed; You can explain things thoroughly despite the barriers; Very empowering for someone to 'have a voice'*); and enhanced information-gathering (*Interviews can benefit from having an interpreter, more information can be gained*).

Question 5: Have you had any previous training or guidance (at university or while working) in how to work effectively with service users when you don't speak the same language? Please give a brief summary (duration, content).

Yes (10%); No (90%). The two positive responses referred to training in working with Deaf users of British Sign Language. One also mentioned training in use of Makaton and the other mentioned training in general communication skills which had *touched on intercultural and inter-language communication*.

Question 6: Please list any aspects of working across languages where you would find guidance or training useful.

In total, 86% of participants made suggestions. The main categories of response related to practical resources and support which could be accessed once participants were in workplace settings (*Easily available and accessible resources; Where to find appropriate training if I or my colleagues need it; Where to find translators; Etiquette when you work with interpreters; How to tell the language someone is speaking; How to make sure the translator doesn't know the family or breach confidence, it can be tricky; If there's a good interpreter, can you ask for them by name next time?*); wider cultural issues (*East v West culture and traditions; Cultural competence in the main specific cultures we work with, not general; How to behave politely in service users' homes from other cultures*); awareness of their own lack of knowledge (*As much as you are able to teach, I can't think of anything specific but I know there is a lot I don't know*); and communicating with users of British Sign Language (*How to work with BSL; I'd like to learn some basic terms to be polite in BSL*).

Post-training questionnaire (n = 47)[9]

Question 1: What aspect of the training did you find most useful?

All respondents offered comments in answer to this question. The most common response (n = 32) was *All of it!/Everything was useful*. The main categories of response related to role plays of a telephone interpreting scenario where we rang the telephone interpreting service used in the UK, Language Line, live during the training (*Actually seeing the complexity of interpreting when she couldn't see the 'service user' and what you have to do; Role play was great for demonstrating how to use the services*); the usefulness of case studies from real-world social work scenarios (*The case studies used made the theory more practical and being able to relate this to social work provided good insight on why and how this training is necessary*); enhanced understanding of the service user's

perspective (*It really gave me an idea of the complexities of SW situations for the people who don't speak English*); enhanced understanding of the interpreter or translator's perspective (*Having the interpreter there to speak to and find out their views; Knowing how widely available and helpful translators can be*); training in judgment (*I appreciated gaining awareness of how to use translation and interpreters and when; Understanding the ethics and importance of using interpreters and translators, even if your manager doesn't want you to; The ethics around interpretation*); increased confidence (*It was really helpful to see the examples, I feel much more confident now*); practical factors (*How to use/things to consider when using interpreters and translators; What to say when you want to book an interpreter*); and local understanding (*I liked that it was related to Norfolk*).

Question 2: What did you find less useful?

79% of respondents offered comments in answer to this question. The most common response (n = 27) was *Nothing/N/A*. Some respondents (n = 7) found the session too long or would have liked more breaks – the training was timetabled during a week of other day-long sessions and some found this challenging (*I'm finding the three-hour sessions too much this week*). Contradicting this, a few others asked for longer training (*A less rushed format would be good; More time to reflect on the ethics case studies in small groups*). A few individual comments were unrelated to the content (e.g. *I don't like PowerPoint*).

Question 3: Did you learn anything new or surprising from today's event?

In answer to this question, 79% of respondents offered comments. The most common response (n = 32) was *Yes/Absolutely!/All of it,* etc. The main categories of response related to: appropriate use of interpreters/translators (*The difference between a translator and an interpreter and how to use both of them; Greater understanding of when and how to use a translator; How translation services operate in practice; I didn't know about the translation service over the phone and how many languages you might need to work with*); the importance of interpreters'/translators' input (*How important professional interpreters and translators are; The importance of using interpreters when communicating with people that are not fluent in English language and non-English speakers; The difficulties of communicating for service users if interpreters and professionals don't understand how to work together)*; and increased confidence or professional autonomy (*I've gained loads of confidence in sourcing and working with interpreters; Now I know what to do if things go wrong*).

Question 4: Are there any other aspects of translation, interpreting, or communication across languages where training would be of value for your practice?

