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**Interpreting in the Public Services: an idea whose time has come. Introduction to the Special Issue on an emerging professional activity.**

**Guest edited by Jan Cambridge, Fellow of the Chartered Institute of Linguist, and Warwick Medical School Health Sciences Research Institute**



Public service interpreting is a big issue all over the world. It may not be 'The Big Issue' (a publication sold by the UK's homeless as a way to earn money and help themselves back into society) but it certainly relates to all the social and cross-cultural difficulties encountered by the vulnerable in any society. Those interacting with the law, health, education or social care in a place where they do not have a good enough command of the dominant language or understanding of its institutions and social mores are by definition vulnerable. But interpreters and interpreting are little understood. Many of the service providers we work with have unrealistic expectations of us; none want us to cost their service much money, as we can see in the article on doctors' communications with non-native patients in Spain by Carmen Valero Garcés. I once led a workshop in Birmingham on how to work effectively with a public service interpreter (PSI) for a group of social workers. We ran role plays in which they tried out the techniques of communicating across language and culture through a registered PSI. They were surprised at how little Arabic (the language we were working in) they could understand; we had created a very difficult but not untypical life situation for their 'client.' These were university educated, experienced people. One of the senior social workers in the group suddenly shoved his legs out in front of him and, leaning back in his chair, clutched his head in his hands. In great frustration, he exclaimed: "Suddenly, *nothing* I know is of any use!" Most of the limited English proficiency (LEP) clients PSIs work with have felt like that on a daily basis since arriving in their new land.

Research in this area has increased over the last couple of decades. Emilia Iglesias Fernandez's review of the effect that non-verbal behaviours, including those of interpreters, have on rapport in medical encounters is a case in point. We know more and more about how interpreting works; and about how interpreting is perceived and experienced by all the parties involved in bilingual interactions; and about the harm that can come to the

LEP interlocutor if things go wrong. We begin to understand how differences in culture affect cognition and conceptualisation, which interpreters routinely grapple with as Christopher Stone shows us in his article on the complications of relay between signed and spoken languages. But we have such a long way still to go. Government policies worldwide are not in our favour, as discussed by Uldis Ozolins in his international survey of policy. Other professionals are reluctant to accept us as professionals or learn to work with us. We have a very underdeveloped educational system for the people who train interpreters. We have several contributions in this issue from Olgierda Furmanek of Wake Forest University there is a plea for Education rather than just training, especially for those who train the trainers. In the same area of training the trainers we have a report of the EU MedInt Project from Anita Ertl and Sonja Pöllabauer at the University of Graz, which developed a curriculum for training medical interpreters. Elizabeth Friedman and Sandra Hale at Macquarie University report on a case study to examine the effectiveness of training medical students in how to work effectively with interpreters. Raquel de Pedro Rico of Heriot-Watt University examines the links between curriculum design and standards, arguing for extensive empirical research into the needs of both public service providers and PSI agencies. School teachers in multiethnic areas have great unmet needs, as a case study by Bob Zglinski clearly shows. Practitioner research is limited, because practitioners are on the whole so poorly paid they cannot afford to train as researchers or undertake a study. Most PSI are 'portfolio workers'; some offer more than one language pair. Some work in commerce and industry as well; some are trained for conference work. But in languages of limited diffusion in the host country, where that language is not used commercially or taught in higher education, the portfolio is likely to include secretarial, domestic, or other unrelated work. This is not unique to interpreting of course, many professionals are in the same position of needing a varied skill set to offer to the market. However the situation does tend to inhibit investigation of the many areas we still know too little about. Research in healthcare is further limited by the fact that many research projects need ethical approval, and I can say from personal experience that the application system is a considerable hurdle to overcome. I hope the articles presented will give you an overview of the major aspects of the field. Those covered range from the impact of Human Rights law on PSI work throughout Europe, by Evert Jan van der Vlis of the Dutch Ministry of Justice, and the use of evidence-informed planning to shift language services provision from being a 'multicultural health' to a 'risk management' issue by Sarah Bowen of the university of Alberta, to an interesting piece of research by Letizia Cirillo at the University of Módena e Reggio Emilia concerning the effect of affect on an interpreter's output. Carmen Toledano Buendía gives us a thought provoking theoretical discussion extending the concept of norm from TS into community interpreting, its role in underpinning safe

professional practice and the central part that that universities can play in that through research and training. This is a bumper issue and I hope it will be informative, stimulating and perhaps provoke some member of the readership to consider focussing their research energies on a gap they may spot in our knowledge base. We need the evidence.