Introduction

The historical roots of the profession

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

(Universal Declaration of Human Rights, Article 2)

Access to translation and interpreting in public service settings is a natural, human right to be guaranteed. Failure to enforce it may endanger the life and the well-being of millions of people while perpetuating a social landscape where everyone is not equal.

(European Commission, 2011:21)

Community interpreting is founded on a simple concept: giving a voice to those who seek access to basic services but do not speak the societal language.

As a profession, community interpreting weds issues of language and culture to concepts of social justice and equity. Most of those who support the profession share the conviction that it has a mandate to facilitate access to community services for individuals who do not speak, read, write or understand the language of service well enough to have meaningful access to that service without interpreters (Zimányi, 2009:19–20).

Underlying this assumption is the core understanding that although we may all have a human right to community services, adequate access to those services is fundamentally impractical or impossible without professional interpreters: that is, trained, qualified interpreters – and not family, friends, a cafeteria worker or someone in the waiting room who happens to speak the language.

Key issues

This chapter proposes to provide an overview of the profession, from its historical roots to its current controversies. It will address some of the key issues that dominate the field, including:
Why the field is called community interpreting
The driving forces that have shaped the profession, such as language access laws
Whether legal interpreting is properly part of community interpreting or an autonomous profession (and why international tensions surround this question)
Why the “role” of the interpreter is the profession’s most controversial question
Whether cultural mediation is part of the community interpreter’s mandate or an autonomous profession
Training and education concerns
Best practices

Definition of key terms

Community interpreting: one profession, many names

The very name of this profession invites controversy and has led to heated discussions. Many individuals and even nations have repudiated the term “community interpreting”, a label for the profession that first found coinage in Australia in the 1970s (Chesher, 1997). It then gained traction as a common international term for the profession (Pöchhacker, 1999).

Soon, other terms for the profession proliferated around the world. Some countries such as the UK or Spain have adopted one term – “public service interpreter” – and then found that the term “community interpreter” has come into use to describe less qualified interpreters who perform the same work as public service interpreters.

To add to this confusion, quite a number of other names are also used to refer to the profession (see e.g., Mikkelson, 1996a; Furmanek, 1992; Hrehovčík, 2009). Not all those terms share the same meaning across countries and not all of them consistently refer to community interpreting. The terms include:

- Public service interpreting
- Liaison interpreting
- Bilateral interpreting
- Dialogue interpreting
- Community-based interpreting
- Bidirectional interpreting
- Triangle interpreting
- Cultural interpreting
- Cultural (or intercultural) mediation
- Consecutive interpreting (even though “consecutive” is, properly speaking, an interpreting mode)
- Contact interpreting
- Face-to-face interpreting
- Triad interpreting
- Discourse interpreting
- Social or intra-social interpreting
- Language mediation

By 2010, when the International Organization for Standardization (ISO) language subcommittee met in Dublin to pursue the development of the first international standard for community
interpreting (now approved as ISO International Standard 13611 and in press as of 2014), the name itself became a concern. Many of the 29 countries with participating member delegations had to decide what to call the profession, and it was no easy task. A distaste among many around the world for the word “community” in “community interpreting” partly reflects a concern that this word is often associated with unprofessional or unqualified interpreters. For example, a highly respected U.S. work on court interpreting stated in 1991 that “Community interpreting refers to any interpretation provided by non-professional interpreters” (González et al., 1991:29; note that the second edition of that work in 2012 omitted this statement.) In addition, the term “community” is sometimes confused with the term “European Community”.

In the end, ISO has adopted the term “community interpreting” for the title of the first truly international standard for the profession. It is still the most widely used term today and likely to remain so.

Defining community interpreting

There is no internationally accepted definition for community interpreting. One clear definition suggests that “Community interpreting serves to enable individuals or groups in society who do not speak the official or dominant language to access basic services and communicate with service providers” (Shlesinger 2011:6). Most definitions of the term usually refer in one way or another to interpreting that supports access to community services. Many practitioners would prefer the term to include only “professional” interpreting to distinguish it from the prevalent informal practice of letting unqualified individuals perform it.

Community interpreting distinguishes itself from other interpreting professions, including conference, media, escort and military interpreting, by its focus on access to services and some of the specific techniques used, whether face-to-face or via telephone or video. Differences of technique include:

- A focus on bilateral interpreting (question-and-answer)
- An emphasis on consecutive mode
- The complexity and challenges of the human, social and economic relationships at stake
- The degree of sanctioned interpreter involvement
- The socio-economic status of the participants and the interpreter’s need to navigate imbalances of power and control

Defining other terms

The following terms are commonly used in community interpreting.

