

## Community Interpreting in Ireland

Mary Phelan  
Dublin City University

Current Address: Mary Phelan  
School of Applied Language and Intercultural Studies  
Dublin City University  
Dublin 9  
Ireland

email address: mary.phelan@dcu.ie

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Ireland has changed from a country of net emigration to one of steady immigration by asylum seekers and by workers from both inside and outside the European Economic Area. There has been a rapid change from a mainly monolingual society to a multilingual one. Clearly this presents particular problems when non-English speakers are in contact with officialdom. Interpreting is provided in the courts, in police stations, in hospitals and over the phone for general practitioners. But the interpreters receive no training. They are not tested and there is no Code of Ethics. The official attitude is that this is merely a temporary problem because the non-English speakers will learn English and then there will no longer be a need for interpretation.

*L'Irlande était jadis un pays d'où l'on émigrerait; depuis dix ans, elle connaît une augmentation croissante du nombre de demandeurs d'asile et d'immigrants d'Europe et d'ailleurs. En peu de temps, l'Irlande est donc passée de pays anglophone à pays multilingue. Une telle situation n'est pas sans poser de problèmes, notamment lors des contacts entre immigrant et pouvoirs publics. L'interprétation se fait auprès des tribunaux, des commissariats, dans les hôpitaux, et au téléphone avec les médecins. Malheureusement, en Irlande, les interprètes ne reçoivent aucune formation. Il n'existe aucun test de sélection et les interprètes n'ont aucun code d'éthique officiel. Les pouvoirs publics estiment que ceux qui ne parlent pas anglais finiront par apprendre cette langue et, donc, n'auront plus besoin d'interprètes.*

In this article Community Interpreting is used in its broadest sense to include interviews with asylum seekers, court interpreting and medical interpreting. An unusual situation has developed in Ireland where a great deal of interpreting is happening and being paid for but interpreters are not trained or tested.

## Background

Ireland (population 3.6 million in 1996) has a history of emigration rather than immigration. Generations of Irish people have left the country to seek work in the United States, Canada, Australia, New Zealand and South Africa. However, in the latter half of the decade 1991-2001 this situation changed dramatically. The rate of economic growth was the highest in Europe, unemployment dropped from 18% to 4% and as a result the number of emigrants fell. The number of people at work increased from 1 million to 1.75 million. However, the number of immigrants increased enormously. These groups include programme refugees, asylum seekers and workers from both inside and outside the European Economic Area (the fifteen European Union countries plus Iceland, Liechtenstein and Norway).

Small numbers of programme refugees have been accepted: 500 from Vietnam and 800 from Bosnia. Eight hundred Kosovar Albanians also spent some time in Ireland but the majority were repatriated when the situation improved in Kosovo.

The number of applications for asylum under the 1951 Convention Relating to the Status of Refugees was a mere 39 in 1992 but increased steadily (as can be clearly seen in Figure 1) over the following eight years and reached 10,938 in the year 2000. However, the Irish government now imposes heavy fines on truck drivers and airline companies that wittingly or unwittingly transport illegal immigrants into the country. Also, the Irish government has recently signed readmission agreements with the governments of Romania and Nigeria under which 'residents who are residing in either state without authorisation' can be returned to their country of origin. Readmission agreements are also being planned with Bulgaria and the Czech Republic. Citizens