In total, 79% of respondents offered comments in answer to this question. The most common response (n = 20) was *I don't know/No/N/A/Can't say now but might realise when I'm working*. The main categories of response related to: sign languages (*I think we would benefit from learning about some of the politeness conventions – what is rude to a deaf person, etc.; Sign languages not just BSL, and braille*); further training (*More sessions*

and practice; More role plays; More demonstrations; More chances to work like this throughout the course not just today); specific populations or groups of service users (*More information about working in a children's centre; More about working with interpreters and vulnerable people, such as people with learning difficulties; More about child protection in other languages*); cultural factors (*More about how culture influences language; More about what we can do to help while we wait for a translator; Cultural impacts of interpretation and service intervention*); and cost (*Who pays and how?; Can private services access translation services and who pays?*).

Question 5: What will you do differently in future as a result of this training?

When answering this question 79% of respondents offered comments. The main categories of response related to: understanding when and how to engage an interpreter or translator (*I will always ensure interpreters are used where relevant in my future practice; This has given me knowledge about when and how to use translators in the future; Try to always book an interpreter; Ensure that I strive to locate an appropriate interpreter when in contact with a service user who may need one*); greater confidence and willingness to advocate for interpreting and translation (*Probably seek an interpreter sooner in most cases and advocate for one with my managers if I felt one was needed; I take the issue of deploying an interpreter if in any doubt much more seriously now; Always seek and argue for further assistance with translation and interpreting; Be more assertive in obtaining a translation when required*); empathy and understanding for service users (*I will take into account how I would feel if I was the service user, for example family interpreter; Ensure that I ask for an interpreter to ensure empowerment for the service user*); greater awareness of possible consequences of not using (professional) interpreters and translators (*Will be more aware of consequences; I will always insist on professionals rather than family and friends*); and practical aspects (*I will make sure I address questions directly to the service user and think about seating positions*).

Question 6: Do you think this training would be of value for other social workers, or professionals in other sectors (e.g. police, health care)?

All respondents answered this question. The most common response (n = 39) was *YES!/Definitely/Without a doubt*. Specific comments included: *Especially health. I have rarely known them to book interpreters without prompting from SWs; Nurses, doctors, midwives, police, schools; Yes, especially in crisis and safeguarding issues; This training would be useful for every professional working in public service due to the diverse needs of our society; All professionals working in the public sector would benefit from this training as they can come into contact with someone unable to speak English at any time; This is important for all professionals working with people; Everyone should learn what to do to support people in the community to prevent harm*.

Discussion

The data summarised here relate to relatively small samples of professionals and almost-qualified professionals from a single setting, that of social work. The populations

sampled included professionals with a wealth of experience and trainees who had not yet taken part in a work placement. The aim of this study was to focus on some often-neglected interlocutors in the interpreted or translated encounter, i.e. the 'service providers' or professional clients. The data obtained confirm that this professional group recognises they need greater understanding of interpreting and translation. The social workers repeatedly emphasised the central importance of the third interlocutor, the service user, in motivating their concern to learn more about effective working partnerships with interpreters and translators.

Some of the findings reported here suggest new reasons for interpreters and translators to reflect on ethical aspects of their practice. These reasons relate to effective professional performance and status as well as ethics. The professional clients of interpreting and translation surveyed here had overwhelmingly never received any training whatsoever in cross-language or intercultural communication (over 90% across the two cohorts at City College and the University of East Anglia). Significant numbers indicated that they had learned the difference between interpreting and translation during our training; yet even directly after the training, they continued to use the terms interchangeably (commenting for example that '*It was very useful to learn how to book the phone translator and pay for Language Line before we had to do it in front of a service user*'). Even after our trial of training, these social workers had considered issues of ethics and communication in relation to interpreting and translation for only one day towards the end of a densely packed academic curriculum, and they remain unusual in having had access to any training at all. As Dragoje and Ellam previously noted for health care interpreting contexts, 'The function and ethical boundaries of [interpreting] practice are not widely known' (Dragoje and Ellam 2004, 21). Where the social workers expressed their discomfort at unprofessional behaviour by interpreters during their prior experience (e.g. around issues of trust or completeness of translated content), they had not felt equipped to speak up. A significant change after our training related to the social workers' willingness to advocate for service users in relation to provision of interpreting and translation, and their ability to advance arguments against certain unethical or unprofessional practices, in particular to consider carefully the use of family members or friends. Interpreters and translators might therefore note the potential benefits of regularly communicating the importance of engaging professional practitioners when they have opportunities to do so, but this is not simply for reasons of professional self-interest. There is now ample evidence on the pitfalls and risks of using family members to interpret or translate (e.g. Angelelli 2004; Ho 2008) and these risks go beyond the individual encounter. This was an instance where the social workers invoked the theme of social responsibility as a relevant factor motivating their new willingness to advocate for the use of professional linguists, once we had communicated the potential impact of using family members.