Language access

The use of language services or language assistance to enable or help an individual who does not speak, read, write or understand the language of service to obtain meaningful access to that service.

Language access law

A law or statute that mandates equal access to public services through the use of qualified language assistance.
Ad hoc interpreting
Interpreting performed by untrained, unqualified individuals who may be family, friends, untrained bilingual staff, volunteers, community advocates or anyone who claims to speak two languages. An emerging term for this concept is “informal interpreting”.

Legal interpreting
“Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecutor-victim/witness interviews and law enforcement communications” (Framer et al. 2010:xii). (Although many feel that legal interpreting is part of community interpreting because it facilitates access to justice, many others disagree, particularly in the case of court interpreting. Legal interpreting is a broad field: court interpreting is only part of it. See Chapter 12 on legal interpreting.)

Medical/healthcare interpreting
Interpreting in healthcare settings for patients, their families and healthcare staff. (Note that in this chapter “medical interpreting” and “healthcare interpreting” are used interchangeably, reflecting general usage. See Chapter 15 on healthcare interpreting.)

Service provider
Someone who offers a community service, whether in public, private or non-profit settings.

Service user (also known as a client)
An individual who needs interpreting in order to gain meaningful access to a community service.

Historical perspectives

History of the field

While many would describe community interpreting as one of the world’s oldest practices, there is an informal consensus that, after its beginnings in Australia in the 1970s, professional community interpreting spread to parts of Europe and later to the U.S., Canada and then other nations. In fact, it appears to have evolved at around the same time in both Australia and Sweden (Wande, 1994 and Niska, 2004). Community interpreter training began in Sweden in 1968 (Hein, 2009:125). As Moody (2011:38–39) reports, anti-discrimination laws passed in Australia in the 1970s mandated access to services such as education, health care and social services to aboriginal peoples, linguistic minorities, and immigrants. Then in Sweden by the mid-1970s, local governments routinely hired interpreters for both spoken and signed languages in medical, legal, religious, and educational settings.

The growing interest in community interpreting led to the 1995 First International Conference on Interpreting in Legal, Health, and Social Service Settings at Geneva Park near Toronto, Canada. This conference marked the historic beginning of Critical Link, now Critical Link International, the leading non-governmental organization (NGO) that supports community interpreting around the world. Critical Link International also hosts the largest international conference in the field (www.criticallink.org – accessed 16 Oct 2014), held every three years.
Since that time, community interpreting has often been considered the “stepsister” or “poor relation” of other interpreting professions (Mason, 2001). Today it is rapidly professionalizing: perhaps community interpreting is a Cinderella story, for it has sparked an outpouring of recent activity and research around the world. A decade ago, only conference or sign language interpreting could be found in most parts of Asia, Latin America and the Middle East. Today, community interpreting is developing rapidly in many nations, a growing number of local, national and international associations support it, and it has inspired a swiftly expanding body of research (Vargas Urpi, 2012).

The urgent expansion arises because community interpreting has evolved largely in response to two often co-existing needs: the need for interpreters for native-born and indigenous populations, including the deaf and hard of hearing, aboriginal populations and minority language speakers; and the need for interpreters for migrant or immigrant populations, including refugees and asylees. Globalization and migration are strong driving forces as well.

Although many view community interpreting as a profession focused on serving immigrants, sign language interpreting has emerged as a highly professionalized activity in a number of countries, as the work of the World Association of Sign Language Interpreters (www.wasli.org – accessed 16 Oct 2014) and the accreditation board of the Commission on Collegiate Interpreter Education attests. Regarding interpreting for indigenous populations, it is of course important in countries, such as many in Africa, where hundreds of languages may be spoken. Yet such interpreting has also been important in countries in North and South America. In Canada, the profession first evolved from interpreting practised in the 1960s for indigenous populations (Kaufert and Koolage, 1984), albeit under the rubric “cultural interpreting,” a term repudiated in Canada today in favour of “community interpreting” (Canadian national standards for community interpreting also prohibit culture brokering; cf. HIN, 2007).

Specializations and settings

In contrast to laypersons, interpreting specialists often view community interpreting as a profession defined not by the settings where it is practised but by its mission of facilitating access to community services (International Organization for Standardization, in press).

