Community interpreting and the Covid-19 crisis: Present relevancy and future directions

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Abstract

Community interpreting is an essential part of everyday life all around the world. As the name suggests, this type of interpreting is specific to any form of community-based organizational setting where language is an impediment to communication between service providers and the public, particularly with regards to essential services, such as medical, legal, educational, social security, etc.

There is much debate and contention about the use of such an umbrella term to cover so many different types of interpreting (Garber 1998), and this article explores many of the underlying complexities. However, one of the main focuses here is on how the present Covid-19 pandemic is affecting these essential services today, and might affect their future development. It is argued that in the present crisis it is time to (re)evaluate community interpreting, a discipline that is not reserved for the socio-political elite or big business, as often represented by 'conference interpreting', but one that is concerned with the human rights of the individual and their access to basic, essential services.

Community interpreting is still often seen as being conference interpreting's poorer cousin. Despite an exponential growth in nationally and internationally recognised organisations and associations that provide training and certification, it continues in being considered in many quarters to be, more often than not, unprofessional and/or ad hoc in nature, with correspondingly poor remuneration and academic prestige. Yet, the current pandemic crisis might provide an important moment for its further re-evaluation and an important shift in public perception generally.

1. Introduction

A recent article[1] revealed how a woman was admitted to an overrun emergency room in a Brooklyn hospital in New York, and due to her limited English, a medical practitioner placed her on a ward for non-Covid patients, only later to discover his mistake. On realising that her symptoms were Covid-19 related he transferred her on to the Covid-19 ward, telling the admission personnel "Good luck, she speaks Hungarian". The woman died the same night.

The woman may or may not have died, even if there hadn't been a language barrier, but the episode raises important issues. In that moment her need to be understood was quite probably of the utmost importance for her, if not for a caring voice (in her own language) to reassure her that everything was being done to help her, at least the knowledge that the attending doctor was aware of her medical history and could act accordingly.

Not long before her death, another medical practitioner had tried to take the woman's medical history, by placing a phone on her shoulder and calling the interpreter service on speaker-phone. Despite taking the time necessary for such an intervention (it can take 10 minutes or much more to access the correct service), in the context of an inundated A&E ward, between the N95 mask covering the practitioner's mouth and the protective helmet covering his ears it became almost impossible to communicate effectively and make the relevant medical notes required.

Telephone and video conferencing are tools that are increasingly deployed in community interpreting, as they are considered to be more cost-efficient and provide multiple language services. However, this episode raises questions not only about their efficacy but also about the ethics of remote interpreting services in general, and particularly in a time of pandemic (something that undoubtedly effects us all now, but also potentially in the future as well).

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[1] ProPublica (2020). https://www.propublica.org/article/hospitals-have-left-many-covid19-patients-who-dont-speak-english-alone-confused-and-without-proper-care (accessed: 11/04/2020).

In the following article, I examine the origins and evolution of community interpreting in modern times, the important sub-categories that comprise it (i.e. medical interpreting), and variances in terminology (i.e. public-service interpreting). I provide examples of the importance of how this form of interpreting impacts normal lives, and look at present and future forms for its delivery and the challenges these present, drawing on initial research involving 6 professional interpreters[2].

2. Framing community interpreting

Article 2 of The Universal Declaration of Human Rights[3] states that the rights and freedoms of all are an entitlement "without distinction of any kind, such as race, colour, sex, *language*, religion, political or other opinion" (my emphasis), and that "(f)urthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs".

The European Commission, moreover, states that

> (a)ccess 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)

In this context, community interpreting is intrinsically tied to human rights, social justice and equity, in that it provides an essential bridge between different languages and cultures to uphold and protect all of the above (Bancroft 2015; Garber 1998).

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[2] The research was based on e-mail correspondence and a questionnaire aimed at investigating the interpreters' experiences since the outbreak of the Covid-19 pandemic.

[3] https://www.un.org/en/universal-declaration-human-rights/

Although community interpreting has existed in one ad hoc form or another for centuries, wherever minority communities needed to communicate with majority ones, its recognition as a specific term and activity began in the 70s in Australia, in relation to the rights of the aboriginal population (Chesher 1997). From there it gained relatively common usage on the international stage (Pöchhacker, 1999), although many other alternative terms were adopted by different countries which have caused a substantial amount of confusion, as they can vary in specialization, role and forms of accreditation. Among these are 'public-service interpreting' (particularly in the UK and Spain), 'intercultural mediation' (prevalent in Italy), 'cultural interpreting' (Canada), 'liaison interpreting' and 'dialogue interpreting', to name but a few (Mikkelson 1996). Regardless of the different terms used however, they all have one central objective in common, to allow minorities who do not speak the official or majority language to access basic services and communicate with service providers.

