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Public Service Interpreting — Proposals and Recommendations for a PSI Programme in Healthcare Settings in Spain

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Interpretación en los Servicios Públicos — Propuestas y recomendaciones para un programa de ISP en el ámbito sanitario en España

Interpretació als Serveis Públics — Propostes i recomanacions per a un programa d'ISP a l'àmbit sanitari a Espanya

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Abstract, Resumen, Resum

In a globalised world — where migration movements are increasingly a prominent reality — language barriers pose a challenge for the equal and just provision of public services. In accessing healthcare services several considerations must be taken into account, as health is a matter of extreme importance and communication problems can easily endanger the effective provision of such services. Equal and universal access to healthcare services constitutes a universal human right. For this reason, Public Service Interpreting plays a crucial role in setting a playing level field in guaranteeing not only migrants' health, but also migrants' equality and dignity. This dissertation is intended to analyse both Public Service Interpreting in itself and also how the profession of the community interpreter operates, as well as it aims to constitute a series of proposals and recommendations in order to set a Public Service Interpreting programme in healthcare settings in Spain.

En un mundo globalizado — donde los movimientos migratorios son cada vez más una realidad destacada — las barreras lingüísticas suponen un reto para la prestación equitativa y justa de los servicios públicos. En el acceso a los servicios sanitarios existen diferentes cuestiones que se deben tener en cuenta, ya que la salud es un asunto de extrema importancia y los problemas de comunicación pueden poner fácilmente en peligro la prestación efectiva de dichos servicios. El acceso igualitario y universal a los servicios sanitarios constituye un derecho humano universal. Por esta razón, la interpretación en los servicios públicos desempeña un papel crucial a la hora de establecer unas condiciones equitativas que garanticen no solo la salud, sino también la igualdad y la dignidad de los inmigrantes. Este TFG pretende analizar qué es la Interpretación en los Servicios Públicos (ISP) y cómo se desarrolla la profesión del intérprete comunitario, así como también se propone constituir una serie de propuestas y recomendaciones para la puesta en marcha de un programa de Interpretación en los Servicios Públicos en el ámbito sanitario en España.

En un món globalitzat — on els moviments migratoris són cada vegada més una realitat destacada — les barreres lingüístiques suposen un repte per a la prestació equitativa i justa dels serveis públics. En l'accés als serveis sanitaris ha diferents qüestions que s'han de tenir en compte, ja que la salut és un assumpte d'extrema importància i els problemes de comunicació poden posar fàcilment en perill la prestació efectiva dels dits serveis. L'accés igualitari i universal als serveis sanitaris constitueix un dret humà universal. Per aquesta raó, la interpretació als serveis públics té un paper crucial a l'hora d'establir unes condicions equitatives que garanteixin no només la salut, sinó també la igualtat i la dignitat dels immigrants. Aquest TFG pretén analitzar què és la Interpretació als Serveis Públics (ISP) i com es desenvolupa la professió de l'intèrpret comunitari, així com també es proposa constituir una sèrie de propostes i recomanacions per a la posada en marxa d'un programa d'Interpretació als Serveis públics en l'àmbit sanitari a Espanya.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

World Health Organisation, 1948

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1. Introduction

1.1 Purpose of the dissertation

This dissertation project aims at, on the one hand, succinctly describing what Public Service Interpreting (PSI) in healthcare settings is and, by doing so, raising awareness of the importance of these services and the impact that the lack of such system entails to the health and wellbeing of migrants, asylum seekers and foreign residents in any given country. On the other hand, it also aims at analysing what types of PSI systems currently exist in the international scenario and concisely review how they work and what they signify for the development of the profession. Last but not least, a programme which would work in the Spanish context will be proposed.

The topic at hand has been frequently studied and discussed in literature. Thus, this dissertation is meant to succinctly discuss and address a topic that is directly connected to social issues such as global justice, human rights, equal and universal access to health services and the very democratisation of public services. Likewise, it aims at focusing on the figure of the healthcare interpreter, paying special attention to their role and the functions and tasks that they must carry out.

Furthermore, one of the purposes of this final project is that of demonstrating that social interpreting and translation play a key role in setting a level playing field in guaranteeing integration, inclusion, harmonious cohabitation as well as social equity and wellbeing. Alternatively, this dissertation should be understood as first approach to a matter that is rooted in social, economic, and political issues. It is my aim, however, to show how these issues are closely related to the subject that concerns us here, namely social interpretation in public services as a tool for social cohesion and as a means of guaranteeing basic and fundamental rights which are inherent — in principle — to every human being.

Having said that, the ultimate purpose of the dissertation is that of laying the cornerstone for further research and study on my part. Likewise, this study is aimed at concisely setting out recommendations and proposals for the implementation of a Public Service Interpreting system in Spain. Such system would ideally compel to the principles of democratisation of public services, as well as to social or political theories such as global justice for individuals with no regard of their ethnic or linguistic group.

1.2 Motivation and Justification

The decision to carry out this dissertation project stems from the personal interest that these subject matters have aroused in me. I have been particularly interested in social interpretation, crossed-cultural mediation and international organisations and relations. During my years of apprenticeship, I have come to reflect on the aspects that surround these subjects and the special relationship that they have with language service provision in general, and with interpreting in particular.

In a world which is becoming increasingly populated and, at the same time, increasingly diverse, coexistence and cohabitation are essential notions to pay special attention to, especially when it comes to assuring that societies can harmoniously build social constructs and interactions. Cross-cultural and linguistic competence — as well as the respect for the wellbeing of all individuals — are essential tools when fostering integration. In this scenario, community interpreting plays an essential role in bringing together two parties from adjacent, yet different, realities.

The idea of carrying out a proposal for the Spanish context comes from a personal interest to promote the above-mentioned concepts. In Spain, as a consequence of the social background and history of the country, several social needs are still to be addressed and properly dealt with. One of them is all the social issues arisen from the migratory flows experienced by the country in the past decades. For this reason, a proposal to — at least partially — mitigate some of the linguistic and cultural issues which arise as a consequence of these questions seemed to be coherent and in accordance with the purpose of the dissertation.

It should be noted, however, that this dissertation is not intended to be a comprehensive or overarching project aimed to implement such services, but it is meant to be a first step in rising awareness of the importance of these problems. On the other hand, it is intended to study and research how these issues affect our society as well as which possible solutions to these problematics could be found and implemented. Likewise, it is intended to reflect on how social or community interpreting works and what is important to consider when implementing these language provision services.

1.3 Structure of the Contents

Due to the very nature of the dissertation, it is structured in a brief and concise manner. Unfortunately, it has not been possible to cover all the issues and subjects in depth, but rather the aim is to establish some general bases and concepts to serve as a brief introduction to the subject.

To this end, the study is structured in three main parts. The first part is intended to serve as a theoretical framework for investigating and understanding the basic concepts related to interpretating in public services. To this end, it will first define what PSI is, in which fields it is expected to operate, how its professionalisation is delimitated and under what standards it should be carried out. It would separately cover more specific aspects of PSI in healthcare contexts. The second part will then focus on comparing four different international systems of PSI provision. Finally, the third part of this project lays the groundwork for the proposal and recommendation of certain measures to be applied in the Spanish context as so to implement an interpreting provision service in the Spanish public health system.

2. What is Public Service Interpreting

2.1 Definition of PSI

Public Service Interpreting — or PSI — "is the type of interpreting that takes place between people who live in the same 'community', society or country but who do not share a common language" (Hale, 2015:65). Accordingly, some authors prefer to use the term "community interpreting". There is some controversy over its name in literature and some authors "have adopted different labels to refer to this type of interpreting" (Hale, 2015:66). In this TFG, however, both terms will be used to refer to the same professional activity.

PSI is carried out in contexts where communication barriers are in place. Namely, in public services settings where providers of such services and immigrant users speak different languages and, therefore, common understanding may not be achieved. For this reason, this type of interpreting is the link between people who are in need of public services but who do not speak the dominant language of the country or community and the providers of such services. At the same time, PSI is normally intended for a cultural and linguistic minority, who generally has a lower level of education and purchasing power than that in the host country, and who is, normally, unaware of the social reality and language of the country in which they are (Valero-Garcés 2003 in Burdeus, 2015). Due to the fact that, "in community settings, those who require the services of interpreters rely on them to access or to deliver the most fundamental … services" (Hale, 2015:66), it could be considered that PSI is a vital service for the correct development of community interactions, guaranteeing that everyone — regardless of which cultural or linguistic group they belong to — has an equal access to public services.
As a matter of fact, and accoring to Burdeus, PSI:

> *Facilita la existencia de un acceso igualitario a los servicios legales, de salud, educativos, y sociales, proporcionando una total comunicación entre aquellas personas que no dominan las lenguas oficiales del país en el que se encuentran y los proveedores de … servicios* (2015:12).

Access to public services on equal terms is a matter of individual fundamental rights as well as social cohesion. Language barriers, both cultural or linguistic related, hinder communication between immigrant population and public services providers. Such barriers prevent them from accessing basic legal, medical or social services (García-Beyaert and Serrano Pons, 2009). Accordingly, it is interesting to mention what García-Beyaert (2008) has defined as "*el derecho a la comunicación efectiva*", which she defines as

> *El derecho de cada individuo a entender y ser entendido en situaciones en las que debe interactuar con las instituciones públicas, de tal manera que los derechos fundamentales que dichas instituciones están destinadas a cubrir puedan verse respetados*. (2008:7)

The fact that PSI is considered a 'tool' to enable equal access to fundamental rights proves how important efficient communication is. As a matter of fact,

> *El respeto de muchos de los derechos fundamentales ampliamente reconocidos pasa en la mayoría de los casos por la condición necesaria, aunque no explícitamente reconocida, de que la comunicación se desarrolle de manera satisfactoria*. (García-Beyaert, 2008:2)

In settings where the satisfactory development of communication is vital, "the interpreter represents … a crucial link on which both parties depend equally in order to receive or provide professional services." (Hale, 2015:66)

Difference with Conference Interpreting

Given the context and the circumstances in which PSI takes place, authors make a great effort to clearly separate community interpreting from other types of interpreting, such as conference interpreting. PSI differs from other types of interpreting in several factors, including the settings in which it takes place, the participants involved in the exchange, or the modality in which it is carried out. All these aspects are to be considered when differentiating both community and conference interpreting.