It is important to consider that while community interpreting facilitates access to community services, it is also often defined by its specializations and the settings in which it is practised. These specializations include medical, mental health, educational, social services, faith-based and legal interpreting (see Chapters 12, 15, 16 and 17 in this volume).

In addition to the specializations discussed above, however, community interpreters work in such a broad array of settings that it would require a whole chapter to list them. In health care, the settings can range from hospitals to health departments, clinics and roving medical vans. In human services, they can encompass any service imaginable, from sexual assault, domestic violence and homeless shelters to suicide hotlines, food assistance, employment counselling and services to persons with disabilities. Faith-based interpreting could entail interpreting for home or visiting pastors, chaplain visits, religious education, prayer, hospice or funeral services. Educational interpreting takes place in settings such as schools, preschools, colleges and training programs.

It is often unclear whether a given setting involves community interpreting or not. Is interpreting for an immigrant who is asking to open a personal bank account an example of business or community interpreting – or both? Is a soldier who interprets to facilitate a food delivery to a village isolated by war a community interpreter or a military interpreter? Furthermore, in some cases, such as the courts, there is no clear consensus on whether the court interpreter is a community interpreter or not.
For all these reasons, it is preferable to define community interpreting by its focus on facilitating access to community services rather than by the broad array of settings where it takes place.

**Driving forces**

The key driving forces that have helped to establish community interpreting as a profession are:

- Migration
- Language policy and language access laws and regulations
- Professional associations and groups
- Individual and public welfare concerns
- Liability and litigation

The estimated number of international migrants in the world reached 214 million in 2010, and this number is predicted to increase (United Nations, 2012). As a result, wherever migrants do not speak the official or societal language(s), the need for language assistance has grown urgent.

The expectation that migrants should “just learn the language” of their new country is not realistic in the short term. No one can learn a language overnight. The work of U.S. federal language training specialists at the Defense Language Institute (part of the U.S. Department of Defense and possibly the largest language training centre in the world) suggests that the average adult learner requires 3,000 to 5,000 hours of study and practice to attain fluency in another language, depending on factors such as age, education and prior languages spoken. Thus, wherever migrants live, community interpreting will be a vital way to help them access basic human services until they can communicate fluently in the societal language.

In great part because of this increased migration, language access is addressed in the United Nations Declaration of Human Rights, and in national language laws for the European Union and in many other countries around the world. (For an overview of such laws, see du Plessis, 2011.) Such laws may specify certain prioritized languages (South Africa, for example, has 11 official languages) or may be general in scope. They may address specific services such as health care: for example, the WHO Declaration on the Promotion of Patients’ Rights states in article 2.4 that “Information must be communicated to the patient in a way appropriate to the latter’s capacity for understanding, minimizing the use of unfamiliar technical terminology. If the patient does not speak the common language, some form of interpreting should be available” (World Health Organization, 1994:10). Inevitably, it appears, where language access laws exist, the impact on the professionalization of community interpreting is significant (Pöchhacker, 1999).

Yet professional interpreters cost money and require training, support and advocacy. Many professional interpreter associations and groups, large and small, including Critical Link International, the International Federation of Translators (FIT) and the International Association for Translation and Intercultural Studies (IATIS), have stepped up to address these needs (Bancroft, 2011:13–18). (See Chapters 2 and 3 for a discussion of key internal and external players.)

A motivating factor behind the development of language access laws is risk. A growing body of research documents the dangers of “doing without” qualified community interpreters (e.g., Flores, 2012; Karliner et al., 2007; Green et al., 2005; Ho, 2008) and their impact on the safety and well-being of migrant, indigenous and deaf residents. The fiscal costs are also high due to the medical or legal consequences of errors (see e.g., Quan and Lynch, 2010). As a result there is an increasing concern that quality services cannot be provided effectively or safely across languages without professional interpreters.
The U.S. has seen a rising number of medical malpractice lawsuits and settlements due to inadequate interpreting which range from thousands to millions of dollars (Quan and Lynch, 2010). In the most famous case, one misinterpreted Spanish word, intoxicado, resulted in a US$71 million out-of-court settlement. In Miami, Florida, hospital staff who apparently thought they understood Spanish treated the young man after hearing his mother and girlfriend report that he said he felt intoxicado. The meaning of intoxico in this case was related to illness caused by food, or food poisoning. However, the hospital medical staff decided this was a case of substance abuse and treated the patient accordingly. In fact, he was experiencing a cerebral haemorrhage. By the time the error was discovered, the incorrect treatment left the patient paralysed from the neck down, for life (Price-Wise, 2014).