Although community interpreting has been experiencing a major surge globally, with many national and international associations supporting and promoting it, as well as much research into how it is taught and practiced (Runcieman 2018; Vargas Urpi 2012), nevertheless, it still struggles for international recognition as a well-respected profession. This may be in part due to a continued lack of regulation and/or uniform professional accreditation in some countries (Ozolins 2010), leading to persistent views of it as being ad hoc in nature, rather than a serious profession.

Some academics maintain that the term itself, "community interpreting", has already acquired a label of being second rate, and a lesser form of interpreting (in relation to conference interpreting for example), which by its continual use as a generic term will make this area of interpreting "not worthy of specific attention in terms of status, training, remuneration and research" (Gentile 1997: 117). Specific areas of community interpreting have had much more success in this regard though, and that is perhaps due to the specific quantifiers used to mark out specialized fields, in much the same way as 'conference interpreting' does (Garber 1998). Examples of this are, 'court interpreting', 'medical interpreting' and 'health care interpreting' which have also been championed by national organizations with their own specific training programmes and means of

accreditation[4]. These however, have still not obtained high levels of professional respect and remuneration across the board for their members, and indeed in many countries they are still generally underpaid and exploited by private companies, even if in some cases they have been awarded government contracts. In England and Wales for example, all forms of legal and healthcare interpreting (for courts, police services, and healthcare providers) have been sourced principally to one company, 'Thebigword", and whereas before interpreters were paid a minimum of £85 for the first three hours at court, and £30 per hour thereafter, under their present contracts with the company, they are paid between £18 to £24 per hour depending on the language. Interpreters on the NHS and other public service contracts fair even worse, being only paid £14 to £17 per hour, a clearly unsustainable rate for a full time profession[5].

Despite these fields having distinctive and unique characteristics of their own, which make them stand out in certain ways, they still all have a shared duty to represent human rights, social justice and equality for minority groups in their relations with public sector providers. And, moreover,

> … at least one element is common to all types of interpreting: the fundamental commitment to accuracy or fidelity. This basic ethic applies no matter whether the interpretation takes place in a legislature, a welfare office, a conference room, a hospital, a courtroom or a police department.
>
> (Garber 1998: 15)

There is, in fact, no reason why we should limit training to one field only, but rather impart learning and understanding across multiple fields to reinforce 'community interpreting' as an all-encompassing discipline. Community interpreters may well develop specific skill sets in specific areas, due to work availability and demand, but that is no reason to limit their potential to those few areas. Comprehensive training can provide multiple skills in all the sectors they may work in, and provide a foundation on

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[4] Such as the 'National Council on Interpreting in Health Care' in the UK.
[5] https://onesmallwindow.wordpress.com/2019/07/18/where-is-the-privatisation-of-court-interpreting-heading/
(Accessed: 12/04/2020).

which practical experience can build. Moreover, by approaching community interpreting in this manner reduces the risk of it being treated as a series of more or less powerful fiefdoms of professional competence. If community interpreting is to acquire a similar status to conference interpreting, it cannot allow these divisions to grow and multiple, 'to be divided and conquered' by the very *raison d'etre* that should unite it, an equity of access for everyone across the entire range of public services available to citizens.

3. The community interpreter as a language conduit or a cultural mediator

There is strong debate over whether community interpreters should essentially act as language conduits, passively translating (verbatim) the language of the service provider/user, or cultural mediators, actively engaging with both interlocutors to limit or repair any cultural misunderstandings. In the legal field there is a tendency towards the former as seen in the UK Home Office's guidelines for registered interpreters[6].

> (Interpreters should not) offer opinion, comment or declare any
> personal observations on truthfulness or ethnic veracity of an applicant
> even if requested to do so…
> (Interpreters must) ensure that what was stated in another language, by
> a non-English speaker, is precisely and accurately interpreted…
> (and must) retain every single element of information that was
> contained in the original message, and interpret in as close verbatim
> form as English style, syntax and grammar will allow.