> Unlike conference interpreting, which mostly takes place in international gatherings or meetings, community interpreting takes place in an intra-national context, such as doctor's surgery, a court or a parent-teacher interview at school. (Hale, 2015:66)

Thus, participants involved in conference interpreting differ from those involved in PSI in some key respects. The major distinction may be that in conference interpreting participants are likely to be able to speak a common language — or lingua franca— but they actively and voluntarily choose to speak their own "for political reasons" (Hale, 2015). Whereas in community interpreting participants cannot voluntarily make that decision and they find themselves in need of an intermediary to bring about the exchange. It is for this reason why "the need for interpreters in these settings is often more real than in international conferences." (Hale, 2015:66)

Another factor that must be considered is the modality used in both types, conference and community interpreting. As mentioned by Hale, "in community settings all modes of interpreting are regularly used" (2015:67). Moreover, and according to Merlini, the prevailing approach when we talk about non-conference interpreting is dialogue

interpreting, understood as an "overarching category, comprising interpreting activities in a broad variety of settings, particularly in 'the community'" (2015:102). Some other authors, however, prefer the label 'liaison interpreting', so in most of the literature both concepts are often used interchangeably. In community settings four basic characteristics are listed when defining dialogue — or liaison — interpreting: "dialogue, entailing bi-directional translation; spontaneous speech; face-to-face exchange; and consecutive interpreting mode" (Mason 2009 in Merlini, 2015:102). Likewise, Merlini explains that a more prominent characteristic than the face-to-face mode, would be the discourse format which constitutes "the unifying element among a vast array of interpreter-mediated social activities, setting these apart from the monologue-based communication of most conference interpreting events." (2015:102)

On the other hand, one of the most commonly treated features in literature is the question of status. Though community interpreting is been proven crucial for the well-being or the egalitarian access to services of immigrant people or minorities, conference interpreting still enjoys a higher status — and everything that it entails, as in greater public recognition, higher level of professionalisation and better working conditions. According to Diriker, "conference interpreting has become the most professionalised type of interpreting in history and, thanks to the high-profile settings in which it takes place, it may also be the most silent and prestigious" (2015:78). As a matter of fact,

> Among translational professions, conference interpreting is generally assumed to enjoy the highest status, as indicated by frequent references to superior working conditions, higher remuneration and more advanced professionalisation. (Diriker, 2015:81)

The underlying question remains, however, in the fact that community interpreting seems to belong to the least professionalised type of interpreting, which, still nowadays, entails worse working conditions and lower remuneration. Some authors ponder the reason for this question. With regard to this, Hale explains that "the status of the activity seems to be linked to the status of the minority language speaker, rather than to the complexity of the task and the expertise required of the community interpreter." (2015:66)

Although community interpreting is still far from enjoying the same prestigious status than conference interpreting,

> The evolution of conference interpreting has played a major role in bringing interpreting into the limelight, facilitating the development of professional standards, and ultimately allowing interpreting studies to carve out a place in academia. (Diriker, 2015:78)

2.2 Scope of action: Legal, medical, and educational interpreting

Public service interpreting is a professional activity that encompasses a wide range of areas and contexts. As a matter of fact, "the overarching label of community interpreting includes specialised areas, such as legal, medical, mental health, welfare, religious or educational settings" (Hale, 2015:66). In this section I will be covering areas such as legal and courtroom interpreting, and educational interpreting. Medical interpreting — though an important part of PSI — will be covered more widely in the sector "Public Service Interpreting in Healthcare Settings".

One of the most widely spread and recognised areas of PSI is that given in legal or court settings. Within the scope of intra-national contexts legal interpreting comprises a broad variety of areas, such as judicial, police, prison, and asylum settings (Hertog, 2015). This type of interpreting accompanies all type of legal processes and chiefly "takes place in the many different stages of criminal law procedures, from the discovery of the offence through various investigations and hearings to the decision of possible sentence stage". (Hertog, 2015:230) Nevertheless, and increasingly, legal interpreting is spreading to different fields and extending the scope "beyond the intra-social sphere". The main domain of legal interpreting, however, still remains 'in the community' (Hertog, 2015).

On the other hand, the term 'court interpreting' is broadly used in literature as a synonym for 'legal interpreting', whilst — and within the domain of PSI — courtroom interpreting is used to refer to the particular type of interpreting that takes place in situations where "due to … participants' limited (or completely lack of) proficiency in the language of the court … interpreting services are required in oral judicial proceedings in order to overcome difficulties in communication" (Morris, 2015:91). Moreover, Morris claims that "the reference here is to the courtroom (or 'court') as a specific setting within the legal process, typically characterised by complex ritualized interaction[s]". With regard to the modality used in legal interpreting, Morris explains that

> [Legal interpreting] practices are significantly shaped by the respective legal tradition. In adversarial (common-law) systems, interpreters are involved at all stages of what is essentially an oral process. The inquisitorial (continental) system makes more use of written material, and hence interpreters may be required to do sight interpreting/translation. (2015:91)

With regard to educational interpreting and, as outlined by Winston,

> Interpreting in educational settings can be described from a variety of perspectives. … the more common definition … is interpreting that occurs specifically within educational institutions such as universities, colleges, institutes, and schools (both primary and secondary). (2015:130)

"Among all the settings that constitute what has been labelled as PSI, educational establishments are perhaps among the least explored to date" (Vargas-Urpi, 2019:336), being educational placements of deaf and hard-of-hearing students the most widely researched (Winston, 2015). However, outside this field of action, educational interpreting generally takes place in parent-teacher meetings, and helps overcome both social and linguistic differences, as well as guarantee the adequate socio-educational development of the students by enabling oral communication between teachers and parents with limited competence in the local language (Vargas-Urpi, 2019).

In these educational settings, the interpreter also plays the role of creating common ground between parents and teachers. Therefore, interpreting in parent-teacher interactions requires different skills on the part of the interpreter, or even a more pragmatic approach to the communicative situation (Vargas-Urpi, 2019), and, accordingly, interpreting in educational contexts may be considered one of the closest to the field of cross-cultural mediation. However, Winston claims that "the practice of educational interpreting is generally perceived as a means of conveying information … with minimal psycho-social impact or consequence" (2015:130). In these contexts, boundaries between interpreting and socio-cultural mediation become fuzzier and more intricate.

2.3 Delimitation of the profession

The question of professionalisation has been widely discussed in literature. As some authors state, this issue can be discussed both in terms of interpreting in public services and in terms of conference interpretating.

There are several works that examine how an occupation becomes a profession. As analysed by Mikkelson, some elements that have often been remarked upon are "adherence to a code of ethics, a body of theoretical knowledge, licensure or registration, and loyalty to colleagues." (1996:3)

As Bancroft suggests, "conference interpreting is the most established field of interpreting worldwide" (2005:8). In some cases, conference interpreting is carried out under the umbrella of some international bodies, such as the International Association of Conference Interpreters (AIIC). The AIIC, lays down a set of regulations or standards of practice, providing, in addition, regulations in matter of working conditions.

> The AIIC Code of ethics and standards of practice [has] been adopted by all its members. [Additionally], in some developing nations, these are virtually the only ethics and standards adopted by interpreters. (Bancroft, 2005:8)

Although community interpreting is considered a profession, it is also true that it still lacks consistency and uniformity. Unlike conference interpreting, PSI depends directly on the governance of the public institutions of each and individual country. This poses a challenge for the professionalisation of PSI, since, as Hale specifies

> Countries differ widely along several dimensions in their policies on meeting multilingual communication needs — from neglect and ad hoc measures to comprehensive language service provision. [As a result,] the state of community interpreting as a profession differs according to country. (2015:66-67)

Moreover, the problematic of PSI is that it is not seen as a professional activity in most countries and, despite the fact that community interpreting is crucial for the adequate development of social and linguistic interactions among the inhabitants of a nation, it does not seem to have acquired the status that other types of interpreting have. As Wadensjö claims

> While interpreting in community settings is a recognised professional activity in some countries, in others it is still an unpaid activity performed by untrained bilingual volunteers, some of whom are friends, family or neighbours of the minority language speaker. (Wadensjö 2009 in Hale, 2015:66)

On the contrary, "in some countries that have a long history of immigration, such as Australia, Canada and Sweden, the profession is better established" (Hale, 2015:67). This means that we confront a very different reality in each country. Some countries do provide some training through university degrees or training courses, or even accreditations, as well as "professional associations and industrial unions promoting the interests of their members" (Hale, 2015:67). There is, however, a considerable number of countries where, in spite of having a large number of migrants, the profession is less established (Hale, 2015) . Such is the case of Spain and most European countries, where *ad hoc* solutions are still in place. Hale also draws attention to the fact that the profession itself can be hampered by a number of factors such as

> The frequent change in the languages required … and the lack of universal requirement for all community interpreters to undergo compulsory pre-service training, even in countries where certification systems have been in place. (2015:67-68)

Furthermore, "the fact that the demand of languages is in constant change impacts on the availability of formal training and fuels a disparity in competence levels among practising interpreters" (Townsley 2007 in Hale, 2015:68). "This results in highly diverse behaviour by interpreters … who have very different educational backgrounds and levels of technical and ethical competence" (Hale, 2015:68), endangering thus the very professionalization of the field.

2.4 Standards of practice and code of ethics

One of the most intricate issues when talking about PSI is the aspect of the interpreter's own role — which directly derivates from the standards of practice — and the code of ethics linked to it. Questions such as neutrality or impartiality, fidelity to speakers' messages, commitment to provide a quality service, or even the possible loyalty in offering the same services to different stakeholders (Setton and Prunč, 2015) are the issues that most concern some authors as well as professional interpreters themselves.

Though codes of ethics and standards of practices "are not radically different in content," (Bancroft, 2005:VIII) there are a few distinctions that are worth noticing. According to Bancroft

> Documents about ethics or conduct serve to regulate interpreter behaviour and address issues of 'right and wrong', whereas standards of practice typically offer practical strategies to promote quality interpreting. (2005:VII)

Accordingly, it is important to notice that there are different standards of practice for different areas of interpreting. Thus,

> Standards for legal interpreting focus on reinforcing core ethics, in particular confidentiality, impartiality, accuracy, and the need to follow the rules and regulations of the court, [whilst] standards for community and health care interpreters are often preoccupied with interpreter roles and boundaries, cultural mediation, client wellbeing, and promoting client-provider relationships to ensure that the consumer's end needs are met. (Bancroft, 2005:VII)

Consequently, some authors, including Setton and Prunč, talk about two major principles when refering to standards of the profession — competence and integrity.

> Competence entails a commitment to maintaining high standards of performance, and requires the interpreter to ensure that [they] have the requisite skills and knowledge, [whereas, on the other hand,] integrity includes honesty (avoiding or declaring conflicts of interest, and deriving no personal gain from … the exercise of the profession). (2015:146)

Yet, the lack of standards to guide the interpreter's work generally results in a non-unified and non- standardised performance or even in an irregular professionalisation of interpreting (Bancroft, 2005). This lack of national or common standards is generally covered, as mentioned before, by some professional associations of interpreters and organisations which "draft codes of ethics and standards of practice for their members" (Bancroft, 2005:VI).

Around the world, however, the situation differs widely. Some countries, such as Australia or New Zealand, have a highly advanced professionalisation and they have even issued a detailed Code of Ethics as well as a Code of Practice. In Europe, the situation is disparate with many countries having adopted a code of ethics but few

standards of practice. “The United Kingdom leads the way, with a national registry of interpreters, a sophisticated National Centre of Languages, and detailed standards of practice” (Bancroft, 2005:VII). And yet, there is no consensus on the distinction between standards of practice and code of ethics. A major difference when trying to delimitate the fuzzy boundary between ethics and standards might be that:

> Most codes of ethics … are binding on members and intended to regulate behaviour, while standards … for practice are non-binding and intended to promulgate best practices that promote the professionalisation of interpreting and the quality of services provided. (Bancroft, 2005:5)

Likewise, it exists a general confusion over the interpreter’s role, mostly due to the “consequences of working with a mixed pool of trained and untrained, professional and *ad hoc* interpreters” which normally results in “a lack of professional identity and a tendency to undermine the work of the interpreter” (Hale, 2015:68). As Hale indicates, “this is sometimes evident in the tendency of some untrained bilinguals to use interpreting as a part-time job” or even in the tendency of some “bilingual friends or family members of the service recipient [to] help out as *ad hoc* interpreters” (2015:68). These situations present an ethical issue, since these untrained interpreters or ‘helpers’ “are under no obligation to interpret, let alone do so accurately and impartially” (Hale, 2015:68). As it happens, these ‘performers’ are not trained interpreters and as such they “do not abide by a professional code of ethics” ” (Hale, 2015:68). As a matter of fact, they “most likely do what comes naturally, that is, summarise what they hear, provide their own commentary, ask their own questions and provide their own answers according to their knowledge and understanding of the situation” (Hale, 2015:68). This obviously differs significantly from the “professional interpreters … [who], if trained and certified, are expected to abide by a professional code of ethics that requires them to interpret everything accurately and impartially” (Hale, 2015:68).

