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Special issue:  
Responding to the 21st-century Migration Challenge:  
Community Interpreting in the European Periphery



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**Special issue**

**Responding to the 21st-century Migration Challenge:  
Community Interpreting in the European Periphery**

*Edited by Jonathan Maurice Ross and Tamara Mikolič Južnič*

Boğaziçi University

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## Introduction: Responding to the 21<sup>st</sup>-century migration challenge: Community interpreting in the European periphery

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### ABSTRACT

This article explains the thematic focus of the current special issue, a collection of contributions that deal on macro and meso levels with the evolution of community interpreting services in the 2010s and early 2020s in what could be considered the 'European periphery', i.e., countries in Southeastern and East Central Europe. In this period, countries as varied as Turkey, Poland and Hungary were faced with massive and sudden flows of asylum-seekers and other migrants from the east, south and southeast, creating unprecedented challenges for effective communication between users and providers of public services. Due to the paucity of existing infrastructure for community interpreting, as well as the lack of interpreters with the required cultural and linguistic competencies, national and local governments, international organisations, NGOs, and individual interpreters and administrators often improvised and resorted to *ad hoc* remedies. The article suggests that some of the problems that arose in the field and that are addressed in the articles in the special issue (e.g., the role of the community interpreter and the status of cultural mediators) were not new and had a long-standing presence within the literature on community interpreting. It also shows how the responses of national and international bodies to the so-called refugee crisis can be conceptualised within the framework of humanitarian interpreting; when understanding the behaviour of individual interpreters, moreover, insights can be gained from the burgeoning field of research on non-professional interpreting.

**Keywords:** migration, community interpreting, humanitarian interpreting, non-professional interpreting, interpreting policy

## Odzivi na izziv migracij v 21. stoletju: skupnostno tolmačenje na evropskem obrobju

### IZVLEČEK

V članku je predstavljen tematski fokus posebne številke, v kateri so zbrani prispevki, ki obravnavajo makro in mezo ravni razvoja skupnostnega tolmačenja na evropskem obrobju v drugem in tretjem desetletju 21. stoletja. V tem času so se različne države, kot so Turčija, Poljska in Madžarska, soočile s povečanimi in nenadnimi tokovi prisilcev za mednarodno zaščito in drugih migrantov z vzhoda, juga in jugovzhoda, kar je povzročilo izzive brez primere na področju učinkovite komunikacije med uporabniki in izvajalci javnih storitev. Zaradi pomanjkljivosti obstoječe infrastrukture za skupnostno tolmačenje, pa tudi zaradi pomanjkanja tolmačev s potrebnimi kulturnimi in jezikovnimi kompetencami, so nacionalne in lokalne oblasti, mednarodne organizacije, nevladne organizacije in posamezni tolmači in upravni uslužbenci pogosto improvizirali in posegali po *ad hoc* rešitvah. V prispevku izpostavljam, kako nekatere težave, ki so se pojavile na terenu in ki so obravnavane v prispevkih posebne številke (npr. vloga skupnostnega tolmača in status kulturnega mediatorja), niso nove, saj se že dolgo pojavljajo v literaturi o skupnostnem tolmačenju. Prav tako je prikazano, kako odziv nacionalnih in mednarodnih organov na t. i. begunsko krizo lahko razložimo v okviru humanitarnega tolmačenja, pri razumevanju vedenja posameznih tolmačev pa se lahko opremo na naraščajočo množico raziskav o neprofesionalnem tolmačenju.

**Ključne besede:** migracije, skupnostno tolmačenje, humanitarno tolmačenje, neprofesionalno tolmačenje, tolmaška politika

### 1. Introduction

This special issue of *Stridon* aims to investigate how international organisations, national and local governments and public authorities, educational institutions, NGOs and individual interpreters at the Southeastern ends of Europe and in East Central Europe have responded to the challenge of providing community interpreting and/or mediation services to increasingly diverse populations in the 2010s and 2020s. The rise in demographic diversity has to a large extent been a consequence of two migration phases: the so-called “European migrant crisis” or “European refugee crisis” (Schuster and Baixauli-Olmos 2018, 734) of 2015, and the displacement of people following the Russian invasion of Ukraine in 2022 (see below); most of the articles in the special issue deal with the provision and providers of interpreting services within the context of an urgent humanitarian crisis. That is, they are largely concerned with a period when asylum-seekers or migrants were first arriving in countries or attempting to launch new lives there. Additionally, some attention is devoted to the subsequent phase, when members of migrant communities had already settled in the host country but needed continued support in healthcare and other sectors.

The articles in this special issue lie at the intersection of research on community interpreting and research on interpreting in the context of humanitarian crises and

emergencies. Community interpreting research began in earnest in the mid-1990s. The organisation of the first Critical Link conference in June 1995, in Geneva Park, Canada, and the subsequent publication of the contributions to this (Carr et al. 1997) and other conferences in the Critical Link series helped place both the practice and study of community interpreting on the map. ‘Humanitarian interpreting studies’ are a rather more recent arrival in the academic world. From the turn of the 21<sup>st</sup> century onwards, scholars in Translation and Interpreting Studies have displayed a new-found interest in the communication problems that emerge from, and that can also exacerbate, crises, whether human-made (e.g., wars, terrorism or political conflict) or the consequence of natural disasters (e.g., earthquakes and floods). Previously, there had only been scant literature on translating and interpreting in humanitarian emergencies, and most that did exist focussed on translation and interpreting needs triggered by conflict (Federici 2016, 5).

Despite the scale and significance of the post-2015 migrant crises, so far no publication has been devoted to how the countries of Southeastern and East Central Europe in particular faced up to the new and urgent communicative challenge. A special issue of *The European Legacy* set out to address *The Role of Public Service Interpreting in the Migrant Crisis* (Schuster and Baixauli-Olmos 2018), but the articles there deal with Belgium, Spain, Israel and Norway, i.e. not countries in the area covered in the special issue. Another anthology that combines studies of cases of translation and interpreting during and after disasters, emergencies and conflicts, including coverage of the 2015 refugee crisis, is *Intercultural crisis communication: Translation, interpreting and languages in local crises*, edited by Federici and Declercq (2021); this, however, does not have a regional focus. A conference held in Nitra, Slovakia in 2018 gave rise to a collected volume on interpreter training in Central Europe (Šveda 2021), a key theme within which was the impact that migration since 2015 has had on the need for, and practice of, community interpreting and on the training initiatives that have emerged to meet this need. This anthology parallels our special issue in terms of its concern with post-2015 migration and its concentration on a specific area of Europe; this area, though, does not include some of the countries covered by the current issue, and the anthology naturally does not include any contributions related to the consequences of the Russia-Ukraine war, which sparked mass emigration only in 2022.

Isolated articles have employed diverse methodologies to examine how the migration crisis affected community interpreting practices in individual countries or localities in Southeastern Europe and East Central Europe, such as Croatia (e.g., Čemerin and Črnko 2019), Greece (Skourmalla and Sounoglou 2021), Poland (Krysztofowicz and

Krupienicz 2016), Slovakia (Šveda and Štefková 2023), Slovenia (Pokorn and Čibej 2018; Mikolič Južnič and Pokorn 2021) and Turkey (Eser and Lai 2024; Ulaş 2021). Publications have also emerged from the EU-funded ReTrans Project on ‘interpreting in humanitarian and transborder migration contexts’, a project involving the collaboration of scholars from Greece, Slovenia, the Republic of North Macedonia and Austria (Nuč Blažič, Iacono, and Orthaber 2023).

In order to better understand the conditions that gave rise to such studies and to the contributions to this special issue, in the following section we present an overview of the context of the large displacements and migrations of people that have created the increased need for community-based interpreting. We also provide some key definitions, to situate the special issue and its components within the overlapping fields of community and humanitarian interpreting.

## 2. Context and definitions

In the 2010s and 2020s, Europe has witnessed a marked increase in the number of refugees and migrants trying to enter or cross the continent. The first phase of this so-called ‘crisis’ involved people from the Middle East (especially Syria and Iraq), countries further East (e.g., Afghanistan), and North and Equatorial Africa attempting to enter Europe from its southern and southeastern sea and land borders, fleeing wars and internal conflicts, persecution, terrorism, ongoing political instability, economic uncertainties, and the impacts of global warming (Šveda and Tužinská 2021, 26). This coincided with an increase in northward and westward migration from Albania and Kosovo (Zoppi 2019). Most sources date the beginning of this wave of migration to 2015, a year in which a record number of first-time asylum seekers (1,255,600) applied for protection in the member states of the EU, more than twice the number in the previous year (Eurostat 2016).

That said, to put this figure and the very notion of a ‘*European* refugee crisis’ into perspective, it should be noted that – according to *2015 Türkiye Göç Raporu* [Turkey’s Migration Report for 2015] – Turkey, at Europe’s southeastern corner, had been dealing with a mass influx of refugees from the Syrian Civil War ever since the summer of 2011 and by the end of 2015 was providing ‘temporary protection’ to more than 2.5 million Syrians (İçişleri Bakanlığı Göç İdaresi Genel Müdürlüğü 2016, 86), almost twice the number of asylum seekers in 2015 for the whole of the EU. In 2015, moreover, of the six countries in the world hosting the largest numbers of refugees – Turkey, Pakistan, Lebanon, Iran, Ethiopia and Jordan – only one (Turkey) was in some sense European and not one was a member of the European Union (UNHCR 2016, 03).

The very notion of a refugee *crisis* and the terms to label such a phenomenon also need to be used with caution. Since the early 2000s, several Translation and Interpreting Studies researchers have turned their attention to cross-cultural communication in humanitarian crises, and in their publications they frequently problematise alarmist popular and populist discourse around ‘crises’. In “Mediating migration crises: Sicily and the language of despair”, for instance, Denise Filmer and Federico Federici (2018, 229) emphasise that migration is “a natural part of homo sapiens’ biological evolution”. Federici and O’Brien (2019) also critique the discourse that presents mass migration flows as “disruptive *events*”, as “emergencies”; they assert that one of the main reasons why such flows trigger emergencies is the lack of preparedness on the part of international organisations and receiving countries, and they call for more awareness of the cross-cultural dimensions to crises and for advanced planning of appropriate communicative strategies, to help mitigate the harm caused by inadequate or inappropriate communication. In the same work, Federici and O’Brien suggest a succinct definition of crisis, with neutral connotations, which we too regard as helpful for labelling the events of 2015 and 2022: “an all-encompassing term to include short- and long-term events and their effects, which may be triggered by a disaster” (Federici and O’Brien 2019, 5).

The abovementioned important caveats concerning the scale and naming of the refugee or migrant crisis do not negate the fact that, by European standards, the amount of migration and asylum claims in 2015 was extraordinary. And mass movements of people on the continent did not end in that year. The second major migration phase came from Eastern Europe itself. This was sparked by the Russian invasion of Ukraine in February 2022, which pushed sizeable numbers to seek refuge in Europe and elsewhere. As of March 2025, more than 6,300,000 displaced Ukrainians were scattered across Europe (UNHCR Regional Bureau for Europe 2025, 1).

