

The next step in the CBI professionalisation process: training the public services providers

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Abstract

The paper focuses on the role of universities and research in promoting professionalisation of interpreting in public service settings.

Introduction

In the daily professional world of CBI (Community Based Interpreting), we all know stories about how things can go wrong in multilingual encounters, often because there is no interpreter (available). Sometimes miscommunication occurs because people (clients, providers) do not even ask for an interpreter. There are several different reasons for this: they are not aware of their existence or even of what they do; they are not allowed to do so (policemen need to have a certain rank to be able to demand an interpreter). Of course, one could raise the argument that these bad examples obscure what is going right in interpreted encounters. It is the community's task, however, to avoid these unfortunate situations – even one mishap is one too many. No service provider or interpreter ever wishes to take wrong decisions that affect people's lives based on miscommunication: this is a matter of professionalism, ethical codes and regulations.

If a deaf person has to throw things at the wall of the hospital room to be heard, if the asylum seeker ends up nodding because the official speaks louder and finally shouts in English “DO-YOU-UNDERSTAND-ME?”, we are indeed faced

with unprofessional and unsatisfying outcomes. The deaf person will not get treated as he should because of miscommunication or even non-communication; the asylum seeker may perhaps fail to be accepted because of a complete misunderstanding of his situation and may end up being sent back to a life-threatening situation he had escaped from. This does not mean that we should go looking for a scapegoat, be it the interpreter or the service provider – these situations simply should not happen.

In what follows, we firstly want to look at the situations that both Community Based Interpreters (CBIs) and service providers face, then mention how research findings should reach them more easily and frequently (and hence, show them how they can react better in certain situations) and, in conclusion, offer some possible solutions with regard to service provider training.

1. CBIs who face reality

A particular and perhaps unique survey research done by Baistow (2000) teaches us more about the emotional and psychological consequences (bad mood, stress, behaviour changes) that the interpreters go through while doing their job. As she rightly points out, interpreters often are “the objects rather than the subjects of research” (Baistow 2000:11). It appears that out of 17 circumstances which cause “mood or behaviour changes”, “dealing with service providers” is the fifth most important cause (after distress of clients, hearing about suffering/misery, not being able to help clients and worries about future employment). This kind of research clearly shows that the research community must take into account the opinions, meanings and also feelings of the interpreters themselves and must not only talk *about* them but also *with* them. “Dealing with service providers” causes mood and/or behaviour changes because interpreters often feel a lack of awareness and acknowledgement from agencies, service providers’ and interpreters’ organisations as a whole, and “community interpreting work can often be emotionally difficult and sometimes distressing” (Baistow 2000: 42). The community – and thus stakeholders and governments – must acknowledge this and translate it among other things into good working conditions, solid training and, last but not least, fair remuneration and reward proportionate to the interpreters’ (difficult) job. Otherwise we can ask ourselves the rather rhetorical question: “for how long are interpreters and translators prepared to struggle on before satisfactory professional frameworks are in place?” (Corsellis 2008: 13-14). CBIs depend precisely on the community which, as such, makes the decisions regarding their education, certification and remuneration. We cannot put it better than Ozolins who states:

unlike conference interpreting, which basically grew as a profession-driven field, community interpreting has grown essentially as an institution-driven field, with important consequences for status and professional issues. (Ozolins 2000: 21)

This means essentially that conference interpreters have learnt to defend their professional interests as a group from within their professional group(s) (AIIC, for example), while CBIs depend on the institutions which have to safeguard and

defend public interests and public concerns of a different nature: financial, ideological, cultural, political, etc. It is inherent to the definition of “public” that public institutions have to take grassroots opinions into account. These opinions are not static but changing, which means – at least in a democracy – that the “public” elects representatives according to their changing needs and beliefs. This in turn means that the political landscape is also constantly changing (although less quickly). If you have an extreme right-wing government in power for example, as an interpreter you cannot expect much good from them for the interpreting profession since extreme right-wing parties preach only strict integration policies which demand that newcomers acquire the local language immediately.