One element that has often been remarked upon is the matter of fidelity to the message. This entails the way information is conveyed by interpreters and focuses on the matter of quality of the services provided by community interpreters. It seems understandable to claim that community interpreters — and all interpreters in general — are expected to carry out their profession adequately. But these expectations create, as Hale points out, a general “requirement for accuracy which, sometimes, is misunderstood to mean literal or word-for-word translation” (2015:68). This misunderstanding of what accuracy means occurs on both sides of the exchange, both on service providers and PSI users. Hale explains that

> Whereas user expectations and role perceptions may differ from one institutional setting to another, the aim of the interpreter should always be to match the intention of the original, to achieve as similar a communicative effect as possible in the target language listener to that

> experienced by a source language listener, and to empower both speakers to communicate with each other in spite of the language barrier. (2015:68-69)

This is what Diriker defines as a "'sense consistency with the original message'" (2015:81), by which "insiders to the profession, including interpreters and their professional associations, emphasize that the task of the interpreter is to render the speakers' intended 'meanings' rather than their words" (2015:81). Being able to define these easily misunderstandable concepts — such as quality, adequacy, accuracy, or impartiality — is important for the profession. As a matter of fact, "professional standards regarding such issues as quality and ethical behaviour play an important part in shaping the image and status attributed to a profession in society" (Diriker, 2015:81). As Setton and Prunč observe,

> A common theme in countering pressures to reduce translation [or interpreting] to a mechanistic function is the recognition of the translator/interpreter as a decision-making agent, who must commit to strive for excellence or fairness in applying precepts like fidelity or loyalty in practice. (2015:145)

However,

> Available knowledge on the history of interpreting suggests that … interpreters have probably lacked an external framework to ratify their neutrality or independent guidelines on how to negotiate and explain their role. (Setton and Prunč, 2015:145-146)

As in the case of standards of practice, views on ethics in interpreting may vary according to the nature of the interpreting itself. On the one hand, that capable of straightforward application — such as conference interpreting — complies with its own code of ethics and professional conduct. On the other hand, areas of interpreting that may be subject to possible variations in settings, situation, or needs of the participants — such as community interpreting — lack a clear-cut, straightforward code of ethics (Setton and Prunč, 2015). There is "no one body or unified code of ethics for all interpreters across all sectors" (Setton and Prunč, 2015:146). However, in some countries there is a "growing recognition of linguistics rights in healthcare and the judicial system" (Setton and Prunč, 2015:146). In conclusion and, as Bancroft observes,

> It is clear that the development of standards of practice around the world … reflect the emergence of the profession of interpreting in general, and certain types of interpreting in particular. While standards of practice both across and within sectors contradict each other, they also affirm basic principles and practices common to nearly all professional interpreters. (2005:VIII)

2.5 Modality and typologies used in PSI

In order to understand how interpreting in general and interpreting in community settings specifically work, it is convenient to draw a succinct distinction between translation and interpreting before going into detail about the modality of PSI itself.
In general, the term 'translation' is used in an all-embracing way and it encompasses any type of translational activity. Interpreting can be thus understood as a hyponym of this term (Pöchhacker, 2015), and can be defined as "the act of rendering something comprehensive" in another language by using the spoken modality (Pöchhacker, 2015:198). Orality is, then

> A crucial aspect of interpreting, [either because] the source message … cannot be repeated (replayed, reviewed), [or because] the interpretation (target text) is produced under time pressure, with little opportunity for correction and revision. (Pöchhacker, 2015:198)

Therefore, the main and crucial difference between interpreting and translation is that interpreting is based "on the immediacy of the process" (Pöchhacker, 2015:199). Moreover,

> In either language modality, interpreting relies on features of non-verbal communication and is characterised, in particular, by the need for communicative performance in real time. (Pöchhacker, 2015 : 198-199)

In addition to the above-mentioned and, if we are to specify what interpreting carried out in public services is, it is relevant to consider one essential factor which is the "settings in which interpreter-mediated social contacts take place." (Pöchhacker, 2015:199) According to Pöchhacker,

> On the broadest level, inter-social (or inter-national) scenarios, involving diplomats, politicians, scientists, business leaders or other types of representatives of comparable standing, can be viewed as different from intra-social (community-based) ones, in which one of the interacting parties is an individual speaking on his or her behalf. The latter, subsumed under the broad heading of community interpreting, allow multiple subdivisions in terms of different institutional contexts, including legal, healthcare and educational interpreting, with numerous institution-related subtypes. (2015:199-200)

Therefore, it would be also appropriate to differentiate interpreting carried out in community settings from interpreting carried out in international and conference scenarios as two different types of interpreting activities, and it would be appropriate to do so through not only the context in which they take place, but also through the modality in which they are carried out more frequently. In fact,

> Yet another conceptual dimension that yields an important distinction is the type or format of interaction: interpersonal face-to-face dialogue, as the most natural form of

> communicative encounter, can be contrasted with the more ritualised format of a conference, yielding dialogue interpreting and conference interpreting respectively as major subtypes of interpreting. (Pöchhacker, 2015:200)

As Pöchhacker explains above, it is very common to find the concept 'dialogue interpreting' associated to community interpreting. Yet, it would be insufficient to assume that the dialogue mode is the only mode used in PSI, mostly due to the complexity of the task itself. Hale appoints that in community settings "all modes of interpreting are regularly used" though there is a tendency to use the liaison modality in interview situations where "dialogue interpreting is commonly practised by spoken language interpreters in the consecutive mode, working into both languages" (2015:67).

As for dialogue interpreting, it could be said that it encompasses the type of translational activities which are "described as interpreter-mediated communication in spontaneous face-to-face interaction" (Manson 2009a in Merlini, 2015:102). Merlini also explains that it

> Underlies such strikingly diverse situations as medical consultations, welfare and police interviews, immigration hearings, courtroom trials, parent-teacher meetings, business and diplomatic encounters, broadcast interviews, and TV talk shows. (2015:102)

Consequently, dialogue interpreting is the main mode carried out in community settings, but public service interpreting also entails a broader spectrum of interpreting contexts. Merlini describes, however, that "what is foregrounded in dialogue interpreting is interaction itself" and she claims that indeed "interpreters are revealed as full-fledged social agents on a par with primary interlocutors, with whom they co-construct the communicative event." (2015:102-103)

3. Public Service Interpreting in Healthcare Contexts

It would not be distorted to state that there has been a rapid progression in European countries in the last decades where these countries have become enormously multicultural, mostly due to mass migration movements. In light of these changes, it has been clear that there has been a notorious impact on the public services these societies offer and, mostly, on the communication between professionals working in public settings and the recipients of these services, especially when they belong to cultural and linguistic minorities (Valero-Garcés, 2010). One of the major areas affected by such changes is the healthcare system. This type of interpreting activity refers to practices that take place in hospitals and clinics "with interpreters serving a larger communicative activity, namely, provider-patient communication in cross-cultural healthcare" (Hsieh, 2015:177).

Interpreting in medical contexts is a unique field "situated at the intersection of medicine, language, and culture" (Hsieh, 2015:179) and it has attracted numerous researchers from different disciplines, such as medicine, linguistics, communication as well as interpreting studies (Hsieh, 2015). As some authors point out, this type of interpreting has a great impact on patients access to healthcare services. Likewise, research has offered evidence of how the lack of common language or common cultural ground causes "health disparities" in patients "who do not share the same language, whether spoken or signed as their providers" (Jacobs et al. 2006 in Hsieh, 2015:177). However, efforts have been made in multicultural societies in order to alleviate disparities in healthcare systems which receive many immigrants or have cultural minorities, as well as to "develop appropriate guidelines and/or certification processes to ensure the quality of care." (Hsieh, 2015:177)

3.1 Language Barriers as an Obstacle in the Access to Healthcare Services

Language barriers are a crucial factor which needs to be overcome when effectively accessing healthcare services. Cross-cultural communication may pose an obstacle in the equal access to healthcare services. Namely, it creates language barriers which endanger not only the patient's health but also the whole sanitary and healthcare system (Abril Martí and Martín, 2011). According to Hsieh, patients who do not speak — or have a proficiency level in — the mainstream language of the host country

> Often receive less preventive care, fewer referrals, follow-ups and public health services, but show more resource utilization (e.g. more diagnostic tests and longer hospital stays). At an interpersonal level, they and their family members also tend to receive lower quality of care when judged by such measures as interpersonal support, patient-centred communication, and patient satisfaction, even in areas unrelated to language. (2015:177)

Likewise, culture cannot be overlooked, since it "plays a critical role in an individual's approach to health and healthy living" (Grantmakers in Health, 2003:8). In fact, and according to Grantmakers in Health,

> Cultures vary in perceptions of illness and their causes; beliefs with respect to health, healing, and wellness; adoption of health behaviours; and attitudes toward the health care system. (2003:8)

Other cultural aspects that might increase cultural distance are some such as those related to "proxemics, paralanguage, kinesics, body language, conception of time and space, silence, or even the way patients dress" (Valero-Garcés, 2010:232). In fact, when not shared or understood these aspects may pose challenges in communication and understanding.

At the same time, several studies show how the fact that healthcare providers and patients do not share the same language can entail consequences to the patients' health and well-being. Grantmakers in Health (2003) shows that most of the issues which can arise from language barriers are related to these main aspects:

- Patient comprehension. Language barriers can compromise the understanding of patients' diagnosis and future plans for follow-up care.

- Patient satisfaction, regarding mostly to the service received by the providers.

- Quality of care. Obstacles in communication "can lead to serious complications and adverse clinical outcomes." (Grantmakers in Health, 2003:6)

- Additional costs to the healthcare system. "Language barriers can escalate costs … by increasing inefficiencies and unnecessary testing." (Grantmakers in Health, 2003:6)

There is, therefore, a larger number of adverse effects on the health of linguistic minorities related to language barriers (Abril Martí and Martín, 2011) and, consequently,

interpreting in healthcare contexts can be understood as a tool to overcome such barriers.

Jacobs et al. (2006) explain that

> Literature has provided conclusive evidence of health disparities experienced by patients who do not share the same language, whether spoken or signed, as their providers. [As a consequence,] interpreters have been viewed as the standard solution to improve language-discordant patients' access to and quality of care. (in Hsieh, 2015:177)

There is, at the same time, a growing awareness on the part of medical staff that these language barriers actually pose challenges for the adequate development of their profession. As Valero-Garcés explains, "some of these medical professionals simply ignore these challenges in communication; while others recognise that language poses one of the main barriers to effective communication" (2010:230). In fact, some of these medical professionals have identified some of these challenges which can be subdivided in three categories: "system dependant, professional-dependant and patient-dependant" (Marticano, 2003 in Valero-Garcés, 2010:230). In the category of patient-dependant some problems can be found, such as language barriers, socio-cultural distance, non-complying patients, or even somatoform disorders (Valero-Garcés, 2010:230). According to Marticano and García Bajo (2007) these problems are attributable to some social characteristics of the healthcare system, such as non-prioritisation of migrants' problems, poor services for migrants, little recognition of the complexity of migration, and little sensibility to cultural characteristics (in Valero-Garcés, 2010).

