

Native Language/Mode of Communication

Introduction

Families are not able to participate fully in the Infant-Toddler Program unless they are able to understand what is happening. Explaining the Infant-Toddler Program is not always an easy process. It is further compounded when there are cultural differences between service providers or the Service Coordinator and the family, or when the family communicates in a different language. The family may have immigrated to this country, may not speak English, may be functionally illiterate, may use sign language or Braille for communication, or may not have a written language.

Regardless of the language or mode of communication used by the family, service providers and the Service Coordinator should make accommodations so that the family is able to participate in all aspects of the Infant-Toddler Program. Service providers should be sensitive to cultural differences related to the use of particular words, phrases, types of body language, or gestures. Misunderstandings resulting from an unintentional insult can effectively end efforts to communicate and, consequently, end a family's participation in the Infant-Toddler Program.

It is important to use the family's native language or mode of communication in all interactions with the family. However, there are certain times when it is required by federal and state law, unless it is clearly not feasible to do so. A list of those required times, information about expectations for documenting compliance, securing and funding translation and interpretation services, and defining "clearly not feasible" are included in this bulletin.

Requirements

The family's native language or other mode of communication must be used when:

- the child or family is being assessed or evaluated;
- the initial Individualized Family Service Plan meeting is conducted;
- the annual meeting to evaluate or revise the Individualized Family Service Plan is conducted;
- the parent is informed of his rights in writing and verbally during initial contacts when the Infant-Toddler Program is being explained and annually thereafter, and during other required notices of child and family rights;
- the parent is provided with Written Prior Notice (*For additional information, see Policy Bulletin #13 - Written Prior Notice.*);
- Written Parental Consent is requested (*For additional information, see Policy Bulletin #12 - Written Parental Consent.*);

- the parent and the Infant-Toddler Program are engaged in the resolution of an Individual Child Complaint. (*For additional information, see Policy Bulletin #17 - Complaint Resolution-Individual Child.*);
- evaluation results are shared with the parent, which at a minimum includes a translated summary of the results of the evaluation, and
- the Individualized Family Service Plan is written down.

If the parent is deaf, blind, totally or functionally illiterate, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication). In addition to alternative forms of communication, the parent must also be given a written copy of all such communications.

Unless clearly not feasible to do so, a parent who does not speak English must be given consent and authorization forms in his native language or mode of communication. An individual who can interpret any questions from the parent and the answers to these questions should be present. A consent or authorization form that is written in English may be used if an interpreter is available to interpret the form for the parent. The entire form must be read and questions answered. Recommended practice would include having the following statement translated on the form and having the parent sign it or having the parent write the statement in his native language and sign it: "This document has been explained to me and I understand it". The service provider must document how the consent or authorization was obtained, including any questions that were asked, the answers given, and the name of the interpreter. This documentation must be provided to the Children's Developmental Services Agency at the time of the notation.

If the parent is illiterate, the service provider should have another family member present to hear the verbal explanation of the consent or authorization, unless clearly not feasible to do so. The entire form must be read to the parent and any questions answered. The parent should place an "X" on the signature line and the parent's name printed on the signature line to order to identify the person making the "X." If another family member is present, it is recommended that that person also sign the form. The service provider must document how the consent or authorization was obtained, including any questions that were asked, the answers given, and the name of the family member present, if appropriate. This documentation must be provided to the Children's Developmental Services Agency at the time of the notation.

If it is clearly not feasible to have written information translated, particularly in a timely manner, providers must work diligently to secure someone to translate the information orally. When a translator is secured, the written information must be translated.

These requirements are a clear expectation for service providers. However, it would be unrealistic to expect every county to have someone available locally to deal with all languages or modes of communication. Service providers are excused from this program requirement when "it is clearly not feasible to do so". This means that the provider has tried every means possible to accommodate the native language or mode of communication used by the family, including:

- requesting assistance from the Children's Developmental Services, and
- searching for translators and interpreters beyond the territory served by the agency or service provider. The Central Directory of Resources, maintained by the Family Support Network in Chapel Hill, is a resource for service providers. The Family Support Network can be accessed statewide by telephone at 1-800-852-0042, and