These guidelines frame the interpreter as an impartial, conduit for the transfer of information, with no role as an interactive participant in constructing a shared meaning between the interlocutors. This last point, indeed, has been challenged by Wadensjö (1998), who, taking a Bakhtinian approach (1981), frames all forms of community

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/454 473/Code_of_conduct_17_08_15.pdf (Accessed: 12/04/2020).

interpreting as being 'dialogical' in nature and consequently, all meaning is seen as being inevitably co-constructed. Moreover, meaning is not solely linguistic but involves underlying cultural understandings and sensitivities to speech in context, and therefore another semantically integrated level of interpretation than just a reductive lexico-grammatical one.

Furthermore, this conduit metaphor (Reddy 1979) can also be seen as ultimately, reducing, and to some extent depersonalising the complex role of the interpreter to no more than "a mechanical mouthpiece" (Colley & Guéry, 2015: 120), or "a language converter" (Gentile, Ozolins & Vasilakakos, 1996: 38).

Perhaps the interpreter's interactive and dialogic nature is more visible and relevant in some fields more than others. For example, in asylum interpreting where there is a greater demand for cultural sensitivity and understanding of both the source and target cultures. Here, the interpreter is required to continually mediate between diverse socio-cultural conventions, where the potential for misunderstandings may continually arise. Indeed, some leading academics in this field strongly advocate a role for the interpreter as an 'intercultural agent' (Barsky 1994), emphasising the engaged and agentive role of the interpreter.

In an application process, for example, the asylum seeker may have no understanding of a different judicial system, or have heightened levels of distrust towards state functionaries and/or strong suspicions about the potential abuse of power of the state. In their verbal communication too, the petitioner might have fewer or very different politeness markers, or use more elaborate hedging strategies, which could give the appearance of them as being either too aggressive or too evasive respectively, potentially leading to an unfavourable outcome in their appeal (Berk-Seligson 2002; Hale 2004). Moreover, as many asylum interviews elicit petitioners narratives about their lives and experiences, these can be a source of frustration, incomprehension or doubts as to their veracity for officials, due to differences in the cultural canons of what constitutes an effective, plausible narrative (Blommaert 2001). For some, or all of these reasons, despite official guidelines, interpreters often intervene or even assume the role of interviewer, at times even altering the style and the register of interviewees' utterances (Pöllabauer 2004).

In healthcare, there would appear at first to be a tendency for the interpreter to act more as a conduit, particularly when communicating the medical practitioners directives regarding medicines and curative therapies. However, this again might not be as straightforward as it seems, as Gaber's anecdotal example reveals (1998). When a Central American friend, Alfredo, related his experiences with his Canadian family physician, he was perplexed when

> (he) asked what seemed to Alfredo to be highly intimate and personal questions apparently unrelated to Alfredo's problem. He examined Alfredo in a strange and different way. At the end of the appointment, the doctor gave him a piece of paper on which the handwriting was illegible. The paper was a prescription for medication which would have to be taken to a pharmacy to be filled. The doctor's other patients would have known this but Alfredo did not know what the paper was or what to do with it. In his country, the doctor would dispense the medication himself.
>
> (Ibid: 17-18)

It must also be acknowledged that many patients are often in much more serious and life-threatening situations than Alfredo, with very elevated levels of stress and tension. These in themselves might hinder communication under 'normal' circumstances, but are potentially exponentially so where language and socio-cultural conventions are alien and incomprehensible. One must also be aware that the interpreter's clients might also come from very different socio-cultural and socio-economic backgrounds with differing levels of education and socio-economic status, which makes a one-measure-fits-all approach very problematic (Angelelli 2006, 2012).

In response to these issues, America's *National Council on Interpreting in Health Care* (NCIHC) published the National Code of Ethics for Interpreters in 2004, with an approach that highlighted the interpreter's role as 'advocate' rather than a simple linguistic conduit for the patient,

when a patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes.

(NCIHC, 2004)

This approach has been further defended by researchers, who have framed interpreters as being 'cultural brokers' (Gustafsson, Norström & Fioretos, 2013), not by choice only, but by necessity of the roles they find themselves in (Radeva & Saržoska-Georgievska, 2018).