As a result, some improvement strategies have been proposed to enable communication between users and providers in hospitals and clinics. Some of these approaches rely on the direct communication between medical staff and patients, based on the language skills of both of them (Grantmakers in Health, 2003). Sometimes they even rely on the use of a vehicular language, such as English, French, or Spanish (Abril Martí and Martín, 2011). This kind of approaches also imply that often there is a "lack of diversity in the health care workforce [which] emerges as [a] broad issue relevant to language access" (Grantmakers in Health, 2003:16). Additionally, both improving language proficiency of providers, and increasing the representation of "bilingual/bicultural providers" in healthcare settings are often seen as possible solutions in the long run (Grantmakers in Health, 2003). Moreover,

> Bilingual/bicultural providers are ideal because insight into the patient's culture and the ability to speak to the patient directly help create a connection between provider and patient. When the patient and provider are from the same culture, mutual understanding of cultural beliefs and health care practices enable some providers to pick up on subtle cultural nuances that can influence health behaviours and attitudes. (Grantmakers in Health, 2003:16)

Thus, both literature and research have shed light onto the fact that, although there is no consensus on what the ideal solutions to these communication and cultural barriers are, it is clear that overcoming them is an important issue when it comes to ensuring a level playing field in accessing basic health services.

3.2 Methodologies Used in Healthcare Settings

Although community interpreting carried out in different settings shares some common features, it would be relevant mentioning some typologies that are specific to medical contexts. In healthcare settings, as well as in sign language interpreting, the conduit model has been influential, and it is worth mentioning. By using the conduit model, interpreters use a modality by which they "adopt a neutral, faithful, and passive presence in provider-patient interactions, casting themselves as invisible linguistic machines that transfer information from one language to another" (Hsieh, 2015:180). As from the point of view of minimising interpreters' "control and influence over the medical encounter" (Hsieh, 2015:180), the conduit model has been conceptualised as the default mode in healthcare settings. Yet, some authors, researchers, and interpreters themselves have argued that encounters carried out by this conduit-only mode are neither comprehensive, nor practical (Hsieh, 2015).

On the other hand, the nature of this kind of encounters must be considered. In these visits, where normally patient and provider belong to different cultural realities, communication poses extra challenges — or even taboos — when talking about the human body and its relation to illness. In these cases, other typologies — such as cultural broker/specialist or advocate — provide both "the necessary cultural framework to facilitate understanding" and a figure that "works on behalf of the patients, to ensure their quality of care." (Hsieh, 2015:180)

Authors and researchers have found that, in practice, interpreters tend to switch between modes or typologies "from the passive conduit role to active advocacy roles" and that these shifts are strategically used in order to switch between "various levels of visibility to ensure quality of [health]care" (Hsieh, 2015:180-181) as well as to enable speakers' identity and communicative competence.

3.3 Professional and Non-Professional Interpreters in Healthcare Settings

With regard to the types of healthcare interpreters, research shows that interpreting in healthcare contexts includes a broad variety of typologies, which include both professional and non-professional interpreting (Hsieh, 2015). Non-professional interpreting refers to the type of interpreting carried out by "interpreters that have had no formal training and … are often not remunerated for their work as interpreters" (Antonini, 2015b:277). This kind of translational services normally take place in cross-cultural community-based healthcare encounters in the modality of dialogue interpreting. They also normally entail *ad hoc* solutions. According to Antonini,

> Given the demographic changes triggered by mass migration … and the contexts and settings in which foreigners and immigrants are more likely to require [these services], namely when needing to access public services … , non-professional interpreting tends to occur particularly as liaison and, more specifically, as community interpreting. (2015b:278)

The way in which countries deal with non-professional interpreting varies considerably, since some countries count with policies which regulate this kind of encounters. Some countries such as Australia or Sweden have "strict stances against the use of non-professional interpreters, particularly in healthcare and legal settings" (Antonini, 2015b:278). Other countries, on the other hand, seem to be less strict in this regard and allow this type of interpreting, as well as they have a tendency to "address problems related to linguistic diversity with [this type of] *ad hoc* solutions" (Ozolins, 2010:195). As some authors point out, the main consequence of this practice is that, "from a practical point of view, it has made the use of non-professional interpreters a tolerated practice." (Antonini, 2015b:278)

Part of this non-professional interpreting is that carried out by children and adolescents and it is what some authors have named Child Language Brokering (CLB). This phenomenon

> Denotes interpreting and translation activities carried out by bilingual children who mediate linguistically and culturally in formal and informal contexts and domains for their families and friends as well as members of the linguistic community to which they belong. (Antonini, 2015a:48)

This practice is very common in healthcare contexts, especially in societies where large communities of migrants have been established.

> Since children, through schooling, tend to become proficient in a new language and to adapt to the new culture more quickly than their parents, they are often asked to take on the role of the linguistic and cultural mediator. (Antonini, 2015a:48)

Nevertheless, family interpreters form part of a wide reality and their uniqueness cannot be overlooked, since they have "knowledge of the patients and a special relationship of trust, which providers can draw on in certain circumstances, such as history taking and patient advocacy" (Hsieh, 2015:179). It can be argued, consequently, that family members performing as interpreters can be a valuable resource "when providers are properly trained to utilise them appropriately and effectively" (Hsieh, 2015:179).

Still, concerns have been raised about some of the moral aspects of such practices. In particular, about the impact on children or adolescents of having to take on a role for which they are not prepared, and which could have adverse effects on them.

As a result of this complicated amalgam of situations, settings, and parties involved, non-professional interpreting in healthcare contexts include differences in communicative patterns, patient dynamics, interpreting errors, patient/provider satisfaction, clinical impact, and ethical concerns (Hsieh, 2015).

Hsieh also notices that it is common in medical encounters to make use of bilingual bystanders' services, which normally consists in "untrained persons used on a random basis" (2015:179) as well as other *ad hoc* solutions, such as the use of bilingual staff — both medical and administrative — as in-house interpreters. Some authors and researchers argue that this type of strategies pose some difficulties since they pose "challenges to the primary provider's authority and control over the encounter" (Hsieh, 2015:179). Likewise, there might be a lack of linguistic or cultural proficiency on the part of such dual-role interpreters whose "communicative patterns also tend to focus on their own clinical needs and fail to address patients' concerns" (Hsieh, 2015:179). Moreover, and according to Hsieh, "studies have found that bilingual providers and their patients often differ in their perceptions about patient satisfaction and quality of care." (2015:179)

For both these categories of interpreter — either family or chance interpreters — "concerns have been raised about misinterpretation, patient privacy, disrupted social roles, and litigation risks." (Hsieh, 2015:178)

On the other hand, professional interpreting in healthcare contexts has seen a great growth, which can be as well noticed in the development of the field or the legal policies which regulate it. Likewise, and in the last decades, it has seen a theoretical development of its field of research (Hsieh, 2015). This could be due to the fact, as pointed out by authors and researchers, that "professional interpreters can improve patients' quality of care." (Hsieh, 2015:178)

In addition, professional interpreting in healthcare settings normally involves on-site interpreters — who are either in-house workers based on the hospital or professionals

hired by an agency — or remote interpreting carried out by interpreters using videoconference-based modalities (Hsieh, 2015).

In the dichotomy of professional/non-professional interpreting and the modality of interpreting used by each type of interpreter, authors have pointed out that "because professional interpreters are trained to assume a neutral role, they often experience conflict and frustration in situations in which emotional … work is necessary", whilst, on the contrary, family interpreters are normally "found to assume a third interlocutor role … providing background information, [and] advocating for patients" (Rosenberg et al. 2008 in Hsieh, 2015:18).

Considering all the above-mentioned, it is clear that there are some necessary core competencies which interpreters — either professional or chance interpreters — working in medical contexts must possess, which include

> Maintaining accuracy and completeness, understanding medical terminology and the human body, behaving ethically and making ethical decisions, possessing non-verbal communication skills; and possessing cross-cultural communication skills. (Ono et al. 2013 in Hsieh, 2015:178)

It could be therefore argued that the use of non-professional interpreters does not fulfil the basic and core competencies needed for the adequate development of the interpreters' tasks. Likewise, and in light of the problems arisen in healthcare consultations, awareness has been raised among medical professionals on how to work with interpreters and translators, mostly through conferences, seminars, and training courses for healthcare providers (Valero-Garcés, 2010). Yet,

> Allusions to language specialists or interpreters are scarce and not very accurate, partly because of a limited awareness of the lack of recognition of interpreters and translators as professionals, and partly because of the complexity of the communication process. (Valero-Garcés, 2010:232)

4. Public Service Interpreting — Response Patterns in Four Different Systems

This section will provide an overview of the response patterns in four different countries — Spain, the United Kingdom, Australia, and Canada — to the obstacle posed by communication problems when accessing healthcare and public services.

For the purpose of this dissertation, three countries with three differently established PSI systems have been chosen in order to compare their reality with that in Spain. This analysis will allow the subsequent comparison and the following proposals and recommendations.

On the one hand, it is interesting to analyse the differences between two unitary states with two completely different approaches to PSI in Europe — Spain and the UK. On the other hand, it seems relevant to pay special attention to the systems that have been implemented in some Commonwealth countries, as in the case of Australia and Canada. The latter two countries have received high numbers of immigrated population and they have implemented practices that have rapidly and actively contemplated the utilisation of a PSI service. It is for this reason that they represent an outstanding model in terms of their pioneering response system, their community interpreting services, and their integration and professionalisation policies.

At the same time, these four countries have well differentiated responses in terms of both immigration and social policies which are closely related to the idiosyncrasy of the country and, therefore, to the application of language and integration policies, and PSI services. Thus, the response of different countries varies depending on different factors, such as the historical moment when PSI was established — and whether there has been a wave of immigration and when — as well as what language and immigration policies these countries have, the number of foreign population in the country, and how the administration is organised (Arumí, 2021).

4.1 Response Patterns in Spain

As in the case of Spain, our country has quickly become a recipient of high numbers of immigrants. As a result, a new multicultural and multilingual society has emerged where public services are not necessarily prepared to meet its needs. These mass migration movements have posed some challenges — mostly at an institutional level — which must be addressed correctly if the correct and adequate integration and coexistence of its inhabitants is to be ensured (Abril Martí and Martín, 2011).

It is convenient to mention that the immigration situation in Spain is characterised by two large groups of foreign population which have clear-cut distinctive features. On the one hand, foreign residents and tourists form European countries with a high socio-economic level and high purchasing power. On the other hand, economic immigrants from less economically developed countries who migrate to Spain in order to escape economic or social difficulties in their homelands (Navaza, Estévez and Serrano, 2009). These two groups have different needs when it comes to accessing public services which require different solutions. Abril Martí and Martín (2011) explain that this first group of foreign residents and tourists promoted, in the last years of the 20th century, initiatives to create voluntary interpretation groups in hospitals in the coastal areas of Andalusia, the Valencian Community and Catalonia. This situation differs widely from that where non-European economic immigrants seek medical attention and encounter communicative problems which, in the end, prevent them from receiving adequate medical attention.

Although in the Official State Bulletin ("Boletín Oficial del Estado" (BOE)) it is established that all immigrants who reside in the Spanish territory have the right to access state healthcare services (España. Real Decreto-ley 7/2018, de 27 de julio, sobre el acceso universal al Sistema Nacional de Salud. Boletín Oficial del Estado, núm. 183, de 30 de junio de 2018, páginas 76258 a 76264) and the regulation of the European Union guarantees equal access to healthcare services for immigrants, the need for public service interpreting is not covered in any of these documents (Burdeus, 2015). This lack of specification hinders the equal access of the immigrant demographic to healthcare services and poses a challenge when it comes to guaranteeing that the basic human rights are met.

As Burdeus (2015) explains, the delicacy of the issues involved in interpreting in healthcare settings should be as well taken into account, since these issues are related to extremely important matters which can endanger patients' health. Burdeus (2015) also claims that the lack of quality in PSI can affect and violate the privacy of the individuals who are in need of these services, as there is not a thorough code of ethics that includes the necessary professional secrecy that respects patient data and information. Accordingly, and as mentioned before, these language barriers challenge the egalitarian access to healthcare services posing, therefore, a threat to immigrants' health and to the well-being system.