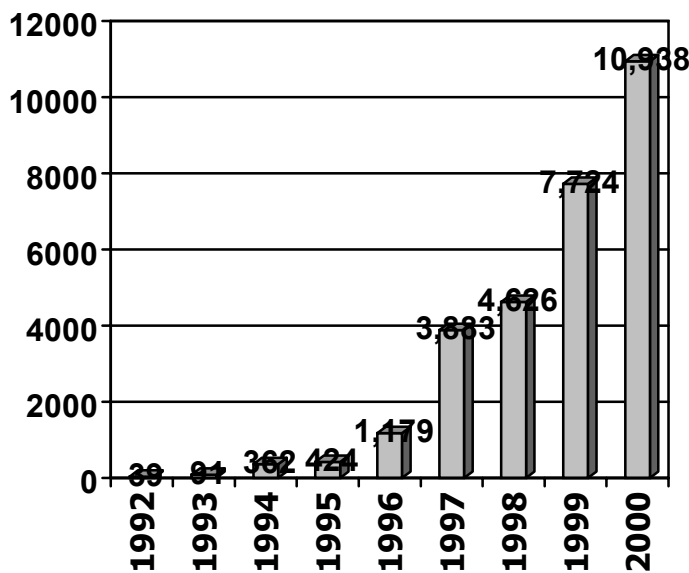
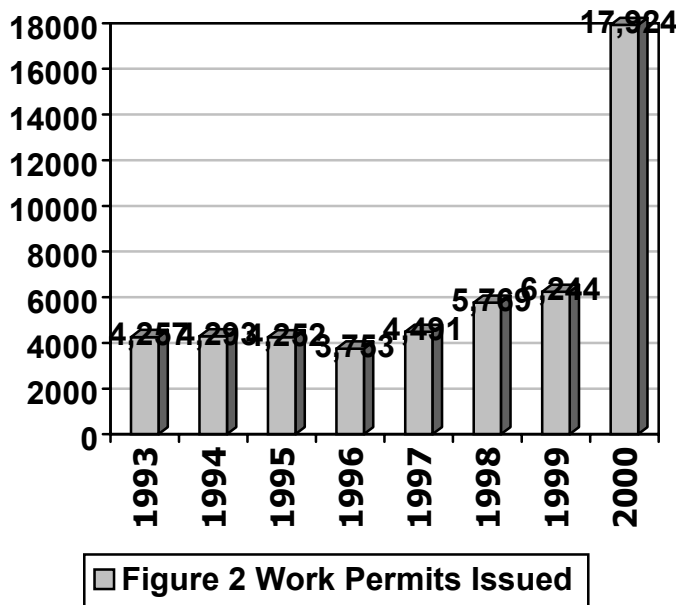


Figure 1 Asylum Applications

from these countries will still have the right to apply for asylum but if they are unsuccessful or if they are illegal immigrants they can be deported.

It is very difficult to know how many of the people who have applied for asylum are still in the country. The processing of applications can take anything between three months and three years as the system struggles to keep up with the increase in applications. According to one study (Faughnan and Woods:73) only 13% of asylum seekers were granted refugee status in 1998. The UNHCR figures for 2000 indicate an even lower figure of 7.7%. If refugee status is refused, people have the right to appeal the decision. Twenty per cent of failed asylum seekers are deported.

The number of work permits issued underwent a considerable increase in the year 2000. From 1993 to 1999 the figure was between four and six thousand per annum. However, in 2000 the figure shot up to almost 18,000 (See Figure 2).



Economists predict that the Irish economy will need 300,000 workers on work permits over the years 2001-2006. The booming Irish economy has experienced labour shortages and as a result has begun to recruit actively abroad. Some of the recruitment has been in English speaking countries such as South Africa, Australia and New Zealand. However, many workers are coming to Ireland from countries like Moldova and Latvia and do not speak English.

At the time of writing no precise figures were available on the numbers of people from the European Economic Area working in Ireland. However, large numbers are working in localisation and in the services industries. Again, many of these people are not fluent in English.

Another group of people that may not speak English is tourists. In 1999 just under six million tourists visited Ireland. Of these, 1.3 million came from non-English speaking countries.

There are 5,000 deaf people in Ireland and only 25 trained sign language interpreters. These figures compare very poorly to Finland, for example, where there are 350 trained sign language interpreters to cater for a similar number of deaf people.

Equal status legislation in Ireland outlaws discrimination in the provision of goods and services and in education on nine grounds including race.

## **Asylum Interviews**

Asylum seekers are interviewed by Department of Justice officials. According to Article 8 (2) of the 1996 Refugee Act, “An interview ..... shall, where necessary and possible, be conducted with the assistance of an interpreter”. The interpreters are recruited by a private agency and receive a two-day training course under the auspices of the United Nations High Commission for Refugees. The Office of the Refugee Applications Commissioner issues interpreters a one sheet *Guidelines for Interpreters* which is very negatively formulated and ends with a short paragraph titled “Improper conduct of the interpreter”.

According to Recommendation 5 of *Asylum in Ireland*, a report by The Irish Refugee Council (a non governmental organisation):

The right to an interpreter during the determination of an asylum application should be put on a statutory basis in the immediate future. A competent, professionally qualified, trained and impartial interpreter should always be made available when necessary.

This is really the core problem regarding interpreting in Ireland: the majority of interpreters have no training and there is no assessment of their knowledge of languages. Indeed, according to a report in *The Irish Times*, one solicitor who works with asylum seekers has said that the standard of English of many interpreters could be worse than that of the client.