As the size and diversity of the refugee and migrant communities increased, so too did the need for linguistic and cultural mediation in receiving and transit countries. Interpreters and/or intercultural mediators were vital at all stages of the migration process and in multiple settings. When asylum seekers and other kinds of migrants first arrived in Europe or when they were intercepted before setting foot there, they needed to communicate with public officials and/or representatives of international organisations at reception centres, reception camps, official ports of entry and local government institutions. Later on, if they were allowed to stay in a country at least temporarily, they could find themselves needing the services of interpreters, translators and mediators in classic community interpreting settings like doctors’ surgeries, offices of social workers or lawyers, police stations, prisons or courts (Hale 2007, 26).

Geographically, the special issue is concerned with the two specific areas mentioned above. By ‘Southeastern Europe’, we understand the countries that were the first landing-points for many of the refugees that arrived in 2015, primarily Greece and Turkey, as well as the countries where a relatively small number of refugees settled and which a much larger number passed through on their way to seemingly more hospitable destinations, above all, Germany and Sweden (Todorova 2017, 123); this meant countries like Bulgaria, North Macedonia, Croatia, Montenegro, Serbia and Slovenia. We take ‘East Central Europe’ to denote the countries that border on Ukraine or that are relatively close to it, and that were thus the first to experience the mass exodus in the aftermath of the Russian invasion; this includes Poland, Romania, Moldova, Hungary, Czechia and Slovakia.

What makes the geographical focus of this special issue particularly interesting is that the societies and polities in question were mostly not used to large-scale immigration. On the contrary, countries as varied as Turkey, Hungary and Poland had traditionally been ‘exporters’ of migrants, rather than targets or transit-areas for refugees and migrants (Rokicka 2021; Kirişçi 2007). What is more, because of local traditions of ardent monolingualism and politicians’ instrumentalisation of “ethno-populism”, the region was susceptible to elite- and popular-level opposition to immigration (Šveda and Tužinská 2021) and to rejection of measures designed to facilitate refugees’ and migrants’ access to public services.

Before the refugee crisis, in Southeastern Europe and East Central Europe, attitudes and policies regarding refugees, immigrants, linguistic diversity and language services had been on the whole a good deal less welcoming than those in other parts of Europe and in other continents. Notwithstanding the occasional hardening in attitudes and policies, countries like Sweden, the UK, Australia, Canada and South Africa had long before officially embraced multiculturalism and multilingualism and developed systems for meeting the needs of linguistic and cultural minorities, including communication. This involved the creation of public service interpreting and translation (PSIT) systems. As Uldis Ozolins observed back in 2010, a state’s attitude towards language services, such as community interpreting, will depend to a large extent on its level of openness towards immigration. Before the onset of the refugee crisis, states such as Greece, Poland and Hungary were anything but ‘open towards immigration’ and were reluctant to take steps towards meeting the communication needs of indigenous linguistic minorities, let alone immigrants (Skourmalla and Sounoglou 2021).

Partly because of such attitudes and partly because of the reality that the populations of many of the countries in the area under discussion were indeed comparatively homogeneous in linguistic and cultural terms, interpreting training and research at

universities and other institutions in Southeastern and East Central Europe had tended to concentrate on interpreting provision and practice associated with countries' relationships with the EU, the emphasis being on conference and business-oriented interpreting. Community interpreting, on the other hand, had been seen as something relevant to Western European countries, with their significant populations of ethnic minorities (Šveda and Tužinská 2021, 26).

When the migration crisis of 2015 emerged, then, trained community (or public service) interpreters were in short supply in the countries in the impacted area. Few of the professional interpreters that did exist possessed the language combinations and cultural competence that matched the needs of the incoming communities. One thinks, for instance, of the absence of interpreters in the area capable of interpreting between the vernacular or English on the one hand and, on the other hand, Farsi, Pashtu, Urdu or Dari, or dialects of Arabic and Kurdish (Čemerin and Črnko 2019, 110).

The situation with regards to asylum-seekers from Ukraine after 2022 was different in several respects. For one thing, the Ukrainians were mostly Ukrainian or Russian-speakers, i.e. speakers of Eastern Slavic languages, so the official and vernacular languages in most of the countries of East Central Europe (e.g., Poland and Czechia) and some of the countries of Southeastern Europe (e.g., Croatia and Slovenia) would at least have belonged to the same language family, i.e., Slavic. Under normal circumstances, because of this linguistic proximity, a Ukrainian in Poland, for instance, could be expected to have a better chance of achieving a degree of mutual understanding when communicating with a Polish-speaking local than would be the case with an Arabic-speaking Syrian in Turkey or a Pashtu-speaking Afghan in Hungary. As citizens of neighbouring European countries, moreover, the Ukrainians could be expected to have some degree of familiarity, even affinity, with the cultures of their host countries (and vice-versa), which might not have been the case so much with asylum-seekers from further afield. Another important distinction that should be made between the demographics of the two waves of migration is related to gender. In the 2015 wave, a disproportionate number of the people fleeing Syria, Afghanistan, Iraq and other countries were young males, although a large number of women and children also travelled on the boats and on the various other vehicles and routes used to reach Europe (Schiele 2024). By contrast, especially in the earliest months of the influx from Ukraine, around 90% of the arrivals were women and children, as men of fighting age were obliged to stay in the country (UNHCR 2022, 4).

The differences between the participants in the two migration waves have certainly been magnified in elite and popular discourse in Europe: while the asylum-seekers of 2015 were framed by many politicians and ordinary citizens as “threats to [EU]

Member States' public, economic and cultural security", Ukrainian protection seekers were held to be "ethnically and culturally similar", making their protection "a humanitarian imperative" (Sosa Popovic and Welfens 2025, 609). However, such malevolent generalisations should not detract from the facts that the participants in these two mass migrational movements had seen and suffered hardship and would face challenges in communicating with the individuals and institutional representatives they encountered in the new country. Furthermore, whether an asylum-seeker was perceived as an undesirable, alien, male Muslim threat or a harmless and pitiable fellow-Christian sister or daughter, the country they came to was the same, with the same history of non- or minimal provision of community interpreting services. That is, when asylum-seekers and migrants started arriving from the south, the southeast and the east, they found themselves at the mercy of states in Southeastern and East Central Europe that generally did not have a well-established and comprehensive infrastructure for training, accrediting, recruiting, assigning and regulating community interpreters.

The lack of well-prepared and competent interpreters meant that a conspicuous feature of initial Southeastern/East Central European responses to the crisis was widespread recourse to *ad hoc* solutions. This could include the deployment of non-professional interpreters and mediators (Schuster and Baixauli-Olmos 2018; Nuč Blažič, Iacono, and Orthaber 2023), including children (Anders 2017), the use of pivot languages and *linguae francae* (especially English), the deployment of machine translation, and recourse to monolingual, bilingual or multilingual language aids such as dictionaries, glossaries and text cards containing common questions and answers, as well as visual aids like Google Images (Čemerin 2019, 46–47). Given the extent of involvement of non-professional interpreters in the response to the refugee crisis, it is not surprising that many of the articles in this issue touch on the characteristic behaviours of non-professional interpreters and the problems involved in the use of such interpreters, topics that the burgeoning literature on non-professional interpreting and interpreters has addressed (cf. Pérez-González and Susam-Saraeva 2012; Antonini et al. 2017; Martínez-Gómez 2019; Pokorn and Mikolič Južnič 2020).

In their introduction to *Translation in Cascading Crises*, Federici and O'Brien pinpoint the different kinds of translation solutions that can be expected to come to the fore during the three successive phases of a so-called "cascading crisis", namely "Response", "Resilience" and "Recovery" (Federici and O'Brien 2019, 11). The solutions in the initial "Response" phase consist of what is cryptically identified on their diagram as "0", which we take to denote 'no solution' (i.e. neglect), followed by "Machine translation". The "Resilience" phase sees the involvement of "Citizen translators" (presumably, *ad*

*hoc* volunteers), “Domain-specific bilinguals” and “Community translators”; in the Recovery stage, “Professional translators” and “Professional translation to industry standards (6-eye)” make their presence felt. In their model, Federici and O’Brien suggest that, as the crisis matures, the quality of translation and translators involved increases. While asserting that the highest standards of quality are always preferable, they defend the “provocative” and pragmatic position that, faced with urgent needs and a lack of human resources, it might be necessary to tolerate less-than-ideal solutions as an alternative to “no-translation options” (Federici and O’Brien 2019, 10–11). In the diagram which Federici and O’Brien use to visualise their model, no mention is made of interpreting, with reference only being made to translation and translators. However, they do comment that the diagram “recognizes and accepts that different operational options for T&I exist” (Federici and O’Brien 2019, 11), which could be read as signalling that they believe that the same, or at least a similar, chronology and hierarchy of solutions would apply to interpreting in a crisis. Federici and O’Brien’s model may not be universally applicable and is arguably in need of updating; thanks to very recent developments in AI, machine translation has made huge strides and might yield better quality than untrained “Citizen translators”. What is also debatable, moreover, is the extent to which professional translators (or interpreters), the gold standard for quality, actually provided translation or interpreting services during the 2015 crisis. All the same, the model’s overall differentiation between types and providers of translation, and the levels of quality that tend to be associated with them, does constitute an illuminating model for categorising at least some of the different types of translators who became involved in the refugee crisis.

Judging from the existing literature on the ‘refugee crises’ of the 2010s and 2020s and from many of the contributions to this special issue, interpreters and translators were not the only people who were initially unprepared for the tasks that they had to face. The initiators and managers of interpreting services were also ‘learning on the job’. One comment that captures particularly poignantly the extraordinary degree of improvisation that the crisis forced on interpreters and coordinators alike surfaces in an interview in Olga Čadajeva and Martina Pálušová’s ethnographic study of a regional assistance centre for Ukrainian refugees in the Czech Republic: “We were building the plane while flying it”. In other words, interpreters – at least those in that particular regional assistance centre – were not performing their work (“flying”) in line with a system, guidelines and norms that others had put in place. It was they who were creating their *modus operandi* as they went along. The metaphor of a *plane* being built while being flown conveys vividly the degree of danger inherent in such improvisation: we know what will happen if there are flaws in the building process; the plane will crash!

Most of the articles in this special issue deal to some extent with the role and ethical positioning of the community interpreter. This, of course, has been an unending concern of practising interpreters and a perennial object of research and discussion in the scholarly literature on community interpreting. From the 1990s onwards, when community interpreting started establishing itself as a profession, practitioners and scholars alike have been debating where interpreters should position themselves on the spectrum stretching from the role of the conduit, who ‘just’ interprets, to the role of the mediator, who assists the service user in various ways, even to the extent of advocating on their behalf (Bancroft 2015, 224–26). Judging from the contributions to this special issue and other literature on the refugee crisis, uncertainty about the role of the interpreter was a problem for all parties involved, including interpreters, managers and service-users alike. It is not difficult to see why this was the case. On the one hand, as has already been noted, many of the individuals serving as interpreters were untrained non-professionals, possibly recruited in a great rush with little assessment of their appropriateness and competence for the task. They may have had little awareness of what professional norms existed within their sector, their country or the world at large when it came to the role of the interpreter. Many institutions and managers were likewise in the midst of a learning process, hardly in an ideal position to offer guidance. The physical and emotional circumstances in which interpreters operated were barely conducive for the adoption and maintenance of clear and sustainable positions on role. The locations in which they were working were liable to be crowded, noisy and physically demanding. The service users with whom they were faced could well have been highly stressed and disturbed individuals, traumatised by what they had experienced, whether that be living in a war zone, being exposed to violence, abuse or illness, witnessing the death or maiming of loved ones or acquaintances, or simply enduring long and exhausting journeys over land or sea. They were individuals, moreover, who were often very unfamiliar with the culture(s) of the countries in which they ended up, and their cultures could have seemed extremely alien to the ‘locals’ they met. Insensitivity and racism on the part of public service providers were additional pressures with which interpreters had to contend (see Čadajeva and Pálušová’s observations regarding anti-Roma racism in their contribution to this issue). Faced with such a combination of unsettling factors, and in the absence of clear guidance, it was little wonder that interpreters not used to such conditions would have constantly been asking themselves where they belonged on the role spectrum. That said, the complexity and unpredictability of the situations experienced by ‘ordinary’ community interpreters, let alone interpreters caught up in the refugee crisis, make the very notion of ‘maintaining a single role’ seem an impossible and unrealistic construct. In that respect, Llewellyn-Jones and Lee’s (2014) concept of “role-space” “better captures

the fluidity and dynamism of the (re)positioning processes in intercultural and interlingual mediation” (Tipton and Furmanek 2016, 10).