Securing and Funding Translation and Interpretation When Required

1. The Service Coordinator is responsible for explaining the right to translation and interpretation to the parent, documenting the family's needs and requests, and notifying service providers and the Children's Developmental Services Agency when translation and interpretation are needed.
2. The Children's Developmental Services Agency is responsible for securing and funding translation and interpretation.
3. Compliance with native language or mode of communication requirements must be documented by the Service Coordinator and the Children's Developmental Services Agency. All efforts to comply, even if unsuccessful, must be documented. Copies of all notes made by the Service Coordinator documenting efforts to comply with these requirements must be filed in the Children's Developmental Services Agency's record on the child at the time of the notation.
4. The parent must sign a written authorization for information to be shared in the presence of a language interpreter or translator unless this person is employed by an agency or under contract with an agency to which the parent has otherwise given written authorization to have or access the information, and this person has signed the *North Carolina Infant-Toddler Program Confidentiality Agreement*. The service provider involved in the interaction is responsible for obtaining the parent's written authorization.
5. A copy of all translations must be kept and sent to the Children's Developmental Services Agency as well as an English version for use by service providers and the Service Coordinator.

Recommended Practices When Interpretation Is Not Required

While translation and interpretation are not required for every interaction with a child and his family, it is important that service providers make every effort possible to ensure that the family fully participates in all aspects of the Infant-Toddler Program. The following suggestions are recommended for interacting with the family when interpretation is not required under the Infant-Toddler Program:

- assign a provider who can communicate in the family's native language or mode of communication, even if it is minimal, and
- arrange for an interpreter periodically to be present during intervention contacts, particularly when the service provider will be introducing new activities.

Translators and Interpreters

In general, translators translate written information and interpreters interpret spoken or manual communication. The translator or interpreter may be distant geographically from the family or service provider, but should be willing to prepare written information in the parent's native language or to orally interpret over the telephone, if necessary.

It is recommended that the Children's Developmental Services Agency provide training, as needed, to all translators and interpreters about Infant-Toddler Program terminology, procedures, confidentiality and other requirements, etc. prior to any work that they may do with families. Attention to this will assist the translator or interpreter to effectively communicate with the family and help to ensure that vital information is not lost in the translation or interpretation. It is also recommended that service providers meet with the interpreter before meeting with the family to talk about the purpose of the meeting and to familiarize the interpreter with the child's and family's circumstances (e.g., the child's condition, recommendations that will be made, any questions that need to be asked of the family). It is recommended that the same translator or interpreter be used to assist a family for all services and activities. This will provide for consistency, continuity, and help the family to be more comfortable with the process.

In order to meet the intent of the Infant-Toddler Program requirement, the service provider must be certain that the interpreter or translator is capable of handling this responsibility and can translate or interpret the information being communicated accurately and objectively. Competency does not necessarily mean formal certification as an interpreter or translator, though this certification generally is preferable. Competency includes proficiency in both English and the other language, orientation or training which includes the ethics of interpreting and translating, and fundamental knowledge in both languages of any specialized terms and concepts. It is recommended that interpreters be familiar with the family's native language dialect and preferably be from the same cultural or ethnic group of the family so that he also can serve as a cultural mediator helping professionals understand the family's perspective or points of view. It is not advisable to use a friend or family member of the family as an interpreter or translator. However, this person may be used if requested by the parent, the use of this person would not compromise the effectiveness of services or violate the parent's or child's confidentiality, and the parent is advised that a free interpreter or translator is available. The use of a minor child to translate is strongly discouraged.

A directory of agencies and individuals who can provide translations or interpretations is available from the North Carolina Infant-Toddler Program Coordinator, Division of Public Health, 1916 Mail Service Center, Raleigh, NC 27699-1916. Telephone: (919) 707-5520. Service providers also are urged to send a copy of all translated documents (without reference to specific families), forms, and names of translators and interpreters to the North Carolina Infant-Toddler Program Coordinator to the help expand this directory of resources and assist other service providers. The Division of Public Health is responsible for making translations of all documents that are used by multiple providers involved in the Infant-Toddler program available (e.g., *Parent Handbook for the North Carolina Infant-Toddler Program*, the *North Carolina Interagency Individualized Family Service Plan* form).