A proliferation of stories such as these illustrate the human and fiscal costs of language barriers, whether or not they lead to lawsuits. Such costs have unquestionably been one of the most significant driving forces behind the professionalization of community interpreting.

**Current trends in community interpreting**

**Minimum standards**

A movement towards setting minimum requirements for community interpreters has been spearheaded by governments, court systems, professional associations, advocacy groups, healthcare accreditation agencies and coalitions. A growing consensus (see e.g., NCIHC, 2011; IMIA, 2013; ISO, in press) suggests that community interpreters at a minimum should:

- Be at least 18 years old
- Hold a secondary school diploma
- Obtain meaningful results in a validated language proficiency test
- Hold a credential obtained through professional interpreter training or education
- Undergo testing or portfolio review to assure adequate interpreting skills

There is no consensus on whether volunteers, or bilingual employees who interpret as one part of their duties, should interpret at all. However, the fact is that they do, often routinely. In addition, many bilingual employees today have more interpreter training and qualifications than a number of “professional” interpreters.

The fact that standards for court interpreting in many countries, such as the U.S., set a higher bar than for general community interpreting may have contributed to some of the divisions of opinion regarding whether or not legal interpreting is part of community interpreting. There is no simple answer to this question. The first international standard in the field, ISO 13611, excludes legal interpreting from the body of its standard while specifying in its introduction that in many countries legal interpreting is considered part of community interpreting (ISO, in press). Certain countries, such as the U.S., publish differing national ethics and standards of practice for legal vs. medical interpreters and have certification tests of quite different levels of rigour for these specializations (for example, official U.S. pass rates for federal court interpreter certification are 4–5% for Spanish, while pass rates for one national medical interpreter certification, available at http://www.certifiedmedicalinterpreters.org/faq (accessed 16 Oct 2014), are 70% for Russian, Cantonese, Spanish and Korean oral exams, 80% for Mandarin and 65% for Vietnamese). In addition, professional protocols, skill sets and professional cultures often divide court from community interpreting (Framer et al., 2010; Bancroft and Rubio-Fitzpatrick, 2011).
In Canada, national standards for community interpreters specifically include legal interpreters (HIN, 2007), whereas the European Union Legal Interpreters and Translators Associations has taken the position that court interpreting is not part of community interpreting. International discussions and disputes surrounding this question seem unlikely to fade away.

Because of the need to ensure and promote high standards in the field, in some countries the profession is increasingly regulated. For example, in Australia, national certification exists for general (including community) interpreters; and in the U.K., training credentials and a Diploma in Public Service (community) Interpreting are required to be listed in the National Registry for Public Service Interpreters. In the U.S. state of Washington, interpreters for public social and healthcare services must be certified and licensed by the state, and legislation may soon require similar status for medical interpreters in other U.S. states. In most countries, however, the profession is not regulated despite increasing levels of professionalization (Swift, 2012). In still other nations, qualified interpreters have emerged only in certain settings such as hospitals and courts.

Limited credentialing exists, and is most often for court or sign language interpreters. National certification for community interpreters in Canada is currently under development. In the UK, credentialing is based on a national exam for a diploma in public service interpreting (DPSI). In the U.S. there are two national medical interpreter certifications programs (through the National Board of Certification for Medical Interpreters and the Certification Commission for Healthcare Interpreters) as well as a national certification for sign language interpreters (Registry of Interpreters for the Deaf) and some state-based sign language interpreter credentialing programs. The U.S. also has one federal court certification program for Spanish and state court interpreter certification available in 20 languages (National Center for State Courts 2014).

Finally, in some countries, such as Sweden (Niska, 2004) and the U.K. (Cambridge et al., 2012), a national registry exists for the professional interpreters, yet a “shadow” profession of uncredentialed “community” interpreters co-exists alongside the credentialed professionals. In a number of countries such as Australia, Sweden, South Africa and Canada, interpreter associations offer credentials for general, conference, court or sign language interpreting but not community interpreting.

Another point to note is the rampant confusion among community interpreters about certification vs. training credentials. Many community interpreters routinely assume that a “certificate” for training is equivalent to “certification”. However, the community interpreting profession considers that only formal testing programs established by federal or state governments or professional associations and groups provide valid certification. “Certification” provided by language companies, school systems, training programs, municipal governments and other entities is not considered valid.