2. Service providers who face reality

On the other hand, we must also consider the realities that service providers face in their daily work: in an E&A department of a hospital for example, there is simply no “physical” time available to look for an interpreter. And if there is some time available to hire the interpreter, other problems can arise, like wrong matching: the interpreters that are available do not have the right language combination or qualifications/specialisations that are needed. On the other hand, the interpreter one is desperately looking for may not be available at that time. Or service providers in an emergency situation judge that it is better to work with an *ad hoc* interpreter (untrained or uncertified interpreter) who happens to be there (a friend, a relative etc.) rather than have no communication at all. On top of this, services are often faced with financial restrictions that force them to decide not to engage an interpreter. Service providers in these situations find themselves in a predicament: halfway measures are often the only possible solution at that very moment but of course they would prefer proper communication, and thus correct information. The reason for that is that they could end up in a delicate situation where not only the people who do not speak the language are at a disadvantage but where:

public service personnel are also disadvantaged. Those of us who work in these services are responsible for the professional decisions we take and, if those decisions are based upon incomplete or inaccurate information, we are at risk of endangering our own professional requirements, codes of ethics, and good practice – and thereby our own professional integrity and that of our service. (Corsellis 1997:78)

The issue we wish to treat here is precisely the awareness of this responsibility, to make sure at least that service providers do not take easy solutions if others are available. It is therefore also the task of the academic world and the institutions to facilitate a provider’s good practice. Academics can do so by conducting research in the field and by training and certifying interpreters, and it is the institutions’ task to create “satisfactory professional frameworks” and a “reasonable reward” (cfr. *supra* Corsellis 2008:13-14). This reasoning forms a vicious circle which has to be broken in one particularly delicate spot: recognition and professionalisation through research and training give reasonable rewards

but reasonable rewards are only justified if the community interpreter is a professional who is officially recognised as such by the institutions. Breaking the circle means creating awareness of all parties' responsibilities, including the responsibility of the institutions.

3. Research and research dissemination

Awareness can be raised through specific research, i.e. what in the Empirical Science Paradigm (ESP) would be called "evidence-based research", through observation, fieldwork, surveys and interviews (Gile 1994). First of all, this research should show the effectiveness of an interpreter in multicultural encounters; secondly, one of its outcomes should be training models not only for interpreters but also for service providers.

In research on effectiveness, evidence would consist of proof showing how CBIs work and act as much-needed professionals who consistently improve communication and, therefore, make service providers confident of their decisions. It means at least that providers will not be able to blame unfortunate decisions on miscommunication or on a lack of communication. Of course, such research is not that simple to conduct and, particularly, cannot be carried out that quickly if we want to build a large corpus of data (with lots of samples) and if we wish to gain an overview of the broad panorama of interpreting in the community, ranging from police encounters to social work, from healthcare to asylum instances and much, much more.

Nevertheless, this kind of research has been partly done already. See – among others – Pass International, for example, an organisation which, in conducting research on behalf of FOSOVET/COFETIS in Belgium in 2008, shows in a critical review of the literature that:

linguistic barriers make errors in translation more probable. According to the literature, such errors occur above all with *ad hoc* interpreters. [...] such errors in translation can lead to increased costs for the patient and medical institution, not to mention can compromise the health of the patient. (Pass International: 6)

But more importantly, this research is still ongoing and thus growing, given that community based interpreting is a relatively new area within Interpreting Studies. Although early research in this field dates from the late eighties and early nineties, e.g. research on court interpreting, on Sign Language Interpreting and CBI¹ in the UK within the IOL (Institute of Linguistics) (Pöchhacker 2004: 27-46), the real starting point is understood to be Cecilia Wadensjö's 1998 publication and Cynthia Roy's unpublished doctoral dissertation of 1989 (Pöchhacker 2004: 78-79), which are regarded as forming a:

coherent conceptual approach to (dialogue) interpreting and a broad base of discourse-analytical methodology, thus launching a new paradigm for the study of interpreting as dialogic discourse-based interaction (DI). (Pöchhacker 2004: 79)