Also of relevance for interpreters' and translators' professional practice are the relatively frequent critical comments by social workers on issues of trust and frustration. These two points were often linked by the social workers in their responses: if they did not trust interpreters or translators to communicate messages fully or accurately, they were frustrated or noted frustration on the part of the service user. This finding offers a new perspective, that of the social work client, to enhance understanding on issues of trust in interpreted encounters in translation studies (cf. Tipton 2010). Future research

might include specific questions on whether clients distinguished between professional and untrained providers in such cases. One gap identified in the present study is that it was not usually clear from responses if social workers' comments relating to unprofessional practice might be linked to ad hoc interpreters or untrained translators, such as family members or friends, as our question did not request this information. In the small number of later interviews, it transpired that two particularly unfortunate examples of incomplete and inaccurate translation did indeed relate to untrained providers, but the social workers did not volunteer this information until prompted by further questioning.

Perhaps because of the nature of social work and the profile of students drawn to this profession, where 'emotional intelligence is a core skill' (Howe 2008, 8), some key findings of this study related to empathy. A high number of comments by the social workers emphasised their greater sense of understanding after the training and directly linked this greater understanding to an ability to empathise with service users who need to communicate through interpreters or access information in translation. The social workers linked empathy to basic issues of politeness and etiquette, which of course relate to consideration for others. Multiple comments mentioned politeness and etiquette in response to almost all the content questions, in relation to both the service user and the interpreter, with social workers indicating a strong desire to '*not inadvertently do something that might offend or even cause distress to service users without even realising it, especially when we are in their homes*.' Similar findings might be predicted for other professional groups with whom interpreters and translators regularly collaborate, and for whom empathy and effective communication are important, such as health care workers. However, such concern for empathy may be less likely among other professional groups with whom linguists also work. This has implications for interpreting and translation practice and training. Further studies might explore whether practitioners can or do adjust their approach in relation to different groups of clients, or the impact on interpreters and translators of switching regularly between multiple different professional milieux and content, for example.

Considering the client provides some evidence to support the framing of interpreters and translators as active co-participants, and indeed powerful agents. Social workers expressed nervousness and awareness of their lack of knowledge when working with interpreters or sourcing translation. They were particularly conscious of seeming unprofessional when interacting with linguists and service users jointly, because they were aware that the service users might be very experienced users of interpreting, notably Deaf users of sign language interpreting. The need to engage with service users via remote telephone interpreting was the source of significant disquiet among the social workers, particularly around basic practical concerns such as positioning of equipment and how long they ought to speak before pausing, but also around some challenging issues of judgment, including when use of remote interpreting might be more beneficial than face-to-face encounters, and whether there are cases where it is never appropriate. In relation to translation, some social workers mentioned concerns around the impossibility of knowing whether translations of documents were complete and accurate. One recalled an instance when poor expression in English made him nervous about trusting translated information in a case file, and voiced frustration that he could see no way to influence the quality of that particular translation or any future translations because he did not know how to communicate with the translation provider.

The above findings lend support to previous work in translation studies pointing out the potential for conflicts when different professional codes or norms do not align (Inghilleri 2005; Tipton 2016). Translators and interpreters might well have acted in accordance with a relevant code of conduct or ethics and behaved in accordance with their professional norms in the above illustrations; but their actions nonetheless came into conflict with social workers' perceived ability to act in accordance with their own code, notably in communicating effectively with the service user. The British Association of Social Workers' *Code of Ethics for Social Work* (2012, 12) stipulates that 'Social workers should communicate effectively and work in partnership with individuals, families, groups, communities and other agencies.' In the very next sentence, it continues that 'They should value and respect the contribution of colleagues from other disciplines.' How are social workers to reconcile these two requirements when it might be the 'colleague from another discipline' (an interpreter or translator) who is preventing them from fulfilling the first part of their obligation (effective communication and work in partnership with service users)? For Hermans (1996), identification of the translator's models and norms and appreciation of their relative strength 'makes of the translator an agent, an active participant in a complex exchange, a person with a particular expertise and hence a certain amount of power'. This power imbalance certainly seemed to be recognised by the inexperienced clients in social work.