In Spain, the lack of interpreters or specialised staff who can undertake and properly manage the growing challenges in communication creates various situations where, when monolingual visits occur, the participants — mostly doctors — see themselves in the necessity of playing a type of knowledge "beyond that generally required to their

profession, and develop a series of strategies to communicate with their patients" (Valero-Garcés, 2010:230) which go beyond those specifically required to their profession.

Yet, some efforts have been made in Spain to mitigate this situation and some solutions have been put in place in order to overcome these communication problems. Abril Martí and Martín (2011) explain that there have been two different phases in Spain involving different types of solutions. In the last decades of the 20th century, an unforeseen situation of massive immigration created problems in coexistence and communication. This first phase resulted in *ad hoc* solutions which entailed measures in which health professionals put their limited language skills into practice or even used gestures or drawings to communicate when these skills where lacking; relatives or companions of the patient taking on the role of interpreter or mediator; or individual volunteers. In a later phase, healthcare centres and the state administration decided to search for more structured solutions to this new reality (Abril Martí and Martín, 2011). Part of these solutions included collaboration with NGOs, the use of intercultural mediators without specific training in interpreting, as well as translation and interpreting student trainees. In some Spanish areas, however, a translation and interpreting service was awarded to private companies through a public call for tenders (Abril Martí and Martín, 2011).

On the other hand, in Spain, special attention should be drawn onto the figure of the 'cross-cultural mediator', which in the Spanish society has gained a main position when it comes to community or public services, and it has been proved particularly important in healthcare settings. As López Albuin (2003) explains

> Our [Spanish] healthcare system is conceived as a bio-medical concept that does not include (or includes few) social, cultural or religious factors. It tends towards an increasing use of technology (medicine and technology) and individualisation ... . The concept of health is predominantly biological and Western whereas in other cultures, personal or social well-being predominates, or perhaps harmony with the divine. We tend to impose our medical model (the doctor as a professional and social group that takes on the responsibility of assisting people who present dysfunction) but what is needed is a mediation between different cultures and different experiences of illness. (in Valero-Garcés, 2010:231)

Accordingly, and as some authors point out, it is very common to find this mixed figure between intercultural mediator and interpreter in healthcare settings, which makes it clear that there is not a clear-cut cohesion in defining the profession of those who act as linguistic and cultural intermediaries in healthcare contexts (Navaza, Estévez and Serrano, 2009). However, and according to Navaza, Estévez and Serrano (2009), the figure of the 'intercultural mediator' should be that of a professional who not only enables

linguistic communication, but also who enables the mutual understanding of each other's cultural codes. Thus, in healthcare settings it is not unusual to find intercultural mediators working with Latin-American Spanish-speaking or Roma population.

However, cross-cultural mediation and interpreting in public services are different disciplines that can, at times, be interdependent. "Cross-cultural mediators must possess linguistic knowledge and skills in the field of … interpreting in order to facilitate communication" (Navaza, Estévez and Serrano, 2009:143)[1], just as interpreters must have paralinguistic knowledge in order to enable them to understand cultural codes of both parties, patients and service providers (Navaza, Estévez and Serrano, 2009).

This lack of clear-cut differentiation both in terms of the skills which both figures must possess, and the scope of action in which they are expected to operate, has led to a confusion when it comes to distinguish and separate both figures. In fact, Valero-Garcés writes that

> From the healthcare professional point of view, they [interpreters] are also expected to perform a wider role in which activities of interpreting and mediating are blended, without clear boundaries. (2010:234)

This essentially means that they lack a code of ethics and, what is most important, professional standards, which translates into the fact that they "do not see the need to translate everything and may omit or add information" (Valero-Garcés, 2010:234).

This lack of professionalisation in Spain could be, arguably, linked to the lack of adequate training and certification in the country since, "although the need for public service interpreting is starting to be acknowledged, there are still no requirements for the training of service providers."[2] (Martín, 2014 in Burdeus, 2015:56)

Be that as it may, efforts are being made by some institutions and universities which are integrating this type of training into the curricular content of their specialisation courses and into Translation and Interpreting degrees. The aim of these changes in the curricular design is to professionalise the practice, although the boundary between interpreter and cross-cultural mediator is, at times, still fuzzy and vague (Burdeus, 2015). Nevertheless, some Spanish universities offer modules focused on PSI training, such as the Autonomous University of Madrid, the University of Alcalá, the Autonomous University of Barcelona, the University of Granada, and a few others (Burdeus, 2015). This type of training, however, still differs widely from that offered in other countries, such as Australia, Canada, Sweden and — albeit less specialised — the United Kingdom.

1 Translated from the original: «el mediador debe poseer conocimientos lingüísticos y aptitudes en el ámbito de la traducción y la interpretación para facilitar la comunicación».
2 Translated from the original: «aunque se está empezando a reconocer la necesidad de ISP, todavía no hay exigencias en cuanto a la formación de las personas que prestan el servicio».

Nonetheless, it must be said that in Spain there are some initiatives in order to provide PSI services, mostly at a regional level. Thus, some of the autonomous communities, such as the Basque Country, Catalonia or the Valencian Community, have set up a number of programmes and grants which provide for the use of interpreters or intercultural mediators in hospitals or public services (Navaza, Estévez and Serrano, 2009). Since the 1990s, some NGOs, such as the "Federación de Organizaciones de Refugiados y Asilados de España" (FEDORA), the "Comisión Española de Ayuda al Refugiado" (CEAR) and the "Comité de Defensa de los Refugiados, Asilados e Inmigrantes de España" (COMRADE), have provided specific translation and interpreting services for users of public services, mostly in the case of immigrants and refugees (Navaza, Estévez and Serrano, 2009).

4.2 Response Patterns in the United Kingdom

In the United Kingdom, the major development of the discipline took place in the 1960s and 1970s as a result of the arrival of immigrants from the former Commonwealth colonies (Navaza, Estévez and Serrano, 2009) and the emergence of the need for communication between the new immigrated population and the public services providers. Although Britain has traditionally received high numbers of immigrated population from its Commonwealth colonies — with the communication problems that have consequently arisen from this phenomenon — , it was not until the 1990s that the right for defendants to be provided with a competent and qualified interpreter was granted. The Iqbal Begum case (1985) was the landmark case that preceded the establishment, in the form of a national agreement, of a national bank and register of interpreters in the public services. The case was of particular importance as it marked a milestone in the history of the provision of public judicial interpreting inasmuch as it was declared a nullity by the Court of Justice. As a consequence of the lack of efficient language services during the trial, the Court found that the appellant's interpreter "had been far from competent in the Appellant's languages and accordingly that her purported plea of "Guilty" to her husband's murder had not been a proper one." (Written evidence from Dennings LLP, 2013)

Thus, for the first time, the need was established to review the importance of language service provision not only in trails and proceedings but also in the totality of public services.

In the document "Written evidence from Dennings LLP" (2013) it is stated that, as a consequence of the landmark case Iqbal Begum {R. v. Iqbal Begum; Court of Appeal: 22 April 1985 {1991} 93 Cr. App. R. 96},

> The Institute of Linguists … [did] add more [means] in relation to translating provision and conference interpreting, with its allied … skills to those required of community or as otherwise described public service interpreting. (Written evidence from Dennings LLP, 2013)

The social repercussions of the case were the beginning of a collective — albeit mostly institutional — awareness of the importance of providing quality community interpreting services. In the aforementioned document, the need to provide the Institute of Linguistics with the necessary means to establish a quality PSI service is clearly stated.

Subsequently, the document also establishes that the

> two key developments to emerge as a result of much anguished and co-operative thought and interaction were the National Register of Public Service Interpreters and a national agreement concerning the optimum method for the Courts, the police, the Crown Prosecution Service and the Probation Service to secure the services of public service interpreters and translators with some genuine prospect of their having the appropriate skills, experience and ideally accreditation to undertake the work. (Written evidence from Dennings LLP, 2013)

From that point onwards, it was thus determined that interpreters must be properly accredited with a diploma in Public Service Interpreting and that, in addition to their accreditation, they must have been registered in the national system.

Accordingly, in the United Kingdom, efforts have been made in order to set up a professionalised PSI system, and to this day several training programmes and certifications are in place.

In 1983, as the need for interpreters became particularly evident in schools and hospitals, the Chartered Institute of Linguistics (CIOL) launched the Community Interpreter Project to train interpreters for the public services (Navaza, Estévez and Serrano, 2009). Likewise, some universities also offer the possibility to obtain a Diploma in Public Service Interpreting (DPSI), such as the Middlesex University of London, which offers diplomas in both Health and Law, and the London Metropolitan University, which offers the Law diploma. Both these programmes are preparatory courses for the Diploma in Public Service Interpreting (DPSI) examination, which is a nationally recognised interpreting qualification, and which requires the registration for the exam with the Chartered Institute of Linguists.

It is noteworthy that the existence of a regulatory body makes a clear difference when it comes to establishing a profession as such. Since, as stated before, in Spain the lack of such a body is evidenced by the absence of professional standards, whilst in the UK the National Centre for Languages (CILT), "a non-profit organization promoting language

capability, is responsible for the national standards in interpreting." (Bancroft, 2005:4-5). This makes it clear that we are faced with two systems with a completely different approach to PSI training and professionalisation. As a result, in the United Kingdom, unlike in Spain, we do not find the coexistence of this dual figure of cross-cultural mediator/interpreter, since, as we have seen above, the country has a system that provides both training and certification as well as a clear-cut scope of action for interpreters.

4.3 Response Patterns in Australia

Australia is a multicultural nation. In addition to its great and diverse migration background, a large part of its population belongs to or comes from an indigenous group. In fact, Australia's population is composed by "many ethnic groups with varied cultural backgrounds." (Migrant Services and Programs – Summary, 1978:1) Moreover, "there are about one hundred different languages and dialects spoken within … [its] community" (Migrant Services and Programs – Summary, 1978:1). It is estimated that, as a result of their post-war migration programme, "over 20 per cent of Australia's current population was born overseas-and over half of these people come … from countries with different languages and cultures." (Migrant Services and Programs – Summary, 1978:1)

With this unique background, Australia has been able to set the basis for a well organised and developed PSI system, as "the practice of translation and interpreting was included as a communication method in overcoming access and equality issues as early as the 1978 Galbally Review" (Mülayim, 2016:122). Mülayim states that

> Interpreting and translating as a communication method in removing disadvantage made it into Australian government policy documents with the 1978 Galbally Review; formally incorporated into language policy in 1987, it has been part of the access and equity policies in some form since then. (2016:38)

In the document "Making Multicultural Australia, Migrant Services and Programs – Summary" it's stated that "all members of … society must have equal opportunity to realise their full potential and must have equal access to programs and services" (1978:1). Likewise, it states that "every person should be able to maintain his or her culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures" (1978:1). In addition, the same document states that "needs of migrants should … be met by programs and services available to the whole community but special services and programs are necessary … to ensure equality of access and provision" (1978:2).

Australia counts, therefore, with a federal and public system which provides for translational and interpreting services, the Translating and Interpreting Service (TIS National), operated by the Department of Home Affairs, offers services in 160 languages in both ATIS automated voice-prompted immediate phone interpreting and on-site interpreting.

Such services provide for the implementation of PSI following the principle that "all Australians should be able to access government programs and services equitably, regardless of their cultural, linguistic or religious backgrounds." (Translating and Interpreting Service (TIS National)) On the other hand, the Australian National Audit Office (ANAO) was created with the objective of assessing "the effectiveness of the Department of Immigration and Border Protection in delivering high quality interpreting services to its clients." (Australian National Audit Offcie (ANAO)).