The 1951 Convention Relating to the Status of Refugees defines a refugee as:

Any person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable, or owing to such fear, is unwilling to avail himself or herself of the protection of that country.

Each asylum seeker must show that they have this “well founded fear of being persecuted.” If they do not speak English they are totally dependent on untested interpreters to interpret accurately. Asylum seekers in Ireland represent almost a hundred different nationalities and probably as many languages.

## **Medical Interpreting**

The Irish Department of Health has no policy on interpreting. However, the 1994 Patients’ Charter, *Putting the Patient First*, states:

You have the right to be informed of the nature of your illness or condition *in language which you can fully understand*, and to be informed concerning:

- the results of your tests and x-rays;
- the purpose, method, likely duration and expected benefit of the proposed treatment;

- possible pain or discomfort, risks and side-effects of the proposed treatment.

This charter was written before large numbers of non-English speakers came to Ireland. For a number of years, medical staff had to manage without interpreters. They would use English or school French or German in their attempt to communicate with patients. Concerned at this situation, the hospitals approached the authorities and requested that a service be provided. A three month pilot project was set up by the Eastern Health Board in early 2000 whereby the hospitals were provided with a list of languages for which interpreters were available and the telephone number of an interpreting agency. Feedback from medical staff was positive and the service was continued and picked up by other Health Boards.

Ireland is divided into ten Health Boards and it is now up to each Health Board to pay for interpreting. Basically, the hospital contacts a private agency to request an interpreter who either goes on site or telephones (all too often on a mobile phone) to interpret. Such practical considerations as distance and convenience would appear to be the factors that decide whether the interpreter works over the phone or goes on site. The names of patients are not communicated to the interpreters but the latter do not sign any type of confidentiality agreement.

The three maternity hospitals in Dublin are very aware of the interpreting service and use it regularly: any child born in Ireland is automatically an Irish citizen and the parents have the right to stay in the country until the child reaches 18 years of age. In the year 2000, approximately 1,800 babies were born to foreign-born mothers in the three Dublin maternity hospitals. According to an interview in the *Evening Herald*, the interpreting agency is asked by the maternity hospitals for one interpreter every day. The disparity in the figures may perhaps be accounted for by mothers proficient in English.

However, there are a number of problems attached to the provision of interpreting. For example, asylum seekers have the option of voluntary health screening but the interpreting is done over the phone, and indeed often over a mobile phone, which does not exactly enhance the exchange of information. On the other hand, Health Board officials claim that many people, particularly Muslim women, prefer the anonymity of a telephone service. Another problem is that many doctors are not aware of the interpreting service and as a result will still try to use their school French to communicate with patients. A shortage of accommodation in Dublin led to the adoption of a dispersal policy in April 2000 whereby asylum seekers, after an initial ten days in the capital, are dispersed around the country. As a result, general practitioners have been obliged to use the telephone interpreting service. Others may not be aware of the service. Also, because there is no specific policy in place, health care providers may try to manage without an interpreter even if the patient has very little English. All of this obviously raises important issues when it comes to informed consent. Other personnel such as public health nurses and social workers do not have access to interpreters and are dependent on family members to interpret for them.

The Women's Committee of the Irish Council for Civil Liberties drew up a *Statement of Best Practice* in the year 2000. In footnote 31, it is stated that "The majority of refugee women who contributed to these guidelines identified the lack of culturally sensitive translation facilities as the paramount health issue." This is probably the classic confusion between translation and interpreting and it raises another important issue, that of culture. Irish medical staff receive no training in cultural issues.

As regards translation, quite a lot of work is being done for hospitals in the Dublin region and some hospitals have taken on freelance translators. One hospital contacted all the embassies in Dublin to request translations. The translations are not translated back into English to check for accuracy and they may not be culturally appropriate for the target groups. Also, there is a lot of duplication of work rather than an attempt to share good quality translated material across hospitals.

## **Mental Health Interpreting**

Asylum seekers are entitled to be referred to mental health services in Ireland. Most rehabilitation programmes are based on language and an atmosphere of trust between all parties is a prerequisite. In other countries, mental health interpreting is seen as a very specialised type of interpreting. In Ireland, however, once again there is no policy in place and no training available for interpreters.

## **Court Interpreting**

Similar problems arise in the area of court interpreting. The Department of Justice has no interpreting policy. Once again, interpreters receive no training and are not tested. The police carry out a security check and that is all. According to staff at the Department of Justice, all interpreters working on criminal cases are experienced and have a degree in languages.