4. Community interpreting: Face-to-Face and remote modalities.

Remote forms of community interpreting (RI) have been around for a long time, allowing the interpreter to work from a physically remote place from both clients or in a three-way exchange where the interpreter is present with one of the clients (i.e. in a police station or a correctional facility). *Telephone interpreting* or *"over-the-phone"* interpreting (OPI) began in Australia in the 1970s, in the judiciary, and gradually spread worldwide over the following decades (Braun 2015). As video technology and internet-based communication systems developed, *videoconference interpreting* (VCI) became increasingly popular, particularly when using sign language for interpreting for the deaf (principally referred to as *video remote interpreting*, or VRI). Whether this was due to practicalities or not (i.e. where great distances were involved), overall, much of the interest in remote interpreting has been driven by the financial savings it allows, especially in the criminal justice system (Mikkelson 2017). Remote interpreting in general is a fast growing market, being worth an estimated US $994.18 million worldwide in 2011, compared to US $700 million in 2007 (Braun 2015).

Despite the financial incentives, an exponential growth in remote interpreting can also be linked to a significant rise in migration over the last 30 years and the consequent

requirement for qualified interpreters in many more languages [7]. For example, in America around 55 million people speak a language that is not English at home, and 8.6% do not speak it very well (Price *et al* 2012). In London too, 22.1% of the population also converse in their homes in languages other than English as a first language [8]. Another reason for the growth in remote interpreting is because in the health and legal fields some interventions (i.e. an initial consultation or a pre-trial hearing) might be of short duration, or subject to last minute re-scheduling, impacting on the interpreters travel costs and time wastage.

Surveys of interpreters show a range of attitudes however to remote interpreting. These range from a view that it is all part of general cost-cutting exercises and attempts to reduce their rates, to one that improves justice and equality for minority language speakers (Braun and Taylor 2012). Views can also be directly affected by the quality of the equipment used, and this can be different between countries and/or specific fields and sectors. Courtroom interpreting in many European countries has seen a substantial investment in high-end equipment, such as headphones and microphones (although this is not general by any means), but healthcare interpreting is still heavily reliant on tablets and other mobile devices with often unstable sound and image quality (Braun 2015).

Research has shown that interpreter performance can be impacted by remote forms of interpreting. An analysis of 6 conference interpreter performances using both in-house and remote methods over a week, revealed a decline in the latter with regard to overall output. This was put down to an early onset of fatigue due to the need for more effortful problem-solving strategies, as well as the more than usual physiological and psychological strain in the coordination of image and sound (Moser-Mercer 2003). Research in criminal legal proceedings also found similar results in interpreter performance due to fatigue and a higher cognitive load for the interpreters (Braun and Taylor 2012). Some of these problems can be rectified through training in the use of remote forms of interpreting as part of pedagogic curricula, and some researchers would

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[7] This need is also reflected in title VI of the Civil Rights Act, which mandates access to language services for all health care organizations receiving federal funds in the US.

[8] (https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/languageinenglandandwales/2013-03-04).

argue that this is crucial for its future development (Braun and Taylor 2015; Hlavac 2013).

Remote interpreting can also have adverse effects on certain groups of interpreter client. For example, with very young children, people suffering from dementia, the hard of hearing, people suffering from psychosocial related problems, and people in extreme emotional distress (Price et al, 2012). A 2017 blog posted by probation officers airs concerns about the quality of interpreting with contracts that stipulate the use of telephone interpreters, arguing that it is unsuitable for "complex emotional work" such as domestic violence cases, or how "much important communication is lost when we are not face to face with the people we are speaking to. And this is being insisted on in a situation when good communication is already hampered by language and possibly cultural differences." [9]

5. Community interpreting under the Covid-19 crisis.

Public warnings about the dangers to interpreters from the Covid-19 virus are both national and international, and across all disciplines (conference interpreting to community interpreting with all its sub-fields).

In an open letter to healthcare trusts in America, many national associations representing community interpreting made the following statement[10]:

> We advise healthcare administrators and managers that face-to-face/onsite healthcare interpreters should be provided the same level of protection and use of personal protective equipment (PPE) as any healthcare provider for whom they are interpreting. …
> Ultimately, if appropriate PPE is *not* available for an interpreter, then alternatives to face-to-face/onsite interpreting MUST be provided to

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[9] http://probationmatters.blogspot.com/2017/09/poor-interpretation.html
[10] https://www.ncihc.org/assets/Letter_on_Interpreter_Safety_during_COVID-19_Pandemic.pdf

both reduce the spread of the coronavirus by interpreters and ensure
their personal safety…

We recommend all hospitals, health systems, clinics, and healthcare
providers deploy Remote Interpreting (RI) for most of their interactions
with LEP patients and their families, as the primary modality for
delivery of language access services in the time of this pandemic.