These public services and institutions of the Australian government are the proof that the country has a "central government commitment to a robust immigration policy including comprehensive settlement services for immigrants." (Ozolins, 2010:198)

Professor Mustapha Taibi of the University of Western Sidney — who has kindly provided a video overview of the public service interpreting situation in Australia "UAB.ISSP Australia" (Taibi, 2021)[3] — explains that Australia has been able to implement its current system thanks to three favourable conditions:

- Firstly, its public policies which recognise multiculturalism and multilingualism and the need for interpretation as an indispensable service for facilitating communication between non-English speakers and public services providers. The country counts with egalitarian policies against linguistic discrimination such as the Multicultural Access and Equity Policy (2018) of the Australian government which recognises Australia's linguistic and cultural diversity and obliges all government bodies to guarantee that their services are accessible to every Australian, responding to their needs and offering equal opportunities no matter which culture or language group they belong to. It highlights the idea that the access to information and communication with the public services should by any means be guaranteed to those culturally and linguistically diverse and it explicitly recognises the importance of providing quality PSI services. Likewise, the country has a requirement for public services to have strategies in place to ensure that the needs of those belonging to non-majority ethnic and linguistic groups are met.

[3] Video provided in the module "Social Mediation", academic year 2020-21, of the Degree in Translation and Interpreting at the Universitat Autònoma de Barcelona.

- Secondly, some favourable government initiatives which have been funding the Translation and Interpreting services. Taibi (2021) explains that although in the past years they have been privatised, the government continues to fund the big majority of the PSI provision services especially in judicial and healthcare contexts.

- Last but not least, the country counts with a national training and accreditation system, provided by the National Accreditation Authority for Translators and Interpreters (NAATI). Likewise, Australia has recognised programmes in universities and vocational training centres, and they offer educational programmes from diploma to master's degree. Additionally, from 2018 university students are required to pass an external exam held by NAATI. The NAATI examination requires not only a bachelor's or master's degree, but also a few more requirements, such as proficiency in English, and intercultural and ethical competence, i.e., that they must prove knowledge of the code of ethics. Translators and interpreters with official certification must renew it every 3 years. Most importantly, NAATI recognition stands for a seal of quality and prestige (Taibi, 2021).

Australia is a pioneer compared to most countries. Yet, some problems, inconsistencies and contradictions are still in place. The main concern amongst interpreters are the matters of subcontracting, and informality of employment. Likewise, they seem to be concerned about the low number of intern interpreters and with the fact that, when they exist, they are generally located in community hospitals and clinics. Remuneration is still a question that worries most of the interpreters since they claim that fees are not up to date (Taibi, 2021). Additionally, "the APESMA report (2012) found that approximately 90% of translators and interpreters reported a lack of income security." (Mülayim, 2016:124)

Moreover, as Taibi (2021) explains, although training programmes exist in the higher education sector, they are only available in a limited number of languages. Thus, some minority languages of immigrated or refugee population from some African or Asian countries do not have the same opportunities. On the other hand, Taibi (2021) also claims that although there exist professional associations such as the Australian Institute of Interpreters and Translators (AUSIT), as well as legislation and social equity guidelines which recognise the importance of the profession and even an accreditation

authority, professional interpreters and translators still lack recognition and professional status in the sector.

Additionally, research shows that

> Three major reports, albeit with slightly different foci, … effectively sum up the recent and current state of the industry. These studies are Interpreting and Translating: Demand and Provision (Athanasiadis & Turner, 1994), Survey of Interpreting Practitioners (Ozolins, 2004) and Lost in Translation (APESMA, 2012). The picture that emerges from reports [of the PSI situation] is of a fledgling industry with an overwhelmingly insecure, casualised workforce, who rely on labour hire firms called translation and interpreting agencies for work. (Mülayim, 2016:123-124)

Mülayim work shows that despite the fact that the country "has had access and equity policies since 1985 and a language policy since 1987, there appear to be ongoing issues about the take-up of these policies by public services" (2016:41). What is more, the author states that

> There is a need to critically analyse the implementation of the access and equity policies and language regime relating to access and equity in Australia's public services through an examination of their practices and conceptions, not just stated policies, from a new angle. This analysis needs to occur in order to identify practices and processes that exclude people with language barriers, specifically from public services, and more broadly from participating in and benefiting fully from the society in which they live. (2016:41)

In a society where "modern public service provision is promoted as a citizen-centric approach" and which highlights "participation and consultation with citizens in the planning, development and delivery of services" (Mülayim, 2016:44) a key concept in guaranteeing that equity policies are met should be supporting them through a solid public service interpreting system which is professionalised enough to meet the standards of the profession and, therefore, provide a satisfactory service, where all citizens and residents' rights are met and guaranteed.

4.4 Response Patterns in Canada

As far as Commonwealth countries are concerned, Canada is another example of a nation with a long tradition and a rich multicultural and multi-ethnic background. Canada is one of the largest countries in the world and one of the main immigration-receiving states, with around 250,000 incoming immigrants per year (Burdeus, 2015). In addition to its large immigrant population, Canada has a diverse indigenous community which have not only their own language but also their own culture. It is worth noticing that in Canada both the federal government and the provincial governments are committed to protect these languages (Burdeus, 2015).

Canada is a special case, as in addition to having been a major recipient of migratory movements throughout its history, it is itself a bilingual nation. Thus, in addition to having provinces that offer they public services in both French or English, "in the early 20th century, Canada also opened its doors to immigrants from all over the world, becoming the first country in the world to adopt a multicultural policy as early as 1971."[4] (Burdeus, 2015:35)

In the overview video of the situation of PSI in Canada "La ISP en Canadá", (Burdeus, 2021)[5], Burdeus states that the characteristics of citizens requiring PSI vary. Among them there are Aboriginal people, English speakers in French-speaking provinces, immigrants, refugees, students, workers, and tourists. For this reason, cultural and linguistic diversity management policies and practices have been put in place at federal and provincial level.

In Canada, public service interpreting is considered a right to the linguistic minorities, and, therefore, it has been strengthened through the promotion of different initiatives to facilitate communication for people belonging to minority language communities — who are very often allophones. Therefore, it is interesting noticing that PSI services in Canada are addressed to those who cannot effectively communicate in the mainstream language — in this case English and French. Likewise, the Canadian legislation states that English and French speaking minorities should be able to speak their own language when dealing with public services (Burdeus, 2015). As Burdeus (2015) explains, this is due to the fact that English-speakers in Quebec and French-speakers outside Quebec often face language barriers in their dealings with public administrations.

According to Burdeus (2021), Canada has come to recognise that there is a need for understanding, i.e., to understand all users of public services equally, making clear that communication is the main tool for assessment and intervention in all public services. As Burdeus (2021) states, it is for this reason that the country has implemented a number of policies and laws which provide for the use of PSI both at a federal and at a provincial level.

At a federal level, and according to the Linguistic Characteristics of Canadians, published by Statistics Canada (2012) Canada is a linguistically diverse country, as more than 200 languages are spoken by its inhabitants, whether as domestic or mother language (Burdeus, 2015). Likewise, the author states that in all Canadian provinces PSI services have been developed based on several factors, which include funding and government policies (2015). Thus, the Canadian Charter of Rights and Freedoms (1982),

[4] Translated from the original: «Asimismo, a principios del siglo XX, Canadá abrió sus puertas a inmigrantes procedentes de todo el mundo, convirtiéndose ya en 1971 en el primer país del mundo en adoptar una política multicultural».

[5] Video provided in the module "Social Mediation", academic year 2020-21, of the Degree in Translation and Interpreting at the Universitat Autònoma de Barcelona.

as well as the health legislation, state that all Canadian citizens must be granted the access to public services, regardless of their ethnic or linguistic origins. At the same time, the Linguistic Diversity and Multilingualism in Canadian Homes (2017) states that initiatives should be promoted to equally involve all citizens in actively participating in the evolution and shaping of all the aspects of the Canadian society (Burdeus, 2015). Additionally, in the legal field, the Article 14 states that a party or witness who is unable to follow the proceedings — due to language or hearing impairment — has the right to the assistance of an interpreter.

It is thus clear that linguistic rights are understood as inherent to minority language communities, granting allophones the possibility of accessing public services, with the intervention of an interpreter.

At a provincial level, as Burdeus (2021) explains, Quebec constitutes an example of province where the right to communication is considered part of integration. The Quebec Charter of Human Rights (1975) mentions that interpreting in the legal field must be provided, as every defendant has the right to an interpreter if they do not understand the language used in court, or if they are hearing impaired. Likewise, in the Act Respecting Health and Social Services in Quebec, Article 2 provides for the implementation of a method of organising human and material resources, as well as financial means designed to take into account the social, linguistic, socio-cultural, ethno-cultural and socio-economic particularities of the regions. Moreover, it provides for the promotion of the necessary resources, as well as the accessibility of health and social services in the mother tongue of the people of the various linguistic minorities present in the province. Furthermore, Article 8 states that all users of health and social services have the right to be informed of their state of health and well-being in order to know, as far as possible, the options available to them and the risks associated with each of these options before giving their consent. It is thus shown that in the provision made for the establishment of the necessary resources interpreting is an essential component (Burdeus, 2021).

The contrast with Spain is thus significant. As Burdeus (2021) explains, in Spain, *ad hoc* solutions are generally adopted, since immigration is quite a recent phenomenon. This means that there is a general lack of public policies. The author also states that public services are often caught in a position between denying the need for providing PSI and creating a system which, in some way, would meet the specific needs of the users for whom it is intended (2021). In Canada, on the other hand, the general attitude towards immigration is positive. Immigration is a standardised phenomenon in the country and rather generalised structures have been created in order to respond to the needs of the public services users. However, Burdeus (2021) claims that it is worth remembering that

the provision of PSI in Canada has not been settled at the federal level, i.e., it is not unified across the country, as different provinces and territories are the ultimate responsible organisms for the provision of such services.

4.4 Developing Public Language Services — Factors and Attitudes to Be Considered

If we are to analyse how different countries meet multilingual and multicultural needs, it is worth mentioning Ozolins' (2010) perspective on the provision of PSI by different governments and systems. According to the author there is a "spectrum of response to multilingual needs" (2010:195) which undergoes different stages in the response to linguistic diversity. Likewise, Ozolins claims that this response is "rarely planned for by host societies" (2010:195) and explains:

> At first, there is neglect, then some institutions (typically Police and hospitals) find ad hoc means of getting some interpreting done (by friends, family, volunteers); many countries have then moved on to provide some generic language services (for example operating a Telephone Interpreting Service, or appointing interpreters to the staff of hospitals). A comprehensive approach … involved not only widespread provision of generic or specialised language services, but also a certification system, a training regime, and a degree of policy planning and evaluation. (2010:195)

As shown before, and especially with regard to the countries here concerned, different states are "at different points of the spectrum" (Ozolins 2010:195).