It is often the police who decide if a defendant or a witness will need an interpreter in court. The police have no interpreting policy and mainly recruit interpreters from police station lists or from embassies. In many cases, either audio or video recordings are made of interviews with suspects. The use of the same interpreter in the police station and in court is not regarded as problematic, but rather as an advantage.

Mandate 1 of the Courts Service Strategic Plan 2000-2003 states as one of its aspirations:

Ensure that an adequate number of staff are competent in the Irish language so as to allow for service to be provided in Irish as well as in English. Account also to be taken of those whose first language is neither English nor Irish.

Key Performance Indicators:

- Offer training to staff to enable such service to be provided and also to enable a service to be provided to those who can speak neither language.

There is no mention of any concrete steps that could be taken to ensure that non- English speakers can be catered for. (According to Article 8 of the Irish Constitution, “The Irish language as the national language is the first official language” and “The English language is recognised as a second official language.” In practice, everyone in Ireland speaks English, but everyone has the right to use Irish). As court cases are not recorded it would be very difficult if not impossible to appeal a case on the grounds of poor interpretation. There is no interpreter oath: interpreters have to swear to tell the truth even though they are not giving evidence.

The Convention for the Protection of Human Rights and Fundamental Freedoms, adopted by the Council of Europe in 1950, was in the process of being adopted into Irish law at the time of writing of this article. Formerly, Irish citizens had to exhaust all legal avenues in Ireland before they could take a case to the European Court of Human Rights in Strasbourg. In the near future,

Irish citizens will be able to invoke articles of the European Convention in Irish courts. Articles 5 and 6 of the Convention are of interest with regard to court interpreting. Article 5.2 states that “everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him.” According to Article 6(e): “Everyone charged with a criminal offence has the following minimum rights: To have the free assistance of an interpreter if he cannot understand or speak the language used in court.” The ruling of the European Court of Human Rights in the Kamasinski case included the following observation:

the obligation of the competent authorities is not limited to the appointment of an interpreter but, if they are put on notice in the particular circumstances, may also extend to a degree of subsequent control over the adequacy of the interpretation involved.

This has been interpreted by the government of the Netherlands as meaning that they should provide a proper system of training and testing for court interpreters. Perhaps the Irish government will follow suit. Within the European Union, the Grotius Project has drawn up a series of recommendations for the provision of training for court interpreters at undergraduate and postgraduate level. Within the Irish context this appears extremely ambitious but if these recommendations are pursued they could serve as an impetus for change in Ireland and throughout the European Union.

The Human Rights Commission being set up under the Belfast Agreement in parallel with the Northern Ireland Human Rights Commission could also play a significant role in the development of court interpreting. A joint North-South Commission is to be established which is to work on a Human Rights Charter to protect the rights of everyone living on the island of Ireland.

## **Schools and Interpreting**

Everyone under the age of 18 has the right to education but the Department of Education has no policy on interpreting. It is up to the Board of Management of each school to deal with communication problems. In practice, it is the school Principal or individual teachers who find themselves dealing with non-English speakers. They are unaware of the existence of any interpreting agencies and in any case may not have the funds to pay for interpreting. As a result, if a parent wants a child to start school, or wants to ask how a child is getting on or wants to complain, they may be dependent on the child or a friend to interpret.

## **Conclusion**

The numbers of people in need of interpreting are going to continue to grow. In future years European Union enlargement will eventually lead to the free movement of workers around an even larger area. There is a clear need for training programmes for interpreters working in the courts and in a medical setting. However, there is a general lack of awareness of the importance of competent interpreting and of the damage that can be done by untrained interpreters. Many people assume that anyone who speaks two languages can work as an interpreter and furthermore that all interpreters working at present are competent. There is an assumption that immigrants will learn English and that the need for interpreting is a temporary phenomenon. There is an alarming lack of policy at government level. As there is no centre for interpreters they are

isolated from each other and have no opportunity to discuss any issues that arise during their work and as a result there is no Code of Ethics.

Perhaps the best hope for change lies at European Union level. Article 21 of the new Charter of Fundamental Rights of the European Union stipulates that:

Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.

The specific mention of the word 'language' could be turned to the advantage of everyone in Europe who is pursuing the right to interpreting.

Perhaps we in Ireland can turn our relatively late involvement in interpreting to our advantage by learning from the experience of other countries and by establishing appropriate training courses.

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