1 In the UK CBIs are traditionally referred to as PSIs (Public Service Interpreters).

As the Pass International example illustrates, initially – and rightly, we believe – most attention was paid to the interpreter and the interpreter’s role and training. This is not so much the case for the research we mentioned earlier, i.e. the research that must lead to training models for service providers. Less importance has been given in any case to the role of the other parties in the dialogue composition, i.e. the provider and the patient/client/accused. Since interpreter education and certification is beginning to take on concrete forms and the situation on the market is improving slowly but surely, researchers must now shift their attention to the service providers and to the clients as well. Although they comprise the most important group to be asked about how they feel about interpreted interventions and whether they think they are beneficial, the clients most probably will be the last group to be heard, for most obvious reasons: all inquiries (via surveys or interviews) must be logically translated or interpreted. Doing research on the effectiveness of interpreting for the client is time consuming and expensive and must be well organised using substantial financial assistance from the institutions, which does not mean it cannot be done.

Given the limitations in space here, we can only give a few examples from the growing body of research data collected over the last decade which show that, although professionalisation of CBI is a very much promoted issue in research, shop-floor workers do not always act accordingly. This is not to mention the clients who because of their (weak) position of course are mostly not informed of professional demands set for interpreted encounters. The first example to be discussed here is one taken from a pioneer period (2000) which shows that acting effectively as a professional interpreter can still produce different perceptions both for interpreters and providers (see Pöchhacker’s survey below). The second example from a more recent period (2008) shows that bringing into action professional interpreters for clients is not a widespread practice because they often have a wrong idea of who is going to help them best (a relative or a stranger) and apparently providers are not yet active enough to change that idea (see Garret’s findings below).

Franz Pöchhacker’s very broad survey of providers (more than 600 medical and social workers), spoken language and sign language interpreters in Vienna, shows first of all that there is much heterogeneity in the interpreter groups, the result being that:

finally, in the social service setting, the comparison between the provider and interpreter perspectives once again highlights the family center interpreters’ broad perception of their task. (Pöchhacker 2000: 64)

Secondly, it clearly shows that the more than 600 service providers in Austrian healthcare and social service settings as potential users of community interpreting services “expect interpreters to do much more than ‘just translate’”, giving them “broad license and thus expect them to perform editing tasks” (Pöchhacker 2000: 62).

More recent research (about 10 years later) in Australia by Garret shows surprising results on a continent that was (one of) the first to have a solid immigration policy and, as a logical consequence of this, a national accreditation system for interpreters and translators (NAATI). Although current policy in

Australia “requires that a sticker be affixed to a medical record if an interpreter is required”, for example, it is the definition of the concept *require(d)* that is not clear as “the identification of the need for interpreters on presentation to hospital is quite poor” (Garret 2009: 75). What follows is a logical consequence of this “poor” identification of needs:

the study [that was reported upon in 2008] showed that about half of the patients with limited English proficiency “preferred” to use their relatives as their interpreter. The usage of family and friends to interpret was a more frequent event than the usage of professional interpreters. Family and friends played a particularly active role in the hospital care of patients with limited English, although the policy warns against this practice. (Garret 2009: 75)

It is important here to pay attention to the inverted commas of “prefer” which seem to suggest that the use of the verb is quite ironic: how can one – in this case a patient – prefer something if s/he does not know which alternatives to choose? In other words, if nobody tells him/her that a professional interpreter is available and that it is even better to have a professional interpreter instead of a relative, how can the patient then “prefer” the relative?

Next to these reflections, the two examples provide more material for reflection. First of all, they show the limits of surveys and their random picture of a situation in a particular context. Pöchhacker himself is well aware of this and by referring to the concrete case of Kopczyński’s survey on the “ghost role” rather than the “intruder role” of the conference interpreter, he comments on all surveys by arguing that:

[such varying and even contradictory views] point to the limits of survey research on role expectations, and highlight the need for detailed descriptions of interpreters’ actual performance. (Pöchhacker 2004: 149)

A similar survey with (slightly) different outcomes was carried out at the same time in Canada by Anne-Marie Mesa (2000): for example, interpreters of the Inter-Regional Interpreters Bank have a more homogenous opinion on their role. As long as different views on the role of the interpreter (apart from the setting) persist within the interpreters’ group, the users do not know what to expect from the interpreter. The professional interpreters should at least agree on their role, which is slowly but surely changing the more professionalised CBI is becoming. Secondly, these examples point to the need for more empirical research, which is, to put it mildly, a very difficult and complex task given the highly confidential and often delicate matters treated in CBI settings: the informed consent of all parties is needed. Furthermore, researchers mostly work with small samples or cases and cannot draw solid conclusions or identify larger scale tendencies.