In addition, the author explains which factors influence — either positively or negatively — "governments and the public sector … to take [or not] steps to develop effective language services." (2010:196) According to the author, four main factors are to be considered (2010):

- Firstly, the "reliance on government funding and budgets to provide … services in the public sector." (Ozolins, 2010:196)
- Secondly, "the increasing diversity of languages that must be catered for" which prevents "any easy meeting of needs and standards in a smaller range of languages." (Ozolins, 2010:196)
- Thirdly, "the institutional basis of languages services" which makes it "an institutional field" rather than a "profession-led field" (Ozolins, 2010:196). Eventually, this means that public institutions are responsible for "identifying needs, looking for resources, determining responses, setting whatever standards, [and] limiting commitment." (Ozolins, 2010:196)

- And finally, the "inevitably cross-sector needs for interpreting", as "non-speakers of dominant languages may have many interactions with the public service." (Ozolins, 2010:196)

Following Ozolins' model, there also exist "a number of subsidiary factors" which influence governments' interest in "language service provision and infrastructure" (2010:197-198):

- Political and social attitudes towards immigration. These

> differ widely among countries from those seeing themselves as historic immigration-based societies [e.g., Australia] ... to those faced with substantial migration – sometimes for the first time – [e.g., Spain] in recent years, thus challenging previous monocultural and monolingual self-images. (Ozolins, 2010:197)

- National systems of governance. According to the author federal states — such as Canada, Australia, or the USA — "will often exhibit variations among states [or] provinces in policy towards language services, even where there are at times strong federal laws or initiatives." (Ozolins, 2010:197)

- Public policy models. The author states that the fact that "countries around the world have vastly different views of the limits of public services responsibilities" (2010:198) greatly influences governments interest towards financing these services. In terms of public policy, however, a significant matter is the "involvement of the private sector in language services" (Ozolins, 2010:198) which according to the author are determined by "turns in policy ideology", even in public-focused countries "where much direct provision of services is now undertaken by private agencies" (Ozolins, 2010:198) — as in the case of Australia.

- Overall attitude towards the concept of "interpreting". According to Ozolins (2010), there seems to be a general confusion about the term 'Public Service Interpreting'. Thus, different countries or systems use different terminology, such as 'liaison interpreting', 'dialogue interpreting', 'community interpreting' or even 'cross-cultural mediation' — as in the case of Spain. The lack of a clear-cut distinction and definition of what these terms mean and involve seems to be a factor to the detriment of the implementation of such services.

As a conclusion to this chapter, a comparative table is presented below showing an overview of the state of the four countries analysed before

Country	Language and immigration policies	Organisation of the administration	Training programmes	National Accreditation and Professionalisation	Public Policy and Funding
Spain	Policies still under development	Regional level but with national standards	Yes –University training programmes	No	Heavy reliance on NGOs, voluntary associations, and trainees
United Kingdom	Positive policies	Regional level but with national standards	Yes – National Diploma in Public Service Interpreting	Yes – National Register of Public Service Interpreters (NRPSI Ltd.)	Charity, NGOs, and some public funding
Australia	Positive policies	Federal level	Yes – National examination held by NAATI	Yes – The Australian National Accreditation Authority for Translators and Interpreters (NAATI)	Yes, plus private funding
Canada	Positive policies	Federal level but with provincial standards	Yes – Although not PSI specifical	Yes –Canadian Translators, Terminologists and Interpreters Council (CTTIC)	Yes, through provinces funding

Table 1[6]

As can be seen in the comparison table, the situation differs between the four countries, although it is noticeable how the UK, Australia and Canada have some similarities in terms of training, accreditation, and general attitudes towards immigration.

It is noteworthy that, as far as Spain is concerned, the very history of the country and its social background has determined that the provision of PSI has not been (and is still not) a major issue. Spain does not have a system which provides for the need of PSI services, since the country has been, during the 20th century and until very recently, mainly a provider of immigration to other countries. On the other hand, Australia, Canada, and the United Kingdom have had to adapt their policies and services to large waves of immigration along their history.

[6] All the content adapted from Ozolins (2010)

Be that as it may, it seems convenient to highlight three important conclusions:

- Firstly, the reliance of PSI on public funding could be seen as an impediment to implementing such services. Although private funding coexists in some countries with public policies, it could be argued that privatising the system may have a counterproductive effect, as private institutions could make decisions in terms of what languages are offered (and this would violate the very principle of equity), how many funds are provided in different regions, or even in different phases in time, or it could even interfere with the standards of practice and the code of ethics of the profession.

- Secondly, it seems discernible that a national training and accreditation system is an indispensable tool in order to implement an efficient PSI system.

- Finally, national immigration and language policies are crucial if such a system is to be developed. A positive and respectful attitude towards immigration and language diversity lays the groundwork for better laws, policies and initiatives which support PSI, as well as encourage coexistence.

5. Proposals and Recommendations for the Spanish Context

In line with all the above seen, and following the line proposed by García-Beyaert in her report "Acreditación de Traductores e Intérpretes en los Servicios Públicos de Cataluña" (2017), this chapter aims at concisely proposing some recommendations which can be implemented in the Spanish context. To this end, some considerations should be taken into account. Firstly, and on the understanding that communication barriers endanger and pose an obstacle to immigrant's rights, health, wellbeing, and security, it is the responsibility of the host country or community to guarantee that these are met and secured. Secondly, and in order to ensure a harmonious coexistence amongst the country's inhabitants, the access to public services must be equal, unbiased and just. Finally, and with regard to the fact that access to health services is a basic human right, the provision of sanitary services must be guaranteed to any human being, regardless of their ethnic or linguistic group. It must be as well considered that when language barriers are in place, public service providers cannot satisfactorily perform their duties without the assistance of an interpreter or translator. Likewise, user's autonomy should be fostered by professional services which guarantee that all interactions are carried out effectively. These basic standards also prevent the underutilisation of public resources, as sometimes the lack of efficient communication results in double or unnecessary appointments and the waste of resources, materials, or public funds (García-Beyaert, 2017).

To this end, three main aspects or recommendations are considered below which would be desirable when laying the cornerstone for a public service interpreting system in the Spanish healthcare context — training and examination system, professionalisation, and code of ethics and professional conduct.

5.1 Training and Accreditation System

The example set by countries such as Australia, Canada and the UK demonstrates that a national accreditation system constitutes a seal of quality. In fact, "the objective of the accreditation programme is to determine whether an individual possesses the necessary competences to perform the tasks of the profession"[7] (García-Beyaert, 2017:5). On the other hand, and as explained by García-Beyaert (2017), accreditation systems can only

[7] Translated from the original: « El objetivo de un programa de acreditación es determinar si un individuo posee las facultades necesarias para desempeñar las tareas de la profesión».

work if such systems have a mandatory element, i.e., if they are presented as an indispensable element for the practice of the profession.

As seen before, in Spain there are several university programmes which offer specific PSI training. In accordance with the public accreditation system, a model is proposed where current training programmes develop preparatory modules which would ultimately lead to the examination process. It should be noted, however, that for the training of interpreters in healthcare contexts, it should be established that all candidates undergo appropriate medical training. That is, not only basic medical or sanitary knowledge and terminology, but also how to deal with health-related issues in different cultures.

On the other hand, and when considering an accreditation system for a discipline as varied as interpreting, some considerations should be taken into account. Firstly, that linguistic knowledge does not guarantee that the necessary competences for the adequate development of the profession are possessed. Thus, an individual with a bilingual knowledge of two languages would not, in theory, possess the necessary skills to carry out the tasks and functions specific to the profession. Likewise, professional experience is not a quality indicator itself, if the individual lacks the necessary linguistic skills (García-Beyaert, 2017).

For this reason, an examination system is proposed by which the same individual undergoes a first phase or level of linguistic assessment and a second phase or level of assessment of profession-specific competences.

The following examination model — based on the Language Competitive Examination of the United Nations — is therefore proposed:

Through a first oral examination, linguistic knowledge in the working languages would be evaluated. In this first phase, interpreters could apply for as many languages as they wish, being the minimum required one foreign language, Spanish and the official language of the region, if any. Thus, candidates are firstly asked to interpret sample interviews "of progressively increasing difficulty in terms of density, accent and delivery rate" (Ruíz Rosendo and Diur, 2017:36) in the dialogue or liaison mode. This language examination would follow the model of that undergone by the UN interpreters, so only candidates who have successfully carried out the first interview-interpreting part are asked to take the competency-based written exam.

Through a second written examination, interpreting-specific competences are evaluated. It would include a first section on solving translation problems, a second section specifically focused on resolving professional-ethical conflicts, and a third one focused on cultural competences. Cultural-based sections would be carried out on the basis of the candidate's working languages.

Through this examination, candidates must demonstrate that they possess both problem-solving skills as well as knowledge of the code of ethics and the professional standards.

It should be noted that, as García-Beyaert (2017) explains, the level of difficulty of the examination should be balanced in a way in which it is ensured that everyone who achieves accreditation meets the established quality requirements but also that the assessments are not so difficult as for not enough interpreters to be able to pass them. This way, a steady development of the profession towards a progressively higher quality standards is ensured (García-Beyaert,2017).

5.2 Professionalisation

With regard to professionalisation, and for the correct and successful development of the professional accreditation, a system categorised by professional fields is proposed. According to García-Beyaert (2017), this type of integrated system is proven to be more efficient, as it ensures quality and a uniform and standardised mode of operation. Thus, the relevant examinations will be carried out according to the subject matter of the professional fields.

To ensure that the PSI system functions properly, it is important to have such an integrated organisational system which would be managed and administered by the competent authorities. Therefore, as in the case of healthcare interpreting, the Spanish National Health System ("Sistema Nacional de Salud") would be responsible for managing both the accreditation and the subsequent professionalisation of the healthcare interpreting services. It would be convenient, however, that a sub-body were set up to manage and handle all matters related to PSI provision in healthcare settings. This matter is particularly important, since, as seen in the chapters above, one of the factors which results in the lack of professionalisation in the field of Public Service Interpreting is the absence of concrete parameters and a clear-cut definition of what exactly the tasks and functions of both an interpreters' department and the interpreters themselves are expected to be.

It is for this reason that, following the precepts of the integrated accreditation system, an interpreters bank connected to the National Health System would cover the needs of the whole public sanitary system. This way, any interpreter wishing to work in the public health services will have to do so through the public entities, following a unified and unique model of training, accreditation, and codes of professional conduct.

As seen above, the management of the bank should be undertaken by the corresponding department, i.e., by a department specifically created for this purpose and directly dependent on the National Health System. Thus, a department of Public Service Interpreting in Healthcare Settings whose sole function were to operate and manage the interpreters bank and the professional association would function more accordingly to the precepts of the profession, namely there would be no confusion over the question of which tasks and functions are to be covered and guaranteed, and it would also organise the interpreters work and tasks.

The system would, therefore, be developed as follows:

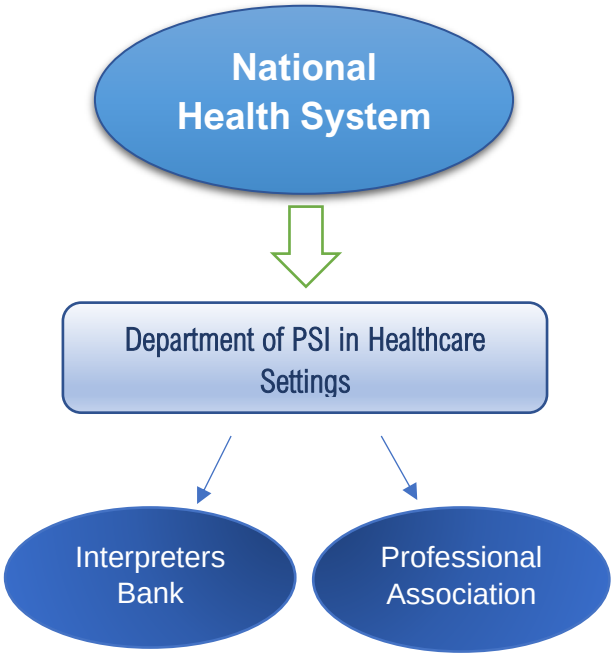

Figure 2

With regard to the interpreters bank and following the model of some countries and regions that have already implemented the utilisation of a national or regional bank of interpreters — such as the provinces of Quebec and Alberta in Canada — the bank should be the body in charge of managing the accreditation of interpreters as well as the allocation of work. It would do so by handling applications for interpreting services from hospitals, clinics or from the users themselves and acting as a bridge between the public services and the users. Therefore, the bank would not only act as a database of professionals but it would also handle and manage the totality of the service-provision process.