The role of the community interpreter

What is the role of the community interpreter? As Llewellyn-Jones and Lee (2009) report, if one key issue besides interpreter qualifications has bedevilled this field, it is surely the role of the interpreter.

This controversy goes back to the birth of the profession when, in 1995, the first international conference in the field launched a vigorous debate about whether the community interpreter’s role should just be strictly interpreting or should include an activist/advocacy role (Llewellyn-Jones and Lee, 2009). Not knowing what one may safely do as a community interpreter to address communication barriers, misunderstandings, cultural confusion and discrimination against vulnerable residents has left many interpreters confused, and this confusion affects every aspect of their performance (Buendia, 2010:11).
In daily practice, community interpreters are expected to solve problems, explain concepts, solve cultural misunderstandings, take care of a service user’s needs and advocate. Depending on the country or service, the interpreter may be expected to operate at either end of (or anywhere along) a broad spectrum of behaviours. The two ends of that spectrum are:

- The conduit role, where the interpreter restricts his or her activities to interpreting.
- The mediator role, where the interpreter may assist the service user in almost any way, during or outside the session, and may also explain cultural misunderstandings.

For example:

- Professional interpreters in the U.K., Sweden and Canada are more or less expected to restrict their role to interpreting.
- In several countries like Belgium, healthcare interpreters called intercultural mediators are permitted to “help out” the patient or service user as needed.
- In other nations like the U.S, community interpreters sit in the middle of the spectrum: they may do more than interpret but are taught ethical restrictions on the “helper” role.
- In still other countries, such as Spain, Italy, Germany and Switzerland, the two professions of community interpreting and (inter)cultural mediation exist side by side, with interpreters restricting their work primarily to interpreting while intercultural mediators may both interpret and “help out” the service user.

Although some countries adopt formal guidelines dictating interpreting practice, on the ground, most community interpreters make decisions about their role nearly by instinct, depending on their training, market pressures, emotional expectations brought to bear, the influence of their cultural communities and their personal values. They are also routinely asked to fill in background information and explain cultural issues (Meyer, 1998:2). In fact, almost any serious study that examines community interpreter behaviour reports wide variations in conduct. Unfortunately, such research typically does not control for variables like general education levels; length or quality of interpreter training; prevailing ethics and standards; and other key variables. As a result, the muddy picture that emerges is one of community interpreters who often change the message, give opinions, get into side conversations and violate professional ethics and standards (Merlini, 2009). Nevertheless, we do not know the degree to which training and education influence those behaviours except with regard to accuracy, where training appears to have a positive impact (Flores, 2012).

Those interpreters who stay within the conduit role tend to label themselves “professional interpreters”. Those who formally occupy the helper role may have another name, for example cultural (or intercultural) mediator; patient navigator/patient guide/patient advocate; culture broker; co-participant; communication facilitator; bicultural/bilingual assistant; language broker; or cultural interpreter.

Rudvin (2006) makes the distinction between “language mediators” and “cultural mediators”, which essentially refers to the spectrum of the conduit role (where a language mediator may also seek clarification as needed) to the helper role (where, by navigating the cultural context that leads to communication breakdowns, a cultural mediation may actively support assisting service users to obtain meaningful access to service).

The expectation that community interpreters must solve many non-linguistic problems when they interpret, or even after the interpreted session, often weighs heavily on the interpreter (Hsieh, 2006). Kaufert and Koolage (1984) note that role conflicts among indigenous
interpreters in Canada were rooted in the cross-pressures in their roles as language interpreters, culture brokers and patient advocates. In colonial South Africa “the indigenous population did not expect the interpreters to simply act as language mediators; they were also expected to defend the interest of the community and its members” (Tiayon, 2005:8). As Rudvin (2006:61–62) reports, “A cultural mediator is expected to facilitate the integration of migrants in Italy, facilitate interaction with Italian institutions … and generally provide ‘assistance’ to migrants, functioning as a ‘bridge’ between two communities and individual/institution”.