Finally, the research results remain too often within the research context (universities, conferences, researchers’ community) and are not circulated enough to those directly concerned, i.e. the interpreters themselves and the providers (in any setting). We badly need to circulate research findings that show evidence of good, professional communication as forming a sound foundation for good, professional service (in courts, hospitals etc.). However, further circulation will not happen without resistance if academics and those on the shop-floor remain distant from one another. As Ann Corsellis explains in what

follows, collaboration between providers and academics is much needed but must be carried out with mutual respect:

there is, therefore, a public relations task to be done by academic linguists wishing to enter the field. Another important reason is that [...] professionals in other public services are beginning to realize that they need help in this area. [...] [on the one hand] some academics may think that they know about public services because they have been in hospital and visited the doctor, the police station or the court. But this is clearly different from knowing what it is like to actually do the job [...]. [on the other hand] There should be recognition, within the public services, of the needs of academics and their realities. [...] Negotiating mutually advantageous approaches leads to mutual trust. (Corsellis 2006: 345-346)

Fortunately, with the start of the Critical Link conferences (in 1995), much more attention has been paid to CBI in interpreting research and the boom of articles on CBI has largely compensated for the “tender age” of this research area. A quick overview of the titles published teaches us that 1/3 or even more of the articles use surveys, observation, reflection on code(s) of ethics and so on to study the *role* of the interpreter. Some volumes are even dedicated entirely to this theme, like *Crossing Borders in Community Interpreting. Definitions and Dilemmas* by Carmen Valero Garcés and Anne Martin (2008) – to mention just one title drawn from the large body of contemporary research. This favourable development has been made possible also thanks to the growing interest in interpreter training schools which more or less recently have introduced research and interpreting studies into their programmes. So it looks like we are on the right track regarding the growing amount of “evidence” we need: the greater the volume of research data, the sounder the results. The use of versatile research methodologies is becoming more widespread – for example, among other methods, empirical research through participant observation. This does not automatically mean, however, that all these research results are being made known to the parties concerned outside the research context. The reasons for this have been pointed out above: the parties concerned are not always interested in these research findings because research as such is not their “cup of tea” and, because of the “tender age” of the discipline, consensus has not yet been reached on certain issues – the role of the interpreter for example. Neither does this mean that we should sit and wait until a broad consensus has been reached. On the contrary, we should continue to do research in our own community, disseminate the results to the parties concerned on the one hand and give feedback to our research community on the other, in order to continue the discussion and reach a common agreement all together.

4. Service providers training – some case(s) in point

Ever since the first Critical Link conference in 1995 and also in other publications Ann Corsellis (see Corsellis 1997, 2000, 2006, 2008) has continued to stress the importance of training public service personnel. She has been saying so for the past 15 years because she wants to draw our attention to the tremendous responsibility the doctor, nurse, social worker, judge etc. place on the shoulders of the cleaning woman in the hospital by making her interpret; on the shoulders

of the little daughter who accompanies her father to the police station by making her tell her father's story without being disloyal to him; on the shoulders of the adult son who has to leave his job because he feels it is his duty to interpret for his mother during surgery and the long and complex period of recovery. In other words, giving *ad hoc* interpreters a responsibility they are often not even fully aware of, should no longer be acceptable. Not to repeat the shared responsibility we mentioned before, namely the risks service providers face in taking wrong decisions.