In agreement with this model, when a request for interpreting services is made, it is published on the bank's official website and interpreters can apply for the job according to their field of expertise and availability. In order for interpreters to have access to the offers published on the bank's website, their professional profile should be included in

the database of the bank. This way, if an interpreter wishes to apply for any offer published on the bank, they must be properly accredited through the system itself.

The creation of the interpreters bank would also lay the common ground for the functioning of the subsequent professional association. As already mentioned, such an association is essential for promoting the profession, fostering contact between professional interpreters and, in the same way, facilitating the implementation of the corresponding professional code of ethics and conduct.

On the other hand, the association is intended to ensure that the minimum parameters of professionalisation are met. Namely, that professional interpreters are protected in the sense that minimum rates and fees are guaranteed, that these rates and fees are periodically reviewed to ensure that they are up to date, that interpreters' labour and professional rights are met and respected, and, most importantly, that the profession is governed by a solid code of professional conduct and standards of practice.

Likewise, the association would be responsible for informing service providers who wish to contract interpreting work through the pool of interpreters that such services are also subject to the fulfilment of certain obligations on their part. This way, interpreters would be protected in the event that they, for reasons of conflict of interest or ethical dilemma, should decide to decline an assignment. Similarly, it would ensure that the interpreters' moral integrity and dignity is protected. In other words, that no interpreter should suffer any kind of harm, offence, or act of aggression by reason of carrying out their profession. Furthermore, the association would ensure that the interests of interpreters are protected by stipulating fees and rates and guaranteeing payment.

5.3 Code of Ethics and Professional Conduct

This section aims to propose a code of conduct and ethics which would be adequate for the practice of the profession in the Spanish healthcare context. It should be noted that, generally, codes of ethics and standards of practice are field-related and, therefore, they already exist in the profession. This section, however, is a brief review of the common and existing codes, as well as a proposal of some specific principles which should be relevant for the purpose of this dissertation.

In order to promote and foster a unified and standardised way of providing PSI services in healthcare settings, the professional association should be the responsible body for ensuring that interpreters comply with the code of conduct and professional ethics. Similarly, it is considered equally relevant that the association carries out a

continuous evaluation of interpreters' performances. Evaluating the work of the interpreters not only makes it possible to understand which aspects are not being adequately dealt with and how they should be improved, but also it makes it possible to create a support system for the professional growth of interpreters. It should be borne in mind that in the public service interpreting profession there is not a one and only way of acting, since due to the very nature of the profession interpreters find themselves in situations where a dilemma or a conflict of interest may arise. Learning from one's own actions, performances, and solutions as well as from the solutions applied by other colleagues is essential in order to build standards that are in constant growth and improvement.

According to the code proposed by García-Beyaert et. al (2015) and that existing in the UK and proposed by the National Register of Public Service Interpreters, the following common standards and principles are proposed:

- Transparency

  Interpreters should at all times strive to communicate in a transparent and direct manner so both medical professionals and users receive the totality of the information conveyed (García-Beyaert et.al, 2015).

- Accuracy

  Interpreters should always work to ensure that all messages are conveyed properly and correctly. They should do so by interpreting "without omissions, additions, distortions, or any other changes to the original message." (García-Beyaert et.al, 2015:13)

- Direct communication

  Interpreters should strive to support autonomous and direct communication between service providers and users by refraining themselves from becoming an active part in the exchange and only intervene when they find a communication, cultural or social barrier (García-Beyaert et.al, 2015).

- Professional boundaries

  Interpreters should at all times maintain a professional conduct. Likewise, they should understand and respect the boundaries of the profession (García-Beyaert et.al, 2015).

- Cross-cultural communication

It is the interpreter's function to promote and encourage meaningful cross-cultural communication (García-Beyaert et.al, 2015).

- Professional conduct

Interpreters should at all times "reflect the higher standards of the profession by showing adherence to the professional ethics and best practices." (García-Beyaert et.al, 2015:27)

Especially relevant are the principles of confidentiality and impartiality.

- Confidentiality

The confidentiality principle is one of the most important standards of practice in almost any profession. Thus, "confidentiality is required both by the interpreting profession and by the setting and professional environment in which they interpret." (García-Beyaert et. al, 2015:10) What is more, and, according to García-Beyaert et. al, "confidentiality is the only principle that appears to be a universal requirement for the interpreting profession" (2015:10) and, therefore, it is not an only health-related principle.

According to the principle of confidentiality it is the interpreter's duty to manage all information in possession about patients or PSI users in an honest and just way. This means that interpreters should at all times "treat as confidential any information they acquire through a commission of work" (UK's National Register of Public Service Interpreters). Accordingly, interpreters should always "respect confidentiality … and [should] not seek to take advantage of information acquired during or as a result of their work" (UK's National Register of Public Service Interpreters). Yet, this principle should not "apply where disclosure is required by law" (UK's National Register of Public Service Interpreters).

- Impartiality

Conducting any activity through the principle of impartiality is a matter of justice and equality (García-Beyaert et. al, 2015), for this reason, interpreters should at all times behave and act in an impartial way and should never "act in a way that might result in prejudice or preference on grounds of religion … race, politics, gender, age, sexual orientation or disability" (García-Beyaert et. al, 2015:15). It is for this reason that interpreters should always "refrain from allowing personal beliefs to manifest in [their] professional conduct, especially when rendering the content or the tone of the message." (García-Beyaert et. al, 2015:15).

Moreover, in interpreting the principle of impartiality translates into "transferring messages (through tone, body language, demeanor, etc.) in a manner that reveals none of the personal … beliefs of the interpreter" (García-Beyaert et. al, 2015:15). This should be understood as an effort to avoid "internal bias" and to "make a concious effort to maintain respect for others and display an non-judgmental attitude" (García-Beyaert et. al, 2015:15).

On the other hand, three more principles which I considered to be especially relevant for the healthcare context and the purpose of this dissertation are proposed:

- Awareness-raising

Healthcare interpreters work side by side with other health staff as well as they share a common stage with all types of professionals, from medical and health personnel to administrative staff, social workers, etc. Thus, in community interpreting expectations on the figure of the interpreter may vary enormously, as well as perceptions of the very role of the interpreter (Hale, 2015).

For this reason, healthcare interpreters should strive to project a clear-cut image of their role so as to make the profession known and recognised amongst their fellow practitioners. To do so they should endeavour to work together with healthcare professionals in a transparent and clear way, in order for them to reach, as far as possible, proper knowledge of the profession and understanding of the importance of the interpreter's role.

- Ensuring protection of human rights

According to this principle, if interpreters find themselves in a situation where the basic human rights of any user are at risk or could be somehow violated, it is the interpreters' duty to ensure that these rights are respected. In the event that the situation exceeds the interpreter's own knowledge or skills, they should seek to function as a point of contact with institutions or professionals who can accordingly and efficiently mitigate the situation.

It should be noted, however, that this principle could sometimes conflict with the principle of impartiality. It is for this reason that, in the event of any conflict of interest, interpreters should seek the protection of the relevant professional association and should at all times communicate the reasons for their conflict, seeking help and providing solutions (Arumí, 2021b).

- Community sense

In accordance with this principle, interpreters should strive to perpetuate a common professionalisation for all healthcare interpreters. They should as well strive to create a meaningful network for the exchange of professional experience and knowledge. Furthermore, healthcare interpreters should ensure the correct observance of all professional conduct and all the above-mentioned ethical principles amongst colleagues.

In terms of all the above-mentioned principles, it should be considered that, as stated in the UK National Register of Public Service Interpreters, professionalism does not terminate on the completion of a commission of work and that the entirety of the code of conduct and professional ethics should always persist beyond the cessation of the encounter or interview.

A matter which should be especially remarked upon is that of the adhesion to the code of professional conduct. In a profession such as public service interpreting, where users and contexts can very easily differ, the code of ethics and professional conduct must be binding. An element that ensures, as mentioned above, that interpreters maintain not only quality standards but also their adherence to ethical principles is the continuous evaluation of their performance. Likewise, awareness-raising, bonding and engagement events and actions are crucial for the correct development of the profession, as interpreting in public services — and more specifically in healthcare contexts — is a profession in constant growth and development.

5 General Conclusions

In this chapter, some general conclusions resulting from the development of the subject matter will be presented. As a first conclusion, it could be mentioned that PSI should be understood as a social means to seek equality, democratisation, and integration. On the basis of the analysis carried out, it is possible to state that public service interpreting could be considered a need in all societies, especially in the so-called Global North as it more frequently houses economic immigrants and asylum seekers. Therefore, it could be argued that setting PSI services is an example of the country's self-awareness, democratisation and respect to basic human rights – such as the right to universal healthcare, the right to efficiently communicate (to understand and to be understood), as well as the right to preserve and maintain linguistic and cultural diversity. Likewise, guaranteeing that all members of society have the opportunity to be fully realised as a citizen and, at the same time, to be able to interact actively with public entities, as well as to participate in the very social shaping of the host country is a matter of equality and justice.

With regard to the profession of the community interpreter, one of the ideas that, regarding to the developed study, seems important to emphasise is the question of professionalisation. It has been proven that it is not possible to lay the foundations for the proper development of a profession without a clear idea of what the tasks of the profession are. It is therefore not possible to understand what is expected of this type of services if there is no clear delimitation of its field of action and its functions.

On the other hand, it seems important to highlight that PSI interpreters in healthcare settings should be considered part of the professional staff providing health services. If this basic condition is not met, it cannot be possible to properly carry out the profession.

Regarding the implementation of PSI programmes, one element that should be remarked upon is the fact that PSI is in itself a profession whose scope of action is intended to develop in different settings, involving different individuals and in widely variable contexts, i.e., that the act of interpreting may vary according to the nature of the encounter itself. After all, and as already seen, community interpreting is not always capable of straightforward application and it depends on various factors. Consequently, it seems discernible that the provision of PSI services is difficult to anticipate as in order to provide uniform or standardised solutions. This means that public service interpreting deals with very diverse settings and specialisations. Likewise, the contexts in which it is carried out are by themselves complex and very difficult to foresee. In this sense, the implementation of a uniform system that works equally well in all settings, contexts and

even countries seems an arduous task with complexities that cannot be overlooked. It should be therefore understood that different countries cannot be expected to be able to meet the same needs using equal methods, instruments, or measures.

Thus, in drawing some conclusions about implementing solutions to social problems entailed by the lack of PSI services, the needs and circumstances intrinsic to each country or society must at all times be considered.

With regard to the implementation of measures to solve such problems in Spain, it could be argued that it would be unrealistic and not quite applicable to expect certain measures which work in other countries — such as Australia or Canada — to have the same effect in our country. Still, it should be possible to look at the systems and policies acquired by other countries and use them as an example when implementing measures which should be in line with the country's social and political reality. As we have already seen, putting public service interpreting into effect goes hand in hand with other types of social measures, such as the implementation of language and immigration-friendly policies, or the conceptualisation of public service funding in general.

On a more personal note, and in light of the world's recent sanitary and social crisis resulting from the COVID-19 pandemic, I believe it is worth stressing some specific ideas. In particular, the necessity of considering the impact that the lack of a strong public health system has and has had on societies. It seems therefore reasonable to discern that the defence of a public and universal system responds to reasons of force majeure. That is why it has become clear that strengthening public funding policies is a social requirement if we are to guarantee a more just and better society.

As this is a global phenomenon, affecting all nations and regions of the world, it would be interesting to be able to put in place some measures which help us learn from the events of the past few months. After all, the ultimate aim should be establishing a global system which provides for the growth and enhancement of all the world's inhabitants equally.

"Healthy citizens are the greatest asset any country can have."
Winston Churchill

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