Refugee and small closely-knit cultural communities may also exert pressures on community interpreters to adopt an active role (Avery, 2001). Service providers exert comparable pressures: one Vienna survey of 600 hospital staff showed that the majority wanted the interpreters to lower register, summarize “as needed”, advise parties of barriers to communication and omit “clearly non-relevant” information (Sauvêtre, 2002). Interpreters themselves are often keen to explain what providers do not – a controversial premise. “For example, in order to be culturally appropriate, she would not say to a West African woman, ‘Stop having babies, take the pill’ (as stated by a social worker or midwife). Instead she would say, ‘The social worker said I should tell you that, given your housing and financial problems, wouldn’t it be a good idea to take the pill?’ She joked that her role is to make the message ‘hearable’” (Sargent and Larchanché, 2009:7–8).

When interpreters become too involved this way, they may abrogate the provider’s role or undermine service user autonomy (Davidson, 2001). Llewellyn-Jones and Lee (2009) report that in the U.K., interpreter trainers are drilled on empowering interlocutors and avoiding “paternalistic” behaviours. Otherwise, interpreters who perform cultural mediation incur specific risks such as errors of judgement, side conversations, abrogation of the provider’s role or allowing the interpreter to exert inappropriate influence over decision-making by participants.

The risks and drawbacks of over-intrusion by community interpreters is leading to a rising awareness of the need to delineate a happy medium between the strict message transfer role and the overly liberal helper role. In Belgium and the Netherlands, two researchers have proposed an “interactive interpreting” model situated somewhere between the conduit and helper ends of the spectrum (Verrept and Bot, 2013), in contrast to a previous intercultural mediation model (Verrept, 2008). Like a similar model in the U.S. (Bancroft and Rubio-Fitzpatrick, 2011), the intent is to encourage the interpreter to intervene when communication barriers arise, not to explain the cultural or other issues but instead to identify them (e.g., “The interpreter senses a communication breakdown about the cultural and legal meaning of ‘wife’”), allowing the service provider and service user to ask about and explain the misunderstanding to each other, thereby minimizing the risks.

One emerging best practice is for community interpreters to become the faithful voice of all participants while effectively – but not intrusively – pointing out communication barriers as they emerge in order to facilitate meaningful dialogue, a position clarified in this testimony from a pioneer: “The position I took 10 years ago … as that cultural brokering was an important part of the role of the interpreter as long as it was done with the agreement and understanding of all parties. The underlying principle is that the interpreter does not speak on behalf of anyone but enables people to speak for themselves … I have never believed that advocacy is the responsibility of the interpreter. The interpreter’s job is to facilitate communication so that the parties can advocate for themselves” (Nathan Garber, in a private communication in 2009; emphasis added).

By using mediation not as a way to give advice or incorrect cultural information but as a means to give participants a full voice, the interpreter can let the participants become fully responsible for their own decisions, relieving the interpreter of this weighty responsibility and liability.
The question of role is not the only controversial aspect of the community interpreter’s performance. Modes are another topic that has generated great interest and disputes.

For decades, community interpreters have been taught to perform in three modes: consecutive mode (see Chapter 6); simultaneous mode (see Chapter 5); and sight translation (see Chapter 9).

Consecutive is widely considered the “default” mode in community interpreting and in question-and-answer interpreting in general. Because consecutive mode involves interpreting when speakers pause, it entails less distracting noise, more opportunities to assess the complexity of the issues being addressed and, in general, greater accuracy. (At least, consecutive mode appears to be more accurate than simultaneous for entry-level community interpreters; the research literature is thus inconclusive about whether this is also the case for more accomplished interpreters.) Using consecutive mode is intended to facilitate clear, meaningful communication.

There are, however, times when simultaneous mode will be necessary, for example:

- When speakers are too excited or overwhelmed to pause
- During emergencies
- If speakers are impaired due to disease, substance abuse or medical conditions
- During speeches, meetings, educational or training programs and small conferences
- In any situation where consecutive mode proves inadequate due to constraints of time

In courtrooms, both simultaneous and consecutive modes are required. Furthermore, anecdotal evidence suggests that simultaneous mode is growing more common in community settings, especially for video interpreting, small conferences and public talks. Sight translation, the oral translation of a text, is also widely needed in community interpreting to convey to service users the meaning of forms, prescriptions, legal documents and many other texts provided as part of a service.

However, though it is not widely accepted, a fourth de facto mode exists called summarization. Summarization is prohibited in most legal interpreting, and community interpreters are taught not to summarize. However, some situations require summarization, including emergencies, situations when several people speak at once or sessions that veer out of control. Examples of the latter include psychotic patients, those high on drugs or the arrest of violent criminals. Summarization, however (and perhaps ironically given its low reputation), is a higher-level skill. As a result, community interpreters need training on how to perform it well, training that they rarely receive, in part because summarization is not accepted as a mode of interpreting.