One of the generic role-types that is referred to in some of the contributions in the special issue is that of the cultural (or intercultural) mediator. While the term is often used, it may have different meanings in different countries (Pokorn and Mikolič Južnič 2020) and the expected competences are often quite broad. Martín and Phelan (2010) characterize the mediator as a professional who goes beyond language interpreting to bridge sociocultural gaps, resolve potential conflicts, and act as a culture broker, clarifying values, norms, and institutional expectations between service providers and clients. Especially in European countries where large-scale immigration is quite a recent phenomenon (e.g., Ireland, Italy and Slovenia), the assumption has sometimes taken root that conventional interlingual mediators (i.e., interpreters) are insufficient for dealing with refugees who are believed to possess distinctly alien cultures: instead, either proactive cultural mediators should work alongside interpreters, or the people serving as interpreters need to combine the roles of linguistic, cultural and legal mediators, “important not only as interpreters but also as accompaniment and support” (Čemerin and Črnko 2019, 112). However, in many countries, uncertainty and debate persist regarding the role, benefits and expected competencies of the intercultural mediator (Pokorn and Mikolič Južnič 2020; Mikolič Južnič and Pokorn 2021). The articles in this special issue show how the role is frequently associated with members of migrant communities, or other more or less bilingual individuals, who step in during a crisis. They frequently make do without any proper training or support and lack guidance in navigating role boundaries and ethical concerns, often working pro bono or for minimal fees. Even when the initial crisis conditions of Federici and O’Brien’s “response” phrase give way to the more settled circumstances of the “recovery”, there is a risk that the initially *ad hoc* practice of recruiting non-professional intercultural mediators, with the challenges they bring, will become institutionalised. Several authors therefore call for sustainable solutions in terms of training, recruitment, and working conditions.

### 3. Contributions to the current issue

This special issue brings together a small sample of original papers that describe, explain and discuss how community interpreting has been deployed (or even initiated) in this relatively peripheral area of Europe in the last decade and a half, especially in response to the two post-2015 migration crises. Individual articles approach the subject of community interpreting on two of the three levels to which Pöchhacker (2022, 167) has referred, namely the macro level, the meso level and the micro level. While studies

of the macro level (**Çurum Duman** and **Tryuk**) offer a broad overview of how community interpreting has been organised and how it operates within the society at large, the articles by **Ioannidis**, **Čadajeva** and **Pálušová**, and **Horvath** and **Kozár** could be said to be more concerned with the meso level, i.e. with what happens to interpreting and interpreters in particular social settings and institutional domains.

More specifically, in her contribution to this thematic issue, **Duygu Çurum Duman** examines the evolving provision of community interpreting across different institutional contexts in Turkey and the ways in which this development is shaped by both national and international actors, offering a comprehensive overview of the field. While she acknowledges the unsatisfactory state of legal interpreting, her analysis focuses primarily on the healthcare and education settings. Drawing on a multiple case study centred on the Turkish Ministry of Health and Ministry of National Education, as well as their connections with other national and international institutions and organizations, Duman investigates their respective roles and influence on policies and practices related to community interpreting. Her study analyses more than ninety documents with the aim of mapping the actors involved in language access for migrants and of defining their roles and collaborations. Employing Mencütek's (2019) meta-governance framework, she identifies significant differences in language access across sectors and actors: whereas in the Turkish healthcare system interpreting services have become increasingly visible and institutionalized through training and employment, in education settings, language acquisition is prioritized, and interpreting tends to operate on a more local and *ad hoc* basis. Duman further argues that interpreting in healthcare settings is perceived as more urgent and directly linked to survival, which has led to the establishment of more stable structures, while educational interpreting remains dependent on project-based partnerships lacking long-term systemic planning.

Adopting a closer perspective on the impact of national policies and institutional ecologies on the professional and personal realities of community interpreters, **Anastasi-os Ioannidis**'s article examines the micropolitical dynamics of community interpreting in Greece. This qualitative study, based on interviews with interpreters, NGO staff and public servants, conducted by interpreting students under the author's supervision, explores how participants in interpreting-mediated interactions experience and negotiate interpreters' professional identities, with particular attention to questions of power, trust and emotional labour. Among the micropolitical factors shaping interpreting practices in Greece, interpreter training emerges as especially influential, as it contributes to maintaining clearer role boundaries and positions of neutrality. In line with previous studies (Major 2024; Wadensjö 1998; Inghilleri 2003; Angelelli 2004;

Wolf 2014), Ioannidis argues that interpreting is a profoundly relational practice in which interpreters are not invisible linguistic conduits but active participants who continually renegotiate multiple layers of boundaries, between neutrality and involvement, detachment and empathy, institutional expectations and human responsiveness. The study highlights an urgent need for structural reform encompassing clearer role definitions, strong organized support mechanisms and comprehensive training in the linguistic and cultural competences required, as well as in managing emotional boundaries and labour. The author also calls for greater involvement of interpreters in decision-making processes.

**Małgorzata Tryuk**'s macro-level article examines the response to the refugee crisis in Poland following the Russian invasion of Ukraine. Professional translators' associations and NGOs, together with non-professional language mediators, were compelled to intervene in the absence of an adequate institutional reaction and to provide linguistic assistance to millions of refugees. The article offers an overview of the principal actors involved in the provision of language support and their roles, with special attention to public institutions and their responses during the migration crisis. As in the Turkish education sector, though even more markedly due to the proximity between the Ukrainian and Polish languages, the Polish state prioritized language learning as both an emergency response and a tool for integration. Consequently, translation and interpreting were largely delegated to volunteers who lacked proper training and psychological support, a situation further illustrated in the case study presented by the author. Tryuk argues that language-learning initiatives should be complemented by the provision of community interpreting, particularly in the healthcare sector, where joint training for language mediators and medical personnel is viewed as a desirable and sustainable solution.

The Ukrainian crisis, however, extended far beyond the country's immediate neighbours, affecting a wide range of European states. In their article, **Martina Pálušová and Olga Čadajeva** shed light on the Czech Republic's response to the unprecedented influx of refugees, focusing their meso-level case study on one of the regional assistance centres established by the state to provide access to essential services, a centre that was heavily reliant on language mediation. Drawing on ethnographic observation and interviews with interpreters, coordinators, and psychologists, the authors analyse how *ad hoc* interpreting emerged within the context of crisis management, where the scarcity of professional interpreters led to the normalizations of practices that blurred roles and rendered ethical positions ambiguous. Moreover, the absence of systemic mechanisms for psychological support resulted in long-term emotional strain for interpreters. Čadajeva and Pálušová argue that, while such improvised practices

were unavoidable and necessary at the height of the crisis, their continuation beyond the initial emergency has created systemic fragility by institutionalizing reactive recruitment and underprofessionalization rather than fostering a stable and sustainable support system for refugees and interpreters. As potential remedies to the current practices, the authors advocate institutionalized measures including the training of professional community interpreters, the development of context-sensitive professional codes of conduct, and the provision of psychosocial support to avoid burnout and role overload.

While the other contributions to this thematic issue address the initial responses to migrant and refugee crises and the evolution of community interpreting practices over time, the final article by **Ágnes Horváth** and **Vivien Andrea Kozár** turns to a distinct area of healthcare not typically associated with migrant and refugee crises, namely pre-, peri- and postnatal care. The growing presence of foreign-language speakers in Hungary, a traditionally monolingual society, resulting from migration and other factors, has led to an increasing number of families with limited or no proficiency in Hungarian, who nonetheless require access to healthcare services. The authors present an exploratory study based on surveys conducted among Hungarian health visitors and families with at least one non-Hungarian speaking parent, who have needed the health visitors' services. The article aims to examine how oral communication occurs in these encounters and how essential written healthcare information is conveyed. The findings reveal that the Hungarian healthcare system remains largely monolingual: health visitors' limited foreign language proficiency, combined with the absence of institutionalized language support (such as community interpreters), result in individual improvisation. Communication is frequently mediated through *ad hoc* interpreting, while written materials are sight-translated, summarized, or informally translated by non-professionals – practices that expose patients to serious risks of misunderstanding and potentially endanger patient safety. The authors conclude that ensuring equitable healthcare access for foreign-language speakers requires targeted improvements. These should include the systemic translation of key materials, widened access to interpreter services, and encouraging selected health visitors to pursue qualifications as medical interpreters or translators.

#### 4. Conclusion

The 2015 migrant crisis and the recent Ukrainian refugee crisis have both significantly increased the demand for community interpreters in European countries, highlighting the unpreparedness of Southeastern and East Central European countries in handling the sudden influx of foreign-speaking individuals requiring access to essential

services such as healthcare, education, and legal assistance, to name but a few. The articles in this special issue demonstrate that while some responses to these challenges were similar, others were unique, reflecting the diverse contexts and needs of the affected regions. This lack of preparedness underscores the urgent need for these countries to develop and implement comprehensive strategies to support effective communication and integration of migrants and refugees. The improvement of infrastructure and the expansion of training for community interpreters would also place these countries in a better position to deal with future waves of migration or other types of ‘cascading crises’, constituting the kind of forward planning that researchers on humanitarian interpreting rightly regard as crucial. Further research on all three levels – macro, meso and micro – identified by Pöchhacker (2022), as well as active involvement of community interpreting scholars in discussions with authorities and other key stakeholders, could be essential to improve the situation, which still relies too much on *ad hoc* solutions. Finally, further investment in interpreter training programs is crucial to address these challenges and ensure that the needs of all service users are met efficiently and equitably.

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# National and international actors in healthcare interpreting and interpreting in educational settings in Turkey

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## ABSTRACT

This study explores how community interpreting services have developed in Turkey's healthcare and education sectors in response to the large-scale displacement triggered by the Syrian conflict. It investigates how national and international actors collaborate to shape linguistic access across these public services. The study adopts a qualitative multiple case study design and applies Mencütek's meta-governance framework to analyse policy documents, institutional reports and media resources, complemented by the author's experience as a community interpreter trainer. The findings suggest that healthcare interpreting has become relatively formalized under the Ministry of Health through hierarchical coordination and the EU-funded project SIHHAT, whereas education relies on more decentralized, project-based interpreting service provision initiatives involving NGOs and UNICEF. This analysis highlights the difference in the governance models reflected in distinct models of interpreting services. The study contributes to refugee governance and interpreting studies by underlining the need for sustainable, cross-sector collaboration in public service interpreting.