As the providers group is a group we can reach, they must be taught how to achieve communication with a client as if there were no interpreter present. This means they will be doing their job, i.e. the interview, the anamnesis, the therapeutic session etc., as if there were no third person in the room. They will not pass on their own tasks (interviewing, explaining processes or terminology etc.) to the interpreter, they will not leave decision-making to the interpreter and so on. In other words, they will let interpreters use their own techniques and strategies to fulfill their tasks properly and professionally. If not, Wilson and Perez clearly explain what will happen (their example comes from a police setting):

[...] no matter how well trained and competent an interpreter may be, if a police officer does not "allow" him/her "to do his/her job", the interpreters' performance will not be satisfactory. (Perez/Wilson 2007: 81)

A few striking examples from Belgium and the Netherlands reveal that there still is a long way to go concerning service provider training, at least in those countries. In the Netherlands it is prescribed that health providers are trained in skills which are necessary to communicate with an interpreter (Bot 2006: 162), but the author quickly adds that "however, at present, such training does not exist" (*ibid.*). In Belgium, Verrept reports that:

during their training, most health professionals have never heard of the negative effects of language and culture barriers on the quality of care. In addition, many of them are convinced that working with informal interpreters (e.g. family members, cleaners who belong to an ethnic minority etc.) is an acceptable strategy to overcome language barriers. Finally, hardly any Belgian health professionals have been trained to work together with intercultural mediators or interpreters. (Verrept 2008: 197)

Their training has already started in other parts of the world and some testimonials have been made available. To mention a few, Ann Corsellis (1997, 2000) firstly worked out training programmes in the UK, while Perez and Wilson involved police officers in Scotland in the training and assessment of interpreters (Perez/Wilson 2007, 2011). The simple fact of involving police officers in interpreter training at least makes these policemen more aware of how interpreters are trained to act in a professional way and how they as policemen can hinder or facilitate the interpreter's job. Helen Tebble (2003) describes and analyses the training material that has been used in Australia to make doctors improve communication with their patients if an interpreter is present. In a questionnaire they were asked about the usefulness of such training. The responses showed a very high rate of satisfaction among the trainees.

5. Belgium: possible (new) solutions through research

In Belgium, thanks to the Flemish COC service (the Central Support Cell for Social Interpreting and Translation) and the Flemish Platform for social interpreting services, a number of initiatives have been taken. There is the instruction video (*If You Understand What I Mean*) for the social services that is as a didactic tool, i.e. how not to act as an interpreter or as a service provider, followed by a good example depicting the “ideal situation”. Leaflets, posters and penholders in the form of a cube (with instructions and memory cues on the six sides) are available for all service providers and remind them of the most salient features in bringing about good communication through an interpreted encounter. A longer publication (a small booklet) by an interpreter (de Keyser 2004) explains from the pragmatic and everyday point of view of the professional interpreter how service providers and interpreters can both reach satisfactory outcomes.

Nevertheless, the problem with this material is that it is too static, although it is well constructed and written in a clear and didactic way. It remains impersonal and anonymous. Furthermore, nobody has ever checked if these publications are even read or seen. And if this is the case, it is still more difficult to know what reactions they cause – indifference perhaps, which might make everybody act as they did before? Or do they invoke interest and openness, which would at least create some awareness and perhaps some critical thinking? Neither do we know whom is reached by this material: the newly arrived young service providers who have grown up in a multicultural society (probably), those who have some experience in social work, who have received the information and read it (perhaps) or the service providers who have been working for a long time in the same way and are satisfied with the way things are (unlikely)? Nor is it easy to know the target readership of such publications when they are being written: those providers who have had some (unfortunate) experience with interpreted encounters and wish to improve them or the inexperienced provider whom we hope will act correctly right away after having read the material?

A more dynamic solution would be to present good practices when training both interpreters and providers. This is the case of the community interpreter classes in Flanders: service providers come and present their service, the way they work, their terminology. They show those present where to find the necessary information and do role play exercises with apprentice interpreters involving common everyday cases and situations. The problem again is that at best five to ten providers meet the interpreters, which of course is only a fraction of the providers in the field.

The opposite is not happening yet: interpreters are not presented in the providers' classes. We have two possible solutions to deal with this problem: we can organise classes for providers where interpreters and their work are presented. This is time consuming and expensive, however: service providers have to interrupt their daily tasks to follow the classes; interpreters also have to interrupt theirs. Evening classes would be a good solution, as everyone could attend them, but this would need a lot of good will. This good will can only be brought about by recognition of the profession and appropriate pay, which brings us back full circle to the point we made above.