There is some evidence that the boundaries between strict consecutive and simultaneous modes are starting to blur in some settings, including legal and medical, and even the requirement to use consecutive as a default mode is no longer always standard. The evolution of modes will be a trend to watch for in community interpreting. For the time being, however, community interpreters are widely expected, at a minimum to be able to perform in consecutive, simultaneous and sight translation modes.

**Ethics and standards of practice**

No discussion of the professionalization of community interpreting could be considered without addressing codes of ethics and standards of practice. Ethics and standards help interpreters to make
critical decisions, such as whether or not to summarize. Ethics and standards documents throughout the world have greatly contributed to the quality and enhanced the reputation of community interpreting (Bancroft, 2005). Furthermore, without such published standards community interpreters often have to make decisions “on the fly”, guided primarily by their intuition and training.

Ethics and standards also add clarity to hotly debated questions, for example, whether community interpreters should “change register” by simplifying the service provider’s message to help service users understand. (See Chapter 20 on ethics.)

Here are examples of standards followed by community interpreters:

- Canada (HIN, 2007) and the UK (CILT, 2006) have national ethics and standards for community/public service interpreting. (The UK standards also address conference interpreting.)
- The Australian Institute of Interpreters and Translators (AUSIT, 2012) has published national ethics and standards for general interpreting.
- The U.S., EULITA and some European nations offer national ethics and standards for court interpreting.
- Many countries in North and South America, Europe and elsewhere have national ethics and standards for sign language interpreting (which often involves community interpreting). See www.wasli.org for details.

A review of 145 community, medical or legal interpreting ethics and standards documents in 11 languages from 25 countries around the world (Bancroft, 2005) shows the degree to which there is near-universal consensus on three ethical principles: confidentiality, accuracy and impartiality. There is also a strong international consensus around principles that address professionalism, honesty and ethical behaviour, professional development, and professional solidarity.

Where less consensus will be found among community interpreting ethics and standards are the principles that relate to the interpreter’s role and scope of practice, such as cultural mediation and advocacy.

Training and education for community interpreters is urgently needed to help support prevailing ethics and standards and professionalization of the field in general. However, where such training is available at all, it is uneven at best. For a review of community interpreter training programs, see Ertl and Pöllabauer (2010). There is a dire shortage of relevant training programs in great part because the pay for interpreters is too low to justify spending much time and money on professional development. In addition, training is often costly to implement, hard to find and difficult to make profitable. Even universities must have adequate enrolment to run programs. (See Chapter 25 on pedagogy.)

One of the greatest challenges in the field is the sheer number of languages needed and the pragmatic impossibility of providing language-specific training or education in all needed languages, particularly for languages of limited diffusion (LLDs), leading to the proliferation of non-language-specific programs open to interpreters of any language, which suffer from lack of language-specific practice materials. Different ways of addressing this challenge include:

- Have 2–3 training participants or more per class who share the same language so that skills-based and role play activities can be executed in their working languages.
Engage “language coaches” (practising interpreters in each language) to guide and give linguistic feedback to participants during practice sessions.

Translate role play scripts into a number of languages.

Set up internships.

Seek language-specific mentors.

All of these are strategies necessary: the more the better. Until a sufficient number of language-specific programs are available (which appears unlikely), non-language-specific programs that develop workaround strategies like those above will be urgently needed.

Finally, community interpreting is inherently stressful and sometimes quite traumatic. An interpreter might interpret for a rape victim, a torture survivor, a war criminal or a psychotic. This is not easy work. While some might consider it merely stressful, a growing body of research has shown that the impact of interpreting in such cases, particularly in mental health (Gomez, 2012), can cause vicarious trauma in interpreters. It is clear, then, that training in coping with vicarious trauma must be a part of any community interpreting curriculum. (See Chapter 21 on vicarious trauma.)