A joint appeal to all governments by the International Association of Conference
Interpreters (AIIC), the World Association of Sign Language Interpreters (WASLI) and
the International Federation of Translators (FIT), requested that they include the
majority of their freelance members in provisions for financial relief as,

National event organisers and international organisations
are cancelling meetings and conferences across the board..
owing to the health situation and the attendant restrictions
to mobility[11].

The Registry of Interpreters for the Deaf (RID) warned its members directly to be very
careful as their work is perhaps uniquely at risk from the Covis-19 virus because

(w)e are often called into situations that require close contact. Our
assignments may vary widely, and interpreters work every day in
hospitals, schools, government, and other crowded public settings[12].

The call for remote interpreting is very understandable under these circumstances,
given the lack of guaranteed safety measures for interpreters working at close quarters
in any public place. However, because of the more isolated nature of conference
interpreting, working mainly in booths, this can perhaps be more easily adapted to
remote forms of interpreting. Indeed, because of the financial resources available to
major conference organizers sophisticated forms of remote technology present less of
a problem than for the public service sector.

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[11] https://www.fit-ift.org/joint-appeal-coronavirus/

[12] https://rid.org/message-from-the-rid-president-regarding-the-covid-19-coronavirus/

A participant in my research[13] spoke of the difference between her conference interpreting and her community interpreting with regards to technology in remote interpreting in general. In a two-day remote interpreting assignment for the UK Family Court, she recounts that she had to use cheap and unsuitable software (Skype Business), which the clerk of the court had selected. As she said in her private correspondence with me "Imagine being in a skype audio only meeting with 10 people and you have to stop and start and wait for (the) interpreter all day". As a consequence of this she relates how she

> … found it really tiring at the end of each day, having worn a headset
> all day long. The technical issues were also frustrating, most
> participants were not told that internal speakers were not allowed until
> issues arose as they gave echo and delay. Some participants had weak
> internet connections. We could also hear someone's dog barking. I
> would say that everyone was so patient with each other. We probably
> achieved 80% of the schedule but due to so many disruptions the case
> had to be adjourned for the submissions and final order.

In a conference interpreting assignment however the same participant was provided with an expensive commercial software, and the three-day training period required to use it effectively was paid for by the conference organisers. As she recounts again in her correspondence,

> I used interprefy[14] in (the) conference interpreting. They provide
> more than one channel of interpretation. So I was able to compare
> the benefits of it. Courts and Police will not have the funding to
> implement Interprefy or Kudo[15] platforms, not now anyway…

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[13] A Thai to English interpreter with 6 years experience and a DPSI Diploma in Public Service Interpreting, IoLET Level 6 in English Law.

[14] https://interprefy.com

[15] Kudo is another popular commercial product on the market for remote interpreting.

Unfortunately, the first scenario, in the legal setting, is quite commonplace for most freelance community interpreters, especially for service providers that have limited time and resources (Tipton & Furmanek 2017).

The importance of being understood in a legal context without technical distractions, potentially leading to a hostile court due to an exasperating procedure of inefficient and time-delayed interpretation, is essential for the correct execution of due legal process. But also, in a healthcare situation, subjects might be equally denied their rights. The human right, for example, to hear a 'friendly' voice in their own language, whether that is in a face-to-face or remote context, particularly when they are vulnerable and alone in hospitals, and especially if they are suffering from the Covid-19 virus. It might be especially important for these individuals to understand what is happening to them, or what procedures the hospital medical staff are following in response to their clinical condition. At such times, when physical isolation means that an interpreter cannot be close by, a poor internet connection and inadequate equipment might well mean poor audio and/or visual images which in turn could cause elevated psychological and emotional stress for the patient, and a potentially worse medical outcome.

The example of the Hungarian patient, reported in the introduction to this article, highlights the importance that having access to an interpreter could be for an individual in a life or death situation. The inability to communicate or to be re-assured by medical staff also raises ethical issues and potential violations of basic human rights. Moreover, minority language speaking patients can no longer rely on the potential *ad hoc* interpreting services of relatives or family due to their forced isolation.