Conclusion

This contribution argues that interpreters and translators should reflect on ethical aspects of practice, for reasons related to professional performance but also in relation to wider issues of social responsibility. It is clear from the discussion above that prior to the training, social work clients were completely unaware of crucial aspects of working with interpreters and translators – not least that providing an independent trained linguist can be critical to effective communication and that failing to do so can have serious impacts in social work contexts. Framing ethics training and reflection in terms of social responsibility points to some ways in which practitioners from different professional backgrounds (interpreting and translation, health care, social work and many others) can, and should, communicate and work more effectively with one another and with service users. Focusing on ethical aspects of practice may be an effective way to communicate the importance of professional language services for certain groups of clients. We do not cease being members of society with responsibility to it when we exercise our profession, least of all in translation, as Hermans (Hermans 1996) points out:

> … 'intercultural traffic' takes place in a given social context, a context of complex structures, including power structures. It involves agents who are both conditioned by these power structures or at least entangled in them, and who exploit or attempt to exploit them to serve their own ends and interests, whether individual or collective. … The agents, faced with an array of possible options, have to make choices and decisions about how to proceed.

This raises difficult challenges for ethics in practice. In particular, what happens when two or more professional approaches, such as those of social work and interpreting or

translation, each based on an established conception of ethics or professional practice, on long experience or assumed norms, come into conflict? Where does the agency or power lie in such cases? Some research in translation studies has considered the two professional parties here (e.g. Inghilleri 2005), but the research reported here highlights how both professionals are conscious of the third party in the translated encounter, the service user. We noted above that the interpreter or translator does not have access to the same sort of ethical infrastructure as the social worker; but the service user does not even have access to the less fully conceived ethical infrastructure of the interpreter or translator, and may be communicating with both social worker and linguist under extremely stressful conditions. The service user may further be subject to complex intersectional discrimination or disadvantage relating to age, class, disability, education, gender, health, literacy, poverty, power structures, professional status, race or social capital. One interviewee in this study raised the danger of '*professional talking to professional*', side-lining or alienating the service user. This was perceived as a particular risk where the interpreter and service provider work together regularly or over a long period with multiple different clients.

A fourth significant party lies neither between nor within but beyond the translated encounter. What are the ethical duties of the interpreter or translator to the wider society? Professionals of all hues have duties beyond Codes of Conduct or their professional ethical infrastructure. This is true both of professional linguists, and of their professional clients, who depend on the interpreters and translators to be able to observe these wider ethical obligations. Serious case reviews in social work contexts have, with tragic frequency, emphasised precisely this point. In social work contexts, linguists may be enabling communication between highly trained and experienced professionals and unusually vulnerable populations, including abused children or those suffering from acute mental illness. This can introduce complex duties to wider society for both professional parties, in addition to their already challenging duties to one another and to the service user. In the Serious Case Review following the murder of four-year-old Daniel Pelka in Coventry, UK (2013, 5), the impossibility of separating the client from the interpreter, or the professional from society, is starkly apparent:

> Without proactive or consistent action by any professional to engage with him via an interpreter, then his lack of language and low confidence would likely have made it almost impossible for him to reveal the abuse he was suffering at home, potentially for fear of retribution if he did disclose anything.

The social workers in this study recognised that training and reflection on ethics in communication across languages was needed to enable more effective collaboration with interpreters and translators, thus leading to better support for service users by both professional interlocutors. As Chesterman has argued (2001, 152):

> Any professional ethic must be subservient to more general or universal ethics, since professions and practices only concern subsets of societies, just as societies are subsets of humankind as a whole, and humankind of organic life in general.