Recommendations for practice

Best practices

The following recommendations for best practice are based on published standards, research, certification or credentialing requirements, conference proceedings, program evaluations, InterpretAmerica summits (Bancroft, 2011) and anecdotal feedback from the field. They fall into three categories:

- Training and education
- Culture and mediation
- Advocacy for the profession

Training and education

Around the world there appears to be an urgent need to enhance training and education for community interpreters in the following ways:

- Conduct national and international surveys to determine what is being taught and identify critical gaps.
- Establish international standards for a common base curriculum and disseminate them widely to improve quality and consistency of training.
- Look to currently existing standards to develop international ethics and standards.
- In all training programs, short or long, blend an emphasis on skills acquisition (especially message transfer skills) with training on ethics, conduct, protocols and roles.
- Devote a considerable percentage of all programs to language-specific, skills-based practice with language-specific supervision and (where feasible) internships.
- As pay and status improve, increase higher education requirements for interpreters.
- Require language proficiency testing through a validated, recognized test as a pre-requisite for training.
- Develop standardized skills-based exit or credentialing exams.
- Develop an international online training directory of community interpreting programs.
The interpreter’s role has become complex and confusing. Because of this complexity, Buendía (2010) suggests that universities should shape norms regarding the interpreter’s role.

Rather than tell the interpreter to “only interpret” or “help the service user out as best you can”, it is important to take steps at an international level to provide clarity for community interpreters (and their trainers and other stakeholders) around several key issues, specifically:

- Make clear that the goal is to facilitate dialogue among key participants to the encounter without engaging in paternalism, explanations, cultural errors, incorrect assumptions, abrogation of the provider’s role or the usurping of the service user’s voice.
- Encourage interpreters to report problems (e.g., of risk to a service user’s safety, well-being, human dignity or service access) to the appropriate supervisors rather than taking on the burden of self-directed advocacy.
- Help interpreters engage in self-examination to identify personal and cultural biases.

The latter point is crucial. Without self-examination, the interpreter will almost certainly engage in acts of unconscious bias that influences the content of his or her daily work (Bahadir 2004). Some of the most influential standards in the field wisely advise the following:

Unshared cultural assumptions create barriers to understanding or message equivalence. [The interpreter’s] role in such situations is not to ‘give the answer’ but rather to help both provider and patient to investigate the intercultural interface that may be creating the communication problem … Interpreters must keep in mind that no matter how much ‘factual’ information they have about the beliefs, values, norms, and customs of a particular culture, they have no way of knowing where the individual facing them in that specific situation stands along a continuum from close adherence to the norms of a culture to acculturation into a new culture.

(MMLA/IMLA, 1995: 15–16)

**Advocacy for the profession**

The profession has reached a critical stage where it needs to educate key stakeholders. For example, advocates may wish to:

- Coordinate with other interpreting professions at national and international levels to educate the public about what interpreting is, who should perform it and what qualifications are required to do it well.
- Reach out to media, the public, government agencies, institutions that train interpreters, employers and users of interpreters and other stakeholders to educate them about community interpreting.
- Create national or international consortia to oversee training and education programs, to accredit programs and to establish entry-level qualifications as well as curricular core content requirements.

**Future directions**

It is impossible to predict what will happen in a field as passionate, volatile and dynamic as community interpreting. This is a profession in fervent evolution, yet a few trends seem clear.
The professionalization of community interpreting is continuing at such a dizzying pace that the development of training, education and credentialing programs for community interpreters will likely continue to expand.

The “technologizing” of both general and community interpreting will advance and not retreat. Training and education programs will need to adapt to this reality and train interpreters how to perform phone and video interpreting and use other interpreting-related technology efficiently, wisely and well. (See Chapter 22 on remote interpreting.)

Despite drawbacks in the field, the expansion of community interpreting is dramatic. It has led to an increase in professional recognition, relevant conferences, standards, accreditation programs, a boost in international stature and high growth in services provided. Such trends appear likely to continue, perhaps at a rapid pace.

Community interpreting is one of the most exciting and dynamic professions in the world. The passion of its practitioners is motivated in part by their concerns for social justice. As globalization expands, the importance of the profession will increase, resulting in higher visibility and recognition that may lead to better pay for community interpreters around the world. Meantime, the mission of the profession will remain a precious gift, giving a voice to those who have a fundamental human right to access public services.

Further reading


A summary of one of the most complex issues in community interpreting, the interpreter's role: enlightening, informative and a good read.


The first of several key volumes collecting papers from the largest international conference in community interpreting – the triennial Critical Link conference paper series.


The first substantive collection of key research on the profession.


A seminal document in the field of healthcare interpreting: clear, cogent and informative.

References


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IMIA Accreditation Commission for Medical Interpreter Education Programs, 2013. *Standards and Required Evidence Documentation*. Boston, Massachusetts: IMIA.