We can avoid all this if we present the interpreter and his/her practice in the apprentice provider's classroom. Time is not an issue in itself. Students are there to learn during their college days, preferably as much as possible and the remunerative part is not under discussion yet, since students are not seen as active members of the productive population. The only way to obtain this is to check their study programmes and the communication skills involved, talk to the trainers/teachers responsible, determine their needs and offer an appropriate programme, adapted to their demands. This would mean for example, that interview style and strategies (either for the police or the social service provider) should not be changed but adapted to the interpreter's task. For example, this would involve pronouncing and formulating clearly, and avoiding the use of long complex sentences. It would also mean that future providers would know what the boundaries of the interpreter's job are, what can (not) be expected from them etc.

6. Future plans

We conclude by formulating our future plans for bringing about this "introduction of interpreters" into the apprentice provider's classrooms. We will start with research undertaken from the academic year 2010-2011 until 2012-2013. First we will map the experiences and needs of general service providers, healthcare providers and the police if this has not already been done, or is outdated, as our multicultural society is changing rapidly. Research on healthcare, for one, in Belgium was carried out in 2003 by Hertog and Van Gucht. Among the very first results we note that in police settings, for example, not all policemen are allowed to ask for an interpreter: one has to have a certain rank. If the policeman of the lowest rank is then confronted with an insoluble multilingual matter (in a specific case or at the desk) he simply shows the non-Dutch speaker (who can either speak in French or English) a handwritten form (so not even typed) which reads "return with interpreter". This left us researchers rather perplexed because first of all, the so-called "sentence" is written in only about 15 languages – most European languages and Arabic, but without translation into Russian or Albanian, two much-needed languages in Belgium for non-Dutch speaking persons. Secondly, it also neglects people who are illiterate or fails to take account of languages that have no written form (or about which there are ongoing discussions as to the existence of a written form, e.g. Berber language(s)). Thirdly, how will the non-Dutch speaking persons – most of whom are newly arrived or not integrated yet – be able to find such an appropriate interpreter and "return" with one? This is often only possible when they bring in a relative as interpreter and not a professional interpreter, which brings us back to our key issue.

The second phase of our research will involve analysing subject matters in communication classes in social services, healthcare (nurses, doctors) and police (e.g. questioning techniques for policemen, psychological support for doctors in bad news reports etc). After that, trainers and students in these communication classes will be asked to fill in questionnaires the findings of which will show us, researchers, how much they are (or not) aware of the fact that future service

providing will be more and more multilingual in a growing multicultural society. Then, focus group interviews will be held on the needs and expectations of communication trainers from the interpreting field. Based on the results of the analyses of the responses, a possible training programme, minimally an awareness raising programme, will be introduced into these apprentice providers' communication classes.

Finally, using the research findings, we will lobby those people who are working on communication with providers in order to convince them to introduce the notion of "interpreted encounter" into the classroom, to convince them that the interpreter must increasingly be – and will be – an integral member of the providers' team. In that way:

when there is a road traffic accident, police officers, fire and rescue officers, doctors, and nurses all work swiftly and smoothly as a team. They know and respect – because they have been trained to do so – each other's roles, responsibilities, strengths, and expertise. The linguist must be able to stand shoulder to shoulder within the team on the same basis. (Corsellis 1997: 87)

References

- Baistow K. (2000) *The Psychological and Emotional Effects Of Community Interpreting*, London, Brunel University.
- Bot H. (2006) "Community Interpreting in mental health: research issues", in E. Hertog / B. van der Veer (eds) *Taking Stock: Research and Methodology in Community Interpreting, Linguistica Antverpiensia 5*, 161-176.
- Corsellis A. (1997) "Training needs of public personnel working with interpreters", in S.E. Carr / R. P. Roberts / A. Dufour / D. Steyn (eds) *The Critical Link: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 77-89.
- Corsellis A. (2000) "Turning good intentions into good practice: enabling the public services to fulfil their responsibilities", in R. P. Roberts / S. E. Carr / D. Abraham / A. Dufour (eds) *The Critical Link 2: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 89-99.
- Corsellis A. (2006) "Making sense of reality", in E. Hertog / B. van der Veer (eds) *Taking Stock: Research and Methodology in Community Interpreting, Linguistica Antverpiensia 5/2006*, 341-350.
- Corsellis A. (2008) *Public Service Interpreting. The First Steps*, Hampshire, Palgrave Macmillan.
- De Keyser R. (2004) *Hoe en Waarom? Aanbevelingen over werken met tolken voor hulp-en/of dienstverleners*, Provincie Oost-Vlaanderen, Dienst Informatica en drukkerij.
- Garret P.W. (2009) "Is healthcare interpreting policy left in the seventies? Does current interpreter policy match the stringent realities of modern healthcare?", in S. Hale / U. Ozolins / L. Stern (eds) *The Critical Link 5. Quality in Interpreting – A Shared Responsibility*, Amsterdam/Philadelphia, John Benjamins, 71-81.