**Keywords:** healthcare interpreting, educational interpreting, institutional collaboration, international actors, national actors

## Nacionalni in mednarodni akterji na področju tolmačenja v zdravstvu in v izobraževanju v Turčiji

### IZVLEČEK

V članku je predstavljena raziskava o razvoju skupnostnega tolmačenja v Turčiji na področju zdravstva in izobraževanja kot odziv na obsežno razseljevanje zaradi konflikta v Siriji. V raziskavi proučujemo, kako nacionalni in mednarodni akterji sodelujejo pri zagotavljanju dostopa do javnih storitev za tuje uporabnike. S kvalitativno študijo primerov in z uporabo Mencütekovega metodološkega okvira metaupravljanja analiziramo politične dokumente, institucionalna poročila in medijske vire, podatke pa dopolnjujejo tudi avtoričine osebne izkušnje v vlogi učiteljice skupnostnega tolmačenja. Rezultati kažejo, da je tolmačenje v zdravstvu postalo razmeroma formalizirano v okviru Ministrstva za zdravstvo, s hierarhično urejenim upravljanjem, in projekta SIHHAT, ki ga financira EU; na področju izobraževanja pa so tolmaške storitve bolj decentralizirane in temeljijo

na projektnih pobudah, ki jih izvajajo nevladne organizacije in UNICEF. Analiza izpostavi razliko med modeli upravljanja, ki se odražajo na različnih modalitetah tolmaških storitev. Raziskava predstavlja doprinos k upravljanju beguncev in k tolmačeslovju, saj poudarja potrebo po trajnostnem in medresorskem sodelovanju pri skupnostnem tolmačenju.

**Ključne besede:** tolmačenje za zdravstvo, tolmačenje za izobraževanje, medinstitucionalno sodelovanje, mednarodni akterji, nacionalni akterji

## 1. Introduction

For thousands of years, populations have crossed borders for various reasons, including trade, conflict, displacement, employment, or the pursuit of better living conditions. In the past decade, particularly in southeastern Europe and the adjacent regions, the unprecedented influx of migrants resulting from the conflict in Syria and in the neighbouring countries has intensified the need for communication between migrants and public institutions, to improve service delivery and the inclusion of migrants in host societies. As states have confronted the arrival of displaced persons, meeting this need for interpreting services has become a major issue, and the organization of these services has varied considerably, depending on the legal frameworks already at play and the institutional capacities available.

Identifying the differences in the provision and development of community interpreting services is essential for understanding the broader landscape of these services and the specific needs of diverse communities. The involvement of various stakeholders, including the state, associations, and other partners, reflects the diverse landscape of interpreting services across different contexts. In Belgium, for example, the Office of the Commissioner General for Refugees and Stateless Persons (CGRA) plays a key role in regulations related to migrant services, including interpreting. In the healthcare sector, migrant associations often step in to provide interpreting services to facilitate communication for individuals who do not speak the local language (Gallo and Onnockx 2023). This partnership approach extends to educational settings and social services where associations are instrumental in ensuring access and inclusion.

Angelelli (2018) revealed the gaps between the European Union's framework for cross-border healthcare policy and its implementation, highlighting that consistent linguistic access for all patients cannot be guaranteed. Similarly, Phelan (2012) stated that while European law recognizes the importance of linguistic mediation in healthcare, the right to an interpreter is not consistently enforceable across member states. Iacono (2022) also underscores that the interpreting practices in medical tourism in Austria and Germany are shaped by market-driven and quality-centred policies and prioritize client satisfaction over language access rights. Yet another example is the

linguistic access to services in Finland, where interpreters are provided under the Finnish Language Act, but effective access to healthcare is constrained by bureaucratic procedures, costs, and limited awareness of the beneficiaries' rights (Khanal 2025). Community interpreting in healthcare settings may depend on a mix of state regulation, professional standards, and civil society contribution, so the precise outcome is dependent on the setting concerned. In short, international norms and domestic policies intersect and affect access.

As seen in the examples given above, interpreting services evolve through the interplay of international objectives and national structures. The state can offer these services in different community interpreting contexts, or act as the main coordinator. However, in many other contexts, associations or partners can also be involved in service provision. While in many countries interpreting services in the legal setting are more formal and state-regulated, as evidenced by Mikkelson (2004) and Hlavac (2015), among others, the provision of interpreting service in other settings, including the mechanisms for recruitment and assignment, regulations and the actors providing the services, vary considerably from country to country. This study addresses a gap in the literature by providing a comprehensive analysis of the interplay between international organizations and national systems in shaping community interpreting practices in Turkey. Adopting the broader analytical framework of the meta-governance approach, as exemplified by Mencütek (2018), this research specifically investigates how these collaborations influence the interpreting services across healthcare and education. The contribution of this approach, which focuses on the “involvement of multiple actors in a given complex policy field”, is that it enables the analyst to identify the interconnectedness of different actors at different levels as well as to appreciate the dynamism of collaborations (Mencütek 2018, 47–48).

## 2. Background of the study

Community interpreting services in Turkey play a crucial role in facilitating communication between diverse linguistic communities and public service providers. They are particularly important given Turkey's position as a transit country for migrants and refugees, which has led to a diversity of cultures and languages spoken among the users of all public services. Following the outbreak of the Syrian civil war, Turkey's initial response was to declare an open-door policy for humanitarian reasons and to welcome people who had to leave Syria, becoming one of the largest refugee-hosting countries worldwide. As of September 2025, Turkey still hosts 2.52 million Syrians under temporary protection, and an additional 166,899 asylum seekers under international protection (UNHCR 2025). Even though Turkey is a party to the 1951 Geneva Convention, it still has a geographical limitation that restricts full refugee status

to people fleeing (the fear of) oppression from “countries that are members of the Council of Europe” (EU 2018). The Law on Foreigners and International Law, the first law on the matter, entered into force in 2014, setting the rights and obligations of the “Syrians under temporary protection” (Republic of Turkey Law 2014), a status defined by the state in the face of the humanitarian crisis in Syria.

Considering the large immigrant, refugee, and expatriate population, as well as many tourists, there has been a notable need in Turkey for soundly established, professional, and standardized service provision in the field of healthcare interpreting to avoid misunderstandings or misinterpretations during service delivery (e.g., Diriker 2015; Devaux, Cox, and Halil 2024). Valuable efforts are being exerted to develop training programmes, particularly in healthcare and emergency and disaster settings (Doğan and Kahraman 2011). Even though Turkey continues to address the needs of its diverse population and its migrants, the field still does not have a defined association, the ethical principles are not officially established, and the working conditions of the interpreters are not diligently monitored.

In the legal context, interpreting services are not offered by full-time employees of the judicial institution; instead, they are called upon as needed (Eryılmaz and Demez 2021, 144). When the need for interpreting services arises in this setting, the authorities refer to a list compiled annually by the Justice Commission of the First Instance Court of the relevant province. The requirements for inclusion on the sworn interpreter list are minimal and do not include, for example, formal interpreting training. The most probable reason for this is to ensure the availability of individuals capable of facilitating bilingual communication in any given language pair, including Turkish, in the legal system. All asylum seekers, refugees, immigrants, and other foreign nationals are entitled to free interpretation services during hearings.

Healthcare interpreting in Turkey is provided in public hospitals<sup>1</sup> and migrant healthcare centres for the languages most commonly spoken by asylum seekers – Arabic, Farsi, and Pashto (UNHCR 2025) – and in private hospitals and clinics for English, French, Russian, Ukrainian, Arabic, and Macedonian, among many others (see Öztürk 2015; Şener 2017; Duman 2018). Even though there are more than 1,000 patient guides employed in 30 provinces by the SIHHAT Project, the Project for the Improvement of the Health Status of Syrians under Temporary Protection and Related Services Provided by the Republic of Turkey run by the Ministry of Health (SIHHAT Project Team 2024), as well as countless “international patient (operations) experts” working at private hospitals (Duman and Ataseven 2019, 201), interpreting is still sometimes

1 The interpreting service is free of charge if the interpreter is provided by the State, either through the SIHHAT Project or direct employment as a Patient Guide.

provided by family members and bilingual hospital staff (Duman 2018). Since 2016, the Ministry of Health has been working in collaboration with international organizations like the UN and EU to improve language access in terms of refugee healthcare.

Interpreting services in educational settings are mainly offered outside of the classroom, in Parent-Teacher Conferences (PTCs) or student counselling. As explained in detail below, the Ministry of National Education (MoNE), the UN, and some Non-Governmental Organizations (NGOs) have initiated programmes for Turkish language instructors and school counsellors to support non-Turkish speaking students in public schools, particularly in areas where the refugee population is dense (Babayiğit and Karsantik 2024; Sarmini, Topçu, and Scharbrodt 2020). As for language mediation, teachers refer to *ad hoc* interpreting by bilingual students and parents, which is also a common practice in other countries (Tunalı and Şener Erkirtay 2024, 91; see also Angelelli 2016, 25).

## 2.1 Overview of the healthcare system and interpreting services in Turkey

Turkey's healthcare system underwent a transformation in 2003 with the introduction of the Health Transformation Programme (HTP) by the Ministry of Health (MoH). The main objective of the HTP was to achieve universal health coverage, improve the efficiency of healthcare services, and modernize service delivery (Yaşar 2010, 122). The HTP introduced major reforms, such as the promotion of family medicine, improving access to care, and encouraging private sector participation. This reform created the infrastructure and institutional conditions necessary for the health tourism initiative. In 2011, the MoH started to promote health tourism actively, thanks to the enhanced healthcare infrastructure, which facilitated marketing Turkish healthcare institutions as a destination for medical services (Kaya et al. 2013, 2). In line with this agenda, a hotline for international patients was introduced the same year, offering free telephone interpreting services through the International Patient Assistance Unit in six different languages into and from Turkish (Ross 2020, 67).

The outbreak of the Syrian civil war in 2011 turned this unit, a facility assisting health tourism and tourist health, into an emergency communication hotline for Syrian migrants. This civil war triggered one of the most significant migration movements in modern Turkish history. Millions of Syrian migrants arrived, leading to an urgent need for both medical services and linguistic accessibility, as evidenced by the content of the calls received in 2012 and 2013 (Duman and Ataseven 2019, 196).

A significant development in the field took place in 2016, when the SIHHAT Project was launched and financed by the European Union (EU) and implemented by the

MoH. The SIHHAT Project aimed to expand healthcare access for migrants through the creation of Migrant Health Centres with Arabic-speaking staff or “patient guides” (*Hasta Yönlendirme Personeli*, HYP), bilingual (Arabic-Turkish) guidance staff, undertaking the task of interpreting, among others (SIHHAT Project 2025). The project included training components delivered by the World Health Organization (WHO) and the German Agency for International Cooperation (GIZ) in collaboration with the MoH to improve communication between refugees and service providers. Currently, the SIHHAT Project is in its third phase, and the main objective is to maintain the healthcare services offered to a larger community of migrants from nationalities other than Syrian (European Commission 2023).