Communication with medical staff, even in a monolingual setting, can be of enormous importance to patients in general, particularly in the often alien surroundings of an emergency ward. In a *Channel 4 News* special report (Channel 4 News, 2020a) an English patient in her 50s with Covid-19 was interviewed in a hospital's respiratory ward (with an oxygen mask covering her face), after being transferred from the intensive care ward where she had been placed on a respirator. In the interview she described what had happened as "the worst experience I've ever had in my life", and went on to say,

At one point when the doctor said we're thinking of putting you off to sleep for a while, and he said that there's this machine which could save your life. And he said, and Glynis he said, and I'm willing to bet that you've got that bit in you to do that and he said and if you are ready to fight this I am ready to fight it with you and we are going to do everything we can, and I think it's at that point that you needed to hear those words because you felt you was so on your own and you didn't know what they were doing.

(My transcription)

Here, the positive psychological impact of being reassured by the medical practitioner as she was entering a critical phase in her life-saving treatment is almost palpable. Although one might not always encounter a similar bedside manner, when it is given one would hope that it would be understood and appreciated. However, for many patients with no access to the majority language spoken, this intervention would have been almost meaningless, and they would have received no comfort or encouragement to fight the disease.

In another *Channel 4 News* programme, broadcast 1 day later (Channel 4 News, 2020b), a nurse was interviewed regarding her special role in the intensive care unit. When families cannot be close to their 'loved-ones' towards their end of life she explains how she tries

… to facilitate conversations of goodbye from families, over loudspeaker on phone for example and doing that important thing on behalf of a family when they ask you to give a message to their loved one and their, and I always take the names of the daughters the sons and I always say exactly what they want me to say even though their loved ones are unconscious on a ventilator, to say that goodbye on their behalf has been you know quite a privilege and something I've taken really seriously… and then got back on the phone and reported back to say

I've done it and you know told them I held their hand for example I've
given the message and sort of left it at that.

(My transcription)

This interviewee presents another side of the coin, the need for families to feel that their words of comfort are conveyed to patients even if they are not capable of hearing them. What might seem to be a basic human moral right to be present at a loved one's end of life would seem to be undeniable, yet under the risk of contagion it is denied them. The only alternative is to have a medical practitioner convey that message for them. Again, in a monolingual context this is potentially possible, by an attending nurse or doctor, but where there might be a need for an interpreter their absence might be devastating, particularly in a post mortem scenario where family members are left without having being able, at least as a gesture, to comfort their family member.

5. Conclusions

It is argued here (certainly not for the first time) that community interpreting is an essential service to protect human rights, social justice and equity among minority speaking individuals and communities globally. It is an area of interpretation however that is not always respected in the public-service provider world, being often subject to poor remuneration, as well as not having international standardized professional accreditation, and often subject to academic relegation as a lesser form of interpreting than conference interpreting, for example. Moreover, the role of the community interpreter as a vital cultural broker and advocate for the often powerless in society (being culturally and linguistic minorities in nation states) is still not acknowledged by service providers' ethical guidelines.

The effects of the Covid-19 pandemic have thrown the services that community interpreting provide into sharp relief. In many countries 'social distancing' has meant that these professionals have ever-increasingly less physical contact with their clients and must take recourse to remote forms of interpreting (i.e. telephone and videoconferencing). Apart from the pandemic however, remote interpreting has been

increasing exponentially for some time, due in part to financial restrictions in the public sector. However, if this is to continue other investments need to be made, particularly in the technology required to provide better systems of remote delivery. The legal field has made some advances, particularly in court interpreting, but this is not yet wide-spread and uniform, but the healthcare field needs urgent revision.

The present pandemic has meant that many people have lost their loved-ones without having the possibility to be close to them at the end, but one might suppose that this is exasperating for people who know that family relatives suffered, and potentially died, in a confused state of communicative limbo. Not speaking the language of their carers (nurses and medical staff), a deterioration in their mental state and their feeling of confusion and/or desperation to understand their present and future prognosis could be seen as impacting on their potential to survive. When remote forms of interpreting are available therefore it should be hoped that they are fully functional and effective as means of communicating between service providers and interpreters.

The need for such advancements has always been present but, one could argue, is more urgent now than ever before. The Covid-19 pandemic, as in many areas of social life, is challenging how we will adapt in the future, and this hopefully will mean an increased professional respect for community interpreters and a training and remuneration befitting of the important role it plays and will continue to play in society.

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