- Gile D. (1994) "Opening up in Interpretation Studies", in M. Snell-Hornby / F. Pöchhacker / K. Kaindl (eds) *Translation Studies: An Interdiscipline*, Amsterdam/Philadelphia, John Benjamins, 149-158.
- Hertog E. / Van Gucht J. (2003) *Onderzoeksopdracht taalbijstandsbehoeften in de Belgische Algemene Ziekenhuizen*, Antwerpen, Lessius Hogeschool.
- Kopczyński A. (1994) "Quality in Conference Interpreting: some pragmatic problems", in M. Snell-Hornby / F. Pöchhacker / K. Kaindl (eds) *Translation Studies: An Interdiscipline*, Amsterdam/Philadelphia, John Benjamins, 189-198.
- Mesa A.-M. (2000) "The cultural interpreter: an appreciated professional. Results of a study on interpreting services: client, health care work and interpreter points of view", in R. P. Roberts / S. E. Carr / D. Abraham / A. Dufour (eds) *The Critical Link 2: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 67-79.
- Ozolins U. (2000) "Communication needs and interpreting in multilingual settings: the international spectrum of response", in R. P. Roberts / S. E. Carr / D. Abraham / A. Dufour (eds) *The Critical Link 2: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 21-33.
- Pass International, *Is the use of interpreters in medical consultations justified? A critical review of the literature*, < http://pass-international.org/site/images/stories/publications/Cost_Effectiveness_Interpreters_in_the_Medical_Sector.pdf > (accessed September 2011).
- Perez I. A. / Wilson C. W. L. (2007) "Interpreter-mediated police interviews: working as a professional team", in C. Wadensjö / B. Englund Dimitrova / A.-L. Nilsson (eds) *The Critical Link 4: Professionalisation of Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 79-93.
- Perez I. A. / Wilson C. W. L. (2011) "The interlinked approach to training for interpreter mediated police settings", in C. Kainz / E. Prunč / R. Schögler (eds) *Modelling the Field of Community Interpreting. Questions of Methodology in Research and Training*, Berlin etc., LIT Verlag, 242-262.
- Pöchhacker F. (2000) "The interpreter's task: self-perception and provider views" in R. P. Roberts / S. E. Carr / D. Abraham / A. Dufour (eds) *The Critical Link 2: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 49-66.
- Pöchhacker F. (2004) *Interpreting Studies*, London/New York, Routledge.
- Roy C. (1989) *A Sociolinguistic Analysis of the Interpreter's Role in the Turn Exchanges of an Interpreted Event*, unpublished doctoral dissertation, Georgetown University.
- Tebble H. (2003) "Training doctors to work effectively with interpreters", in L. Brunette / G. L. Bastin / I. Hemlin / H. Clarke (eds) *The Critical Link 3: Interpreters in the Community*, Amsterdam/Philadelphia, John Benjamins, 81-95.

- Valero-Garcés C. / Martin A. (eds) (2008) *Crossing Borders in Community Interpreting. Definitions and Dilemmas*, Amsterdam/Philadelphia, John Benjamins.
- Verrept H. (2008) "Intercultural mediation: An answer to health care disparities?", in C. Valero Garcés / A. Martin (eds) *Crossing Borders in Community Interpreting. Definitions and Dilemmas*, Amsterdam/Philadelphia, John Benjamins, 187-201.
- Wadensjö C. (1998) *Interpreting as Interaction*, London/New York, Longman.