Or, as one of the survey respondents commented after the training, citing the UK government,[10] '*Safeguarding is everyone's responsibility*'. Such calls to acknowledge our wider responsibility to society might seem positively ethical, indeed self-evident. Yet

research suggests that improved awareness of social responsibility and concomitant increases in reporting of suspected abuse can have unintended negative consequences, by placing excessive strain on already limited resources (Mansell 2006). When there is a spike in reporting of abuse, the most serious cases can be lost in the resulting overwhelming caseloads faced by investigators and social workers. Any such new emphasis on social responsibility also places an additional burden on linguists, who are already working in challenging situations with an underdeveloped ethical infrastructure compared to other professions – or even none, in the case of unqualified providers. How then are interpreters and translators to balance these stressful demands, particularly when the majority of the profession are self-employed freelance workers?

Increased inter-professional cooperation has been found to offer some solutions in related freelance settings (De Clercq and Dakhli 2009). If linguists collaborate with professionals who come from training backgrounds with a more developed ethical infrastructure, such as social workers, they can gain insight into aspects of good practice, including a commitment to self-care and the skills to engage in this (Stamm 1999; Whittaker 1983), and enhanced understanding of difficult challenges such as vicarious traumatisation (McCann and Pearlman 1990). This may be feasible in the case of face-to-face interpreters, who have direct contact with both client and service-user, even if it is likely to be challenging, given time pressures and probable lack of awareness on the part of social workers. Some of the social workers in our training did state a new-found awareness and intention to offer such support to interpreters in future. Less positively, however, this recommendation also serves to highlight the comparative isolation of the remote interpreter and translator, neither of whom have this option to collaborate. Moreover, if (mindful of the wider context of social responsibility) we widen the focus further, such increased inter-professional collaboration may also have an unintended negative impact: it recalls the danger of 'professional talking to professional,' thereby risking excluding the service user and others who may be affected in serious cases. How can service users' families and local communities access support if *they* suffer vicarious traumatisation, for example? There is a clear need – and an ethical imperative – to pay greater attention to these aspects of linguists' work, for the interpreters and translators themselves, the professionals with whom they work, and trainers of interpreters and (perhaps particularly) translators. The concept of social responsibility offers a useful framework to do this, by extending our concern to include a range of actors and affected parties who have not previously featured much in our consideration.

Notes

1. Codes of Conduct, Ethics and Practice are not the same thing, and definitions of the respective types are available (e.g. Wood and Rimmer 2003). The skills required to interpret such codes are also important, and attended to in other professions' training; for a more detailed discussion of this point in relation to translator training, see Drugan and Megone (2011, 185–189). The point here is that, even if different types of Code exist, or some professions have both a formal Code of Practice and Code of Ethics, some form of code and ethics training are embedded in education for the other professions. These constitute elements of an ethical infrastructure which are not available in the same way to interpreters and translators.
2. See http://gmc-gmpia.lightmaker.co.uk/index.asp for details.

3. For a typical example, see the Chartered Institute of Linguists *Code of Professional Conduct*, Section 6.
4. Although they had not yet undertaken their first work placements as Masters students, some of our cohort had previously worked as social workers, and several had considerable experience. All participants already had a degree-level qualification in social work.
5. Figures are rounded to the nearest percent. Due to rounding, some totals may not correspond with the sum of the separate figures.
6. Language Line is a remote telephone interpreting provider in the UK.
7. This acronym is also used to represent a range of social work concepts elsewhere in the UK; the following explanation applies in Norfolk: 'The Family Support Process enables appropriate information sharing between multi sector professionals and provides a framework for holistic assessment of family need and coordinated multi agency response and review. It replaces the Common Assessment Framework (CAF). The Family Support Process is consent based and falls below the threshold for statutory social care intervention.' See http://www.norfolkearlyhelp.org.uk/Professionalpractice/Guidancedocuments/FamilySupportProcess/index.htm for further information.
8. NHS 111 provides free non-emergency medical advice in the UK.
9. Some additional comments here are taken from the four semi-structured interviews. These included all the same questions except Question 3, which was no longer relevant some time after the training.
10. See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417669/Archived-Working_together_to_safeguard_children.pdf accessed 12 June 2015.

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No potential conflict of interest was reported by the author.

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