## 2.2 Overview of the education system in Turkey

The Turkish education system is organized under the 4+4+4 model, which refers to 12 years of compulsory education divided into three stages: four years of primary school, four years of secondary school, and four years of high school. Public schools are the main providers of education across the country, free of charge, while private schools, which require tuition fees, often offer enhanced foreign language programmes, including English, French, and German. In addition to these, there are specialized schools such as Imam Hatip religious schools, vocational and technical high schools, and science and social sciences high schools.

The arrival of Syrian refugees after 2011 posed new challenges for the Turkish education system. As the number of registered Syrians in Turkey rose rapidly, education for Syrian children was initially provided in camp-based schools that followed the Syrian curriculum in Arabic. These were soon formalized as Temporary Education Centres (TECs), which often operated with limited resources, relying heavily on volunteer Syrian teachers (Erden Başaran 2023). Beginning in the 2014–2015 academic year, Syrian children were gradually allowed to enrol in Turkish public schools, initiating a slow process of integration into the national system (Kırdar, Koç, and Dayıoğlu 2023).

A major policy shift occurred from 2016 onwards. In parallel with the case of healthcare, the Project on Promoting Integration of Syrian Kids into the Turkish Education System (PIKTES) was found eligible for funding by the European Union with direct grant management under the Facility for Refugees in Turkey (FRIT; DARPE 2021). PIKTES is a highly distinctive initiative in Turkey due to its scope and coverage. Through this project, funding was allocated to Turkish and Arabic language instruction, early childhood education, catch-up and back-up training programmes, transportation assistance, and the provision of educational materials across 23 provinces

with the highest concentrations of refugees (MoNE 2020). The first phase of PIKTES started in October 2016 and lasted for 32 months, ensuring the smooth transition to the national education system and providing the essential support to the integration of refugee children into the Turkish education system. The second phase, PIKTES-II, from December 2018 to December 2021, extended the scope of the project to the children from other migrant groups. To date, there have been three phases in this project. The third phase, PIKTES +, started in January 2023 and will continue until November 2025 (PIKTES+ 2025). In addition to the specific objective of supporting the MoNE in its efforts to increase integration of Syrian children and their access to quality education, the project has an overall objective of increasing the enrolment and attendance rates of Syrian children and youth in quality formal education.

Healthcare and education emerge as the primary domains in which both national and international actors play an active role in shaping community interpreting services. A comprehensive examination of how interpreting is organized and delivered across these sectors is expected to offer a clearer understanding of the system. It is, therefore, crucial to analyse the specific roles and contributions of these actors. For this reason, the primary objective in this study is to identify the relevant national and international bodies and offer insights on their precise contributions to the provision of community interpreting services in Turkey across diverse institutional settings.

### 3. Methodology

This study has a multiple case study design, and the two cases under investigation are the Ministry of Health and the Ministry of National Education, both of which are key state institutions in terms of public service interpreting service provision. Multiple case study research is a qualitative methodology that allows researchers to contrast individual cases, represent a diversity of qualities to create depth, and understand a broad phenomenon without losing the individuality of the single case studies (Thomas 2011, 517). Within each case, relevant organizations (e.g., WHO, UNHCR, UNICEF, among others) will be examined to understand their roles, interventions, and influence on policy and practice, and thus how they affect community interpreting services.

The research focuses on secondary data and the organizations concerned are discussed in terms of their roles and contributions in the context of providing interpreting services and intercultural communication. Each case is explored through document analysis, comprising the information available online from 2011 to 15 August 2025. The year 2011 is selected since it marks the onset of the Syrian conflict, triggering

one of the largest and most rapid migration flows in the Republican Period of Turkey. Following this influx, the demand for and the provision of public service interpreting in the country were profoundly reshaped. Focusing on this particular period thus enables a sound examination of how national and international actors have both contributed and adapted to the evolving landscape of interpreting services in Turkey.

The study also draws on the author's professional experience as a community interpreter trainer. This background provided awareness of the relevant institutions, ongoing projects, and unpublished initiatives, which helped identify the sources that might otherwise remain undiscovered through database searches alone. Therefore, this experience has a contextual function in enhancing the depth and completeness of the data. The secondary data were gathered through document analysis (see Bowen 2009, 27; Morgan 2022, 70) through the following sources:

(A) Official documents: official websites, press releases, policy documents, strategic plans, reports, press releases, and project announcements issued by the Ministry of Health and the Ministry of National Education, mentioning "interpreting" or "language access". These materials were retrieved from official ministry websites and screened for explicit relevance to interpreting practices and institutional language policies.

(B) Institutional/organizational reports: project documentation, training materials, and evaluation reports issued by international organizations (e.g., UNHCR, WHO, UNICEF, European Commission), and domestic partners such as hospitals, schools, and NGOs. These were identified through online databases and cross-referenced with news updates.

To complement the abovementioned sources, we also analysed media coverage through Factiva, a global database providing access to international and Turkish newspapers and media outlets. Searches were conducted using combinations of English and Turkish keywords related to the ministries concerned, refugee education, healthcare, collaboration, and language support, covering the period from 2011 to the cut-off date of 15 August 2025. The retrieved articles were screened for relevance and used as indicators of how interpreting and language access have been represented and debated in public discourse.

Data have been analysed using content analysis focusing on the nature and scope of collaborations (e.g., funding, training, etc.), and the impact on interpreting practices as pre-determined themes. The analysis also includes a comparative component across the two cases in order to identify structural similarities and sectoral

differences in service provision. The inclusion criteria required documents to refer explicitly to interpreting or language services in healthcare or education and to indicate a collaboration between a ministry and another institution. Documents were screened for relevance, and duplicates were removed. In total, 92 documents were included in the final dataset, covering 34 official documents and policy papers produced by the Ministry of Health and the Ministry of National Education, 26 institutional reports and project materials from international organizations, 22 reports prepared by national non-governmental organizations, and 10 media items retrieved from the Factiva database.

Rather than thematic content analysis, the study followed a systematic screening procedure to identify, classify, and map the actors involved in interpreting and language access-related activities, as well as the nature of their collaboration. These data were then categorized by actor type (international or non-governmental), sector (healthcare or education), and the nature of collaboration (funding, implementation, etc.). This procedure enabled the identification of patterns of cooperation and delegation among institutions, forming the empirical basis for the comparative discussion in the next section, which will be structured in line with Mencütek's conceptual framework of "meta-governance".

#### **4. Multiple case study: National and international actors in healthcare and education**

This section will focus on the cases of the Ministry of Health and the Ministry of National Education, considering them in their capacities as key state institutions responsible for public service interpreting in Turkey. The discussion will then turn to a detailed examination of the key national stakeholders and international organizations operating within each sector. The subsequent comparative analysis explores the nature, scope, and sector-specific features of these collaborations, with particular emphasis on their implications for the development and delivery of interpreting services.

##### **4.1 Interpreting services in the healthcare system in Turkey: National and international actors**

The provision of interpreting services within Turkey's healthcare system is primarily coordinated by the Ministry of Health. It is the central authority in policy formulation, service delivery, and resource allocation for language support in this setting. Within the MoH, the Directorate General of Public Health (Halk Sağlığı Genel Müdürlüğü, HSGM) plays a direct and leading role in organizing and supervising

healthcare interpreting services, working in coordination with the Directorate General of Migration Health (*Göç Sağlığı Genel Müdürlüğü*, HSGM).<sup>2</sup> These directorates are responsible for developing service protocols, which further include ensuring that healthcare providers communicate effectively with patients who have limited proficiency in Turkish (HSGM 2024, 9). In addition to these national structures, interpreting service provision is shaped through collaboration with various international and non-governmental organizations, which provide technical expertise, funding, and logistical support to complement the state-led initiatives.

#### 4.1.1 International actors

Before 2015, the MoH offered solutions to language-related problems in healthcare in a fragmented manner, in cooperation with the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO), as well as with contributions of the International Federation of the Red Cross and Red Crescent Societies (IFRC; Toker 2019, 23). The UNHCR supported refugees in Turkey by providing interpreter assistance for medical consultations upon reservation in Arabic, Persian, Turkish, and English, and in other languages upon request (UNHCR 2025). Within the framework of the “Readmission Agreement” signed between the EU and Turkey on October 15, 2015 (EUR-Lex 2014), the SIHHAT Project was found eligible to be funded by the EU.

It can be claimed that it is after the SIHHAT Project that language access services in healthcare became institutionalized in Turkey. Following the start of the first phase of the SIHHAT in 2017, language access services became systematized through the training and employment of bilingual patient guides (HYP). The HYP were formally integrated into primary and secondary healthcare facilities across the country (European Commission 2021). These services were integrated into the MoH system via the HSGM and GSGM. The stable funding from the EU and standardized protocols ensured the continuity of these interpreting services across provinces.

The HYP plays a dual role, both as a healthcare interpreter and an intercultural mediator (see Ministry of Health 2023). The training provided for the HYP was conducted by academics, medical staff, and experts in the field. In the mental healthcare setting, the GIZ undertook the task of organizing the training for HYP within the scope of

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2 This refers specifically to healthcare interpreting services provided for asylum seekers, migrants, and foreign residents in Turkey. Interpreting for medical tourists, by contrast, is regulated under the Health Tourism Department within the General Directorate of Health Services (*Sağlık Hizmetleri Genel Müdürlüğü*).

its Strengthening Mental Health and Psychosocial Support (MHPSS) initiative (GIZ 2021). The training programme was transferred to and later implemented by the SIHHAT-II. It can be concluded that the main contribution of the GIZ in healthcare interpreting settings in Turkey is in terms of capacity-building and technical support to state agencies and civil society organizations.

The International Organization for Migration (IOM) is quite active in border and rescue operations, addressing the language-related challenges that arise in these contexts. Additionally, it offers interpreting services in its medical clinics (IOM Türkiye 2024). Therefore, it can be concluded that the IOM not only provides interpreting services but also facilitates access to language support.

Lastly, some private hospitals offer interpreting services as part of the implementation of bilateral agreements signed between the Turkish Ministry of Health and their counterparts in other countries. The most recent official list of such agreements was publicly shared in 2011, documenting 87 agreements with 53 countries (Ministry of Health 2011). Upon my personal correspondence with the heads of International Patient Units in several private hospitals in Istanbul, I found that – although not all agreements remain actively implemented – these bilateral arrangements continue to be among the reasons why patients with language access needs are provided with interpretation services. Unlike the abovementioned examples, these services are often subjected to the specific provisions of the agreements rather than general institutional policies on language access.

#### *4.1.2 National actors*

The Turkish Red Crescent Society (TRC) is the largest humanitarian aid organization in Turkey, providing not-for-profit, volunteer-based social service (Turkish Red Crescent 2025). In response to the Syrian migration that started in 2011, the TRC opened its first Community Centre in Şanlıurfa in early 2015 (Güler et al. 2021, 73) and provided healthcare services and psychosocial support (PSS) with interpreting and Turkish language courses for the Syrians. Currently, there are 19 TRC community centres in different provinces of Turkey. Within the scope of its Health and Psychosocial Support programme, a Translation/Interpreting Guideline in Community-Based Healthcare and Psychosocial Support Services was published in 2022, which outlines the roles, responsibilities, ethical standards, interpreter well-being, interview processes, and operating principles for interpreting in mental health contexts (Kahraman Duru and Şan 2024). In short, the TRC systematically offers in-house training to its in-house interpreters and has published a formal guideline to help achieve this.

Doctors Worldwide Turkey (*Yeryüzü Doktorları*) is a humanitarian organization that delivers medical aid across a wide range of areas, including nutrition, eye health, maternal and child healthcare, providing volunteer medical teams, and psychosocial support. The organization partnered with the MoH and the WHO to launch the Refugee Health Training Centres Project in January 2017 (WHO 2021). The aim of this initiative was to facilitate the integration of Syrian health workers into the Turkish healthcare system, as well as to provide services for the refugees. Within the framework of the project, full-time interpreters were hired (Yeryüzü Doktorları 2019).

Support to Life (STL; *Hayata Destek*) is a humanitarian NGO established in 2005, focusing on refugee assistance, emergency relief, and capacity-building activities (Support to Life 2025). In collaboration with the MoH, the STL is involved in supporting maternal and child health activities under its Refugee Support Programme (Diyarbakır PHD 2018). This programme undertakes one-to-one support, case management, and referrals. The STL also offers vocational courses, practice-oriented training, and guidance on work permits, where interpreter posts are included. Furthermore, STL has been identified as among the organizations offering interpretation services in support of refugee integration into healthcare and other public systems (VOA Türkçe 2018).

The Refugees Association (*Mülteciler Derneği*), also called the Refugees and Asylum Seekers Aid and Solidarity Association, was established in 2014, providing support to meet the legal, socioeconomic, and psychosocial needs of refugees and asylum seekers, extending beyond Syrian populations. Working in collaboration with the Sultanbeyli Migrant Health Centre, it conducts health-promotion activities – such as cancer-screening seminars – and facilitates access to public services by offering interpreting in Turkish-Arabic and Turkish-English, alongside training for volunteer interpreters (Refugees Association 2023; see also Erdoğan 2017 for an ethnographic study on the community interpreting practices of The Refugee Association in Sultanbeyli, Istanbul, Turkey).

The Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) operates across 18 provinces in Turkey, delivering protection services, including psychosocial support, counselling, and assistance in accessing healthcare and education through its community and multiservice centres (SGDD-ASAM 2025a). Working with the UNHCR and other partners, it implements projects in several settings, one of which is the Refugee Integration and Sustainable Employment (RISE) initiative supported by the British Embassy (SGDD-ASAM 2025b). SGDD-ASAM also produces multilingual information materials (Turkish, English, Arabic, Farsi, and Ukrainian) to guide access to services, and employs interpreters at its centres to facilitate refugees'

access to healthcare systems. It also coordinates with international and local stakeholders to support migrants through sustainable interpreting provision.

Taken together, the evidence demonstrates that national stakeholders in Turkey have a dual position within the healthcare interpreting services. Primarily, they act as gatekeepers – recruiting and employing interpreters, facilitating access to services, and providing language and cultural mediation. Secondly, they offer interpreter training and interpreting services, and link humanitarian actors in their networks. This combined capacity means that the availability, quality, and sustainability of healthcare interpreting in the field depend on these national organizations.

#### 4.2 Interpreting services in the education system in Turkey: National and international actors

As the second case of this study, we will focus on the Ministry of National Education as the primary national actor in education, with the main responsibility of providing fundamental educational services for all, and of coordinating refugee integration efforts in education. Over the past decade, this role has manifested itself in different initiatives: the establishment and closure of the Temporary Education Centres, the implementation of the Adaptation Classroom<sup>3</sup> model during the transition period, the PIKTES Project, and the Syrian Support Workers Programme, which enabled the involvement of bilingual facilitators in certain schools. Additionally, projects such as Early Childhood Education (*Erken Çocukluk Eğitimi*, EÇE) have addressed the linguistic and socio-cultural needs of younger refugee children, providing a foundation for long-term integration (see UNICEF 2019).

Interpreting services in schools enable the participation of the migrants in parent-teacher meetings and during enrolment. In Turkey, there is no formal structure supporting in-class interpreters helping students follow and understand the lesson content. Under the PIKTES project, there is no formal position of professional “educational interpreters” comparable to healthcare interpreting services. Instead, roles such as Syrian Support Worker (*Suriyeli Destek Personeli*, explained below) and temporary Arabic language instructors have filled the gap by providing informal linguistic mediation. These “*ad hoc* interpreters”, employed under EU-funded projects, were primarily tasked with supporting communication between schools, refugee families, and

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3 The Adaptation Classroom model was introduced in 2019 by the MoNE and served as a one-year preparatory programme designed to facilitate the linguistic and socio-cultural integration of Syrian students transferring from TECs into Turkish public schools. For further information, see MoNE 2019, MoNE 2025a, and Bolat 2021.

students. In practice, this meant assisting with communication during parent-teacher meetings. Although not officially recognized as “interpreters”, their facilitator role of bridging Turkish-speaking educators and Arabic-speaking families has functioned as a *de facto* interpreting service.

#### 4.2.1 International actors

The EU has been the most significant financial contributor to refugee education in Turkey through the FRIT (see FRIT 2025). Within this framework, the EU co-funded the PIKTES project implemented by the Ministry of National Education. As we mentioned above, PIKTES has financed Turkish language courses, catch-up education, teacher training, psychosocial support, and the recruitment of Arabic-speaking education personnel, including *ad hoc* interpreters, in provinces with high refugee populations. EU funding also supported the transition from Temporary Education Centres to mainstream public schooling, providing resources for school infrastructure, materials, and outreach to refugee families.

The United Nations Children’s Fund (UNICEF) has worked in close partnership with the MoNE to address both access to education and its quality. In addition to psychosocial support programmes, they delivered school supplies. It has also invested in non-formal education options for unschooled Syrian children, helping to reduce barriers related to language, trauma, and socio-economic problems. UNICEF works with Syrian Volunteer Education Personnel and non-governmental partners to increase enrolment and retention among refugee and other vulnerable learners in both formal and non-formal education, within the scope of the Accelerated Learning Programme (UNICEF 2021). They also collaborated with the MoNE in developing psychosocial support programmes and broader policies aimed at supporting inclusive education for refugee children.

According to the MoNE’s 2024 evaluation report, the Syrian Support Worker Programme (SDP) is formally acknowledged as part of the educational support infrastructure, particularly within early childhood education initiatives, signalling an institutionalized role for bilingual or socio-culturally mediating staff in schools (MoNE 2024, 105). Syrian Support Personnel are described as bridges between refugee families and schools, assisting with Turkish language acquisition, parental engagement, and communication during enrolment and guidance processes. In early childhood education centres, they also facilitate the interaction between teachers and Syrian children by providing linguistic mediation, while in primary schools, they support both classroom integration and extracurricular activities. Unlike the intercultural

mediators employed in several EU countries (IOM 2016; Verrept 2016), the Syrian Support Personnel in Turkey emerged through project-based funding mechanisms. Even though the tasks undertaken by intercultural mediators in the said countries and the SDPs overlap, the SDP model has been planned to respond to the immediate needs of high-refugee provinces rather than building a standardized professional position.

UNESCO has contributed primarily in the domains of policy guidance, capacity building, and inclusion. UNESCO's work has also included teacher training modules on multicultural classrooms, policy briefs on integrating refugees into national education planning, and capacity-building programmes for teachers in multilingual and emergency contexts (UNESCO 2019). The policy instruments and normative guidelines that UNESCO drafted have shaped national dialogue around how to better prepare Turkish teachers to support Syrian learners, especially in provinces with a high refugee population.

The International Organization for Migration (IOM) has also contributed to solving a logistical problem: school transportation. For many Syrian children living in rural areas or in urban areas far from schools, distance is a significant obstacle to attendance. The IOM has implemented school transport programmes, often in coordination with provincial education directorates, ensuring daily access to formal education. Additionally, by offering language courses, the IOM has helped build refugees' linguistic capacities and social cohesion, which are essential for accessing education and other public services (IOM Türkiye 2023).

Collectively, these international actors have not only expanded material and financial resources but also strengthened institutional capacity, introduced international practices, and enhanced inclusivity in the Turkish education system.

#### *4.2.2 National actors*

Several national NGOs and humanitarian organizations have been central to facilitating the educational integration of Syrian refugees and other migrants in Turkey. Their activities include language instruction, vocational training, social support, and community-based interpreting services, often provided through volunteer networks.

In provinces with large refugee populations, the TRC plays an active role in language access in education through its Community-Based Migration Programmes (Turkish Red Crescent 2022). The TRC offers structured Turkish language courses, vocational training, and social cohesion programmes to all migrants and helps facilitate communication between refugee families and schools by providing on-demand bilingual staff or volunteers to interpret during school enrolment, parent–teacher meetings,

and counselling at school. The TRC also implements the Adult Language Training Programme, which delivers comprehensive Turkish courses to refugee families.

The SGDD-ASAM is a partner in the Support for School Enrolment Programme, implemented jointly by the Ministry of National Education and the Ministry of Youth and Sports (MoYS) with UNICEF funding. The programme aims to reduce educational disadvantages by providing direct support. Within this framework, ASAM's field teams facilitate school registrations through interpretation and offer language courses that help children transition into formal education. In addition, the SDP Programme, which is also implemented with UNICEF's collaboration, focuses on enabling asylum seekers in Turkey to access social services and integration opportunities. Syrians employed under this scheme are expected to perform interpreting services, assist Syrian beneficiaries during administrative and social service processes, and support their social cohesion. Their responsibilities also include providing logistical guidance and language support during related events, trainings, and community meetings (SGDD-ASAM 2025c).

The Refugees Association offers free Turkish language classes for children and adults, tutoring, and interpretation support for school-related communication (Refugees Association 2021). It also promotes school enrolment through the Conditional Education Assistance Programme for Foreigners (*Yabancılarla Yönelik Şartlı Eğitim Yardım Programı*; YŞEY 2024). YŞEY was launched in 2017, funded by the EU, and implemented by the Refugees Association in collaboration with UNICEF, the TRC, the MoNE, and the Ministry of Family and Social Services, and with funding from the Norwegian Government and the U.S. Bureau of Population, Refugees, and Migration.

Founded in 2016, the Migrant Solidarity Association (*Göçmen Dayanışma Derneği*, GDD) provides support for accessing education, healthcare, and other public services through its Refugee Consultation and Support Centre, established in partnership with Şişli Municipality in Istanbul, Turkey, and Expertise France, the French Agency for Technical Cooperation (GDD 2025). Furthermore, this centre in Şişli offers interpreting services at healthcare institutions and local authority offices, which demonstrates that the GDD plays a practical role in mediating linguistic barriers in healthcare and education-related contexts (Coşkun and Uçar 2018).

The Blue Window Special Education Association (*Mavi Pencere Özel Eğitim Derneği*) is a non-profit civil society organization based in İzmir that provides support for individuals with special educational needs. The association develops projects on special education, training modules, and educational materials, and operates strictly on a project-based model. The development of online and distance education systems, research, and material creation for sign language instruction, and inclusive educational

programming ranging from fundamental learning opportunities to professional development, are among the activities designed for vulnerable populations by the Blue Window (MoNE 2025b). Through its work on sign language and accessible learning design, the association contributes to language mediation and interpreting practices in special education contexts, undertaking a practical role in addressing communication barriers.

For all of these national actors, language access is a core component of their work, helping to remove linguistic and cultural barriers between refugee families and the formal education system. By combining educational services with communication support, these national stakeholders aim to facilitate a holistic integration.

### 4.3 Comparative analysis and the meta-governance framework

The concept of meta-governance refers to the processes through which governments and international organizations monitor and control policy implementation through funding, introducing standards and partnership mechanisms (Jessop 2003, 6). In a refugee setting, this approach sheds light on the way policy fields are shaped. As for the meta-governance framework for refugee governance, it can be used to examine complex fields, in which the state, the international actors and civil society interact (Mencütek 2018, 47–48). This lens allows us to discuss how responsibilities for language access and interpreting are distributed across sectors and actors. In the Turkish education system, language access is primarily framed through language acquisition and learning, rather than interpreting, which points at a hierarchical yet indirect form of governance. The MoNE defines the overall policy direction but delegates the practical implementation of the linguistic support to its partners (such as UNICEF, and the national NGOs) in the network. These actors materialize the state's integration goals through projects combining linguistic access with family outreach. International organizations are funding and implementing partners, channelling resources into such initiatives. The author's experience as a community-interpreter trainer provides first-hand insight into how these partnerships operate in practice – revealing that despite limited institutionalization, they enable adaptive, locally relevant models of communication support.

In contrast with the health sector, where interpreting services have recently developed as a more visible and relatively institutionalized practice, the education sector does not demonstrate a systematized interpreting service provision model. Instead, the MoNE assumes a gatekeeping role, determining the scope and delivery of language-related support in schools. While the health sector demonstrates a more formalized and

hierarchical mode of meta-governance, the education sector emphasizes integration through language learning. NGOs such as the Turkish Red Crescent and international actors like the IOM serve as implementing partners, reinforcing the ministry's regulatory authority. This arrangement corresponds to Mencütek's (2018) observation that meta-governance in refugee contexts often involves strong state leadership coupled with selective inclusion of non-state actors.

The Ministry of Health directly coordinates through the employment of full-time health-communication personnel (HYP) in Migrant Health Centres and hospitals, and through standardized interpreting practices supported by guidelines and training. As far as the actors are concerned, those involved in healthcare interpreting and educational interpreting also differ significantly in their institutional positioning and responsibilities. In healthcare, the Ministry of Health plays a central coordinating role, hires full-time HYP at Migrant Health Centres and hospital-based interpreting units, or refers patients to NGO-provided interpreters when in-house resources remain insufficient. NGOs such as the Turkish Red Crescent and, in some projects, the IOM, supplement the services provided by the ministry by temporarily placing interpreters within healthcare facilities.

In the education sector, by contrast, the Ministry of National Education plays only a limited role in hiring interpreters directly. Instead, linguistic mediation is primarily provided by national organizations, such as SGDD-ASAM, the Refugees Association, and the Migrant Solidarity Association, as well as international partners like UNICEF, which provide funding. We can claim that these actors combine interpreting with a broader integration effort, language courses, cultural assistance, and family outreach. While healthcare actors operate within a formal institutional framework, educational interpreting actors in Turkey work in a more community-based environment.

## 5. Conclusion

This study has examined the provision of interpreting services in Turkey's healthcare and education sectors since 2011, highlighting convergences and divergences. We can conclude that international organizations have contributed primarily through standard-setting, advisory roles, and capacity-building, often complementing and reinforcing national policies rather than replacing them. Overall, the contrast between education and healthcare reveals how different governance modes shape community interpreting services in Turkey. The findings support the argument that language access in Turkey emerges through a meta-governed landscape – a field where state policy, international funding, and professional expertise intersect to define the scope, quality, and sustainability of interpreting services.

The analysis suggests that healthcare interpreting is considered an urgent, survival-related necessity. Accordingly, it has benefited from structured cooperation between international organizations and state institutions, resulting in a relatively clearer and more standardized professional role. Educational interpreting, by contrast, has developed largely through project-based partnerships. We can observe the *ad hoc* responses to immediate needs rather than long-term systemic planning. Yet in both fields, international actors have been efficient in shaping the provision of interpreting services, promoting professional development, and supporting access for vulnerable populations.

In policy terms, the findings point to the need for cross-sector coordination mechanisms and nationally recognized professional standards to ensure sustainable and high-quality interpreting services across different public service fields. Institutionalizing these frameworks would further enhance collaboration among ministries, NGOs, and international partners, and support the long-term professionalization of community interpreting in Turkey.

The scope of this study is limited to introducing the main national and international actors without attempting a full mapping of their interdependencies. Future research could build on this foundation by adopting frameworks such as Actor-Network Theory to investigate how relationships between actors shape the service delivery, the consolidation of professional standards, and the sustainable availability of interpreting for migrant and refugee communities. Further research could also examine how macro-level objectives are translated into micro-level practices, such as hiring procedures or content development of interpreter training practices.

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# Situated voices: Exploring micropolitical dynamics in Greece's community interpreting field

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## ABSTRACT

This paper investigates the micropolitical dimensions of community interpreting in Greece, drawing on qualitative data from 12 interviews with interpreters, NGO staff, and public servants. The study explores how interpreters navigate role ambiguity, institutional hierarchies, trust dynamics, and emotional labour within interpreter-mediated interactions in migration and public service contexts. The findings highlight the tension between formal expectations of neutrality and the lived relational and affective demands of real-world practice. By foregrounding interpreter agency within institutional and interpersonal constraints, the study contributes to a sociological understanding of interpreting as a power-laden and relational practice embedded in asymmetrical institutional ecologies.

**Keywords:** community interpreting, micropolitics, role ambiguity, power dynamics, emotional labour

## Pričevanja s terena: Raziskava o mikropolitičnih dinamikah na področju skupnostnega tolmačenja v Grčiji

### IZVLEČEK

Članek raziskuje mikropolitične razsežnosti skupnostnega tolmačenja v Grčiji na podlagi kvalitativnih podatkov, zbranih z dvanajstimi intervjuji s tolmači, zaposlenimi v nevladnih organizacijah in javnimi uslužbenci. Študija raziskuje, kako se tolmači spopadajo z dvoumnimi vlogami, institucionalnimi hierarhijami, zaupanjem in čustvenim delom v tolmačenih interakcijah na področju migracij in javnih storitev. Ugotovitve poudarjajo napetost med formalnim pričakovanjem, da je tolmač nevtralen, ter odnosnimi in čustvenimi zahtevami dejanske življenjske prakse. S poudarjanjem tolmačev kot akterjev, ki delujejo v okviru institucionalnih in medosebnih okvirov, študija prispeva k sociološkemu razumevanju tolmačenja kot z močjo obremenjene in odnosne prakse, vpete v asimetrična institucionalna ekološka okolja.

**Ključne besede:** skupnostno tolmačenje, mikropolitika, dvoumnost vlog, razmerja moči, čustveno delo

## 1. Introduction

The European refugee crisis of the 2010s underscored the crucial role of community interpreting, while simultaneously exposing Europe's inadequate preparedness to meet the growing demand for multilingual communication in reception centres and other public service settings (Iacono, Heinisch, and Pöllabauer 2024, 9). In many Central and Eastern European countries, migration flows revealed fragmented or often absent frameworks for interpreter training, accreditation, and recruitment. As a result, community interpreters were frequently found to be in short supply, often engaged informally or on an *ad hoc* basis, with little or no professional training, limited institutional support, and precarious employment conditions (Šveda and Tužinská 2021, 34–37). Meanwhile, the outsourcing and curtailment of services by certain EU governments have commodified community interpreting, prioritizing cost-efficiency over service quality (Valero-Garcés 2023, 26).

Greece illustrates these challenges clearly. Since 2015, the country has become a major entry point for migrants and refugees from the Middle East, North Africa, and Central Asia, with asylum applications rising by more than 280% in 2016 alone and exceeding 400,000 between 2016 and 2021 (Ioannidis 2022, 111; Apostolou 2022, 26). Despite this sharp increase in demand, community interpreting remains largely unregulated. There is no national accreditation system, standardized training framework, or coherent policy governing interpreter provision in public service settings. In the absence of state structures, recruitment is carried out primarily by NGOs and international organizations, which typically provide short in-house seminars to the interpreters they employ. Many others, however, work without any formal training or professional background in interpreting. The linguistic demands they face are highly diverse and fluctuate over time, spanning Arabic, Farsi/Dari, Urdu, Pashto, and several African languages (Kozobolis et al. 2022, 18–25; Apostolou 2022, 26–31).

These systemic challenges demonstrate the extent to which broader political, legal, and institutional frameworks, such as geopolitical developments, migration policies, and funding mechanisms, shape community interpreting at the macro level. In a comparative analysis of several European contexts, Ozolins (2010) argued that the development of interpreting services is linked to wider ideological orientations toward migration. He identified several decisive macro-level factors, including governments' political will to provide inclusive public services, the chosen administrative model (centralized or decentralized), and the prevailing policy paradigm – whether grounded in direct state provision or delegated to NGOs or private agencies. However, these structural conditions alone cannot fully capture the lived experience of interpreters. To understand the complexity of their work, it is important to examine the

micropolitical realm: the everyday interpersonal dynamics that unfold within specific contexts, which have been shown to significantly shape interpreters' practices, professional identity, and agency (see de Boe, Balogh, and Salaets 2021, 6–13).

The study of these micropolitical dimensions has been greatly advanced by the so-called *sociological turn* in Translation Studies (Angelelli 2014). This shift moves beyond a purely linguistic or text-based approach, emphasizing translation and interpreting as socially embedded practices – deeply intertwined with the cultural, political, and institutional contexts in which they occur. Interpreters are increasingly viewed as “complex, situated agents acting within and across the social spheres that condition cross-cultural, multilingual exchange” (van Doorslaer and McMartin 2022). Interpreting is thus framed not as a neutral act of linguistic transfer, but as a dynamic, power-laden process. Within this sociological framework, the interpreters' internalized dispositions, strategies, and perceptions have become central to examining how they navigate institutional constraints, shifting professional boundaries, and ethical complexity (e.g., Inghilleri 2003; Inghilleri 2005; Wolf 2014; Chesterman 2009). This lens has also brought renewed attention to the (in)visibility of interpreters, underscoring its variability across textual, institutional, and sociocultural contexts (Freeth and Treviño 2024).

Against this background, several micropolitical factors – understood here as the interpersonal and situational dynamics unfolding within the “direct interactional context” (de Boe, Balogh, and Salaets 2021, 6) of interpreter-mediated encounters – have been foregrounded in the relevant literature. To begin with, while interpreters are officially expected to act as neutral linguistic conduits, they frequently navigate between specific institutional expectations and the distinct ethical, emotional, and cultural needs of migrant and refugee communities (Tipton 2017; Gavioli 2015; Baraldi 2017; Baraldi 2023). Xu's (2020) study of lawyer – client interviews in Australia, for instance, demonstrates how interpreters oscillate between the conduit ideal and more interventionist roles, and how these shifts are shaped by perceived status differences between lawyers and interpreters. Similarly, Wang and McLaughlin (2022) highlight how interpreters' identities fluctuate among those of information transmitter, cultural insider, and relational mediator. Howes (2022) documents dilemmas such as the impulse to assist vulnerable clients or hesitating to relay potentially harmful content, while Pena-Díaz (2018) shows that interpreters in healthcare contexts must balance duties to accuracy, empathy, and institutional procedure – often beyond what formal codes of ethics anticipate. In the same vein, Todorova (2020) shows that in refugee contexts, interpreters' roles expand from linguistic mediation to moral and emotional support, blurring the line between neutrality and advocacy.

Beyond role conflicts, other micropolitical aspects brought to the fore concern issues of power asymmetries, trust, and emotional burden. Community interpreting unfolds within stark institutional hierarchies: interpreters operate under the authority of judges, asylum officers, or service providers, while holding a communicative monopoly that grants them momentary but fragile power. In this context, their agency – what to translate, how to phrase it, when to intervene or remain silent – is continually negotiated within the constraints of institutional procedures and the asymmetric power relations that structure the encounter (Inghilleri 2005; Rudvin 2005; Dahlvik 2018). Trust in these settings is similarly complex and negotiated. Research indicates that interpreters' personal character, perceived competence, and consistency strongly influence how both clients and institutional actors assess their effectiveness (Edwards, Temple, and Alexander 2005; O'Brien et al. 2023; Hsieh, Ju, and Kong 2009). Depending on context and perceived role adherence, they may be regarded as advocates or traitors, allies or representatives of institutional authority (Pöllabauer 2015; Skaaden 2016). Deviations from expected roles can either enhance trust if executed transparently or generate suspicion if perceived as partial. Interpreters are also frequently exposed to traumatic narratives and emotionally charged encounters, placing heavy demands on their capacity to regulate emotion and sustain neutrality. Studies consistently show that such affective labour can lead to vicarious trauma, emotional exhaustion, and boundary tensions, particularly when institutional or supervisory support is lacking (Bernardi 2022; Todorova 2019; Crezee, Hayward, and Jülich 2011; González Campanella 2023).

These often invisible micropolitical mechanisms of power, control, and negotiation do not operate in isolation but interact with broader systemic factors, illustrating the deep interdependence between macro- and micro-level practices. A clear example of this interconnection is the reliance on non- or semi-professional interpreters in community-based settings. At the macro level, the persistent lack of training opportunities and formal entry routes into the profession, combined with acute and fluctuating language demands, often compels individuals with varying degrees of bilingual competence to assume the role of interpreter. The reliance on such untrained bilinguals, in turn, has significant consequences for interpreting practices at the micro level. These non-professional interpreters – relatives, friends, activists, volunteer staff members, or even passers-by – typically lack formal training or, at best, receive brief seminar-style instruction of questionable quality (Wadensjö and Gavioli 2023, 6; Valero-Garcés 2023, 25). Unlike professional interpreters, who operate under codified standards of accuracy, confidentiality, and impartiality, non-professional interpreters generally lack formal ethical frameworks to guide their practice, leaving them to navigate moral and role dilemmas intuitively. Research underscores these consequences.

De Wilde et al. (2021), for example, show how *ad hoc* interpreters in Belgium compromise accuracy and impartiality, while Vargas-Urpi (2016) demonstrates that untrained interpreters in Spain struggle with role boundaries and cultural or ethical complexities. Similarly, Garwood (2012), in his study of court interpreting in Italy, finds that non-professional interpreters often engage in side discussions with defendants or even answer on their behalf, adopting paternalistic or adversarial attitudes that undermine neutrality and trust.

In light of this interdependence between macro- and micro-level dynamics, this paper focuses on the micropolitical dimensions of community interpreting in Greece. Drawing on qualitative data from 12 in-depth interviews with interpreters, public servants, and NGO representatives, it examines how interpreters and their institutional interlocutors experience and negotiate the social forces that shape their work, situating interpreter agency within intersecting fields of professional identity, power, trust, and emotional labour.

## 2. Methodology

The study employs a qualitative research design within an interpretive paradigm to explore the lived experiences and practices of actors involved in community interpreting in Greece's migration and public service sectors. The dataset consists of 12 in-depth, semi-structured interviews with interpreters, NGO staff, and public servants engaged in interpreter-mediated encounters across a range of relevant institutional contexts. Participants were identified through the interviewers' personal and professional connections with NGOs and public institutions involved in migration and public service provision. This recruitment process ensured that all participants had direct experience of interpreter-mediated communication, while also resulting in a heterogeneous sample in terms of educational and professional background.

The interviews were conducted by interpreting students from the Department of Foreign Languages, Translation, and Interpreting at the Ionian University in Greece, under the academic supervision of the author. Data collection occurred within the framework of the university course *Oral Communication Techniques*, during the academic years 2022–23, 2023–24, and 2024–25. Students participated voluntarily in the data collection process and received structured training in qualitative interviewing methods prior to engaging with participants. The preparatory phase combined theoretical instruction (research methodology, interview design, ethical considerations, and study objectives) with practical training, including mock interviews. Following this, the students reached out to suitable interviewees through their personal

and professional networks, scheduled appointments, and conducted the interviews either in person or online. All participants provided informed consent, and additional approval was obtained when requested by participants' institutions. Three of the interviews were also used as part of the Erasmus+ *ReTrans* project (*Working with Interpreters in Refugee Transit Zones*), a European initiative that aimed to develop digital training materials for stakeholders working in humanitarian and cross-border migration settings. The project ran from May 2022 to April 2024, and involved collaboration among four countries along the Balkan route: Greece, North Macedonia, Slovenia, and Austria.

The interviews followed a semi-structured format, guided by a common set of open-ended questions developed collaboratively during preparatory class sessions. The same core guide was used for all interviews; however, certain questions were adapted to each respondent group (interpreters, NGO staff, and public servants) to capture their specific professional perspectives. Interviewers were encouraged to adjust follow-up questions and prompts according to the flow of conversation and the interviewee's background, allowing the participants to elaborate on issues they considered important or to accommodate emerging themes. In general, the topics covered across all interviews included interpreter recruitment, training, role negotiation, ethical tensions, and strategies for managing conflict or emotional strain. Interviews were conducted in Greek, the shared language of all participants, and ranged in length from approximately 12 to 43 minutes.

The participant group encompassed a diverse range of professional profiles, including seven interpreters, three NGO staff members, and two public servants. The interpreters worked across various settings such as asylum procedures, accommodation facilities, healthcare services, police departments, courtrooms, refugee camps, and psychosocial support programmes, collaborating with NGOs, public authorities, and international organizations. Their working languages included Arabic, English, French, Italian, Farsi, and Greek, and their educational backgrounds were similarly diverse. One interpreter held a postgraduate degree in Translation and Interpreting Studies, while two others had academic degrees in Translation – one of whom had also completed a private interpreting course, and the other, a short NGO-organized seminar. Three interpreters held degrees in unrelated fields (two at university level, one vocational), with two having attended brief NGO seminars on interpreting, while the third had received no training at all. Finally, one participant was a practicing lawyer who occasionally worked as a court interpreter without formal training. This sample thus included both formally trained and non-trained interpreters, allowing for comparison between professional and non-professional perspectives on interpreting

practice. Among the NGO staff, two worked in refugee education and integration, and one in legal and social services. The public servants included a representative of the Ministry of Migration and Asylum and a court registrar in the Greek judicial system. A full overview of the interviewees is provided in Table 1.

**Table 1.** Profile of interviewees.

<b>A. Interpreters (Interv. No. 1–7)</b>		
<b>Interviewee No.</b>	<b>Educational background</b>	<b>Affiliation</b>
Interviewee 1	Unrelated university degree; no formal interpreting training	NGO – Unaccompanied minors in accommodation centres
Interviewee 2	MA in Translation and Interpreting	NGO – Healthcare, police, social services, and refugee camps
Interviewee 3	Unrelated vocational diploma; short NGO interpreting seminar	Public sector – Hospitals, healthcare, social welfare services
Interviewee 4	Unrelated vocational diploma; short NGO interpreting seminar	NGO – Unaccompanied minors and children
Interviewee 5	BA in Translation; short NGO interpreting seminar	NGO – Mental health and psychosocial support services
Interviewee 6	Practicing lawyer; no formal interpreting training	Court
Interviewee 7	BA in Translation; private interpreting course	UNHCR – Asylum-related settings
<b>B. Other Stakeholders (Interv. No. 8–12)</b>		
<b>Interviewee No.</b>	<b>Professional role</b>	<b>Affiliation</b>
Interviewee 8	Field officer in refugee education	NGO – Reception and integration of refugees and migrants
Interviewee 9	Scientific supervisor in refugee education	NGO – Education sector support for migrant and refugee integration
Interviewee 10	Project coordinator	NGO – Legal aid and social services for refugees
Interviewee 11	Public Servant	Ministry of Migration and Asylum – Special Secretariat for Unaccompanied Minors
Interviewee 12	Court Registrar	Court of First Instance

The analysis of the interview data followed a structured, inductive process, beginning with initial immersion in the material and progressing to the development of thematic categories. The students prepared interview transcripts using intelligent verbatim

transcription, a method that omits filler words and repetitions while preserving the speakers' original meaning, tone, and phrasing for clarity (Morgan Brett and Wheeler 2021, 165). I then coded and labelled key segments of the data through an iterative coding process to identify recurring patterns and points of thematic convergence, in line with the aspects outlined in the Introduction. This process led to the emergence of four core micropolitical categories that served as interpretive lenses: (1) Role ambiguity and professional identity, (2) Power asymmetries and institutional hierarchies, (3) Trust and interpersonal dynamics, and (4) Emotional labour. To illustrate and support the key findings, I then translated selected excerpts into English. While the scope of this qualitative study is necessarily limited by its sample size and its reliance on self-reported experiences, the aim was not statistical generalization but an in-depth exploration of the micropolitical dimensions of interpreter-mediated encounters in a variety of institutional settings in Greece.

### 3. Interview findings

This section provides a thematic presentation of the interview findings, structured around the four core micropolitical categories introduced above. While presented separately, these categories are deeply interconnected, with each influencing and shaping the others in practice, reflecting the layered complexity of interpreter-mediated encounters.

#### 3.1 Role ambiguity and professional identity

A central theme emerging from the interviews is the ambiguity surrounding the interpreter's professional identity and the often-contested nature of their role. As discussed in the introduction, while interpreters are often prescribed the role of neutral conduits, the interviews in this study reveal how this ideal is continually negotiated in practice. Almost all the participants described instances in which interpreters assumed responsibilities that extended beyond simple language transmission, often overlapping with those of counsellors, social workers, or advocates. As one interpreter noted, "Some colleagues find it difficult to maintain a neutral stance, as they very often defend refugees to some extent. They feel that this helps them more" (Interviewee 3). Expanding on this theme, another interpreter noted the influence of shared identity, explaining that interpreters often "explain things, offer emotional support, and guide [refugees] based on their own experiences", particularly when they share a national or cultural background (Interviewee 2).

In addition to shared cultural or linguistic ties, other interpersonal dimensions, such as age, gender, and shared life experiences, also shape interpreter-client relationships,

fostering emotional bonds and a deeper sense of moral responsibility. As one female interpreter working with minors remarked: “We are there for the children – we help make it easier for them to achieve their dreams. I get angry when I can’t help a child” (Interviewee 1). However, such deep involvement is not without its risks. As one participant warned, interpreters who overstep their professional boundaries “end up taking the leading role and coming in between the refugee and the other team members”, creating the false impression that they hold decision-making power. “As a result, instead of turning to the appropriate professional, such as a gynaecologist or a psychologist, the refugee may turn to the interpreter” (Interviewee 2). These reflections highlight the risks of role confusion, misinformation, and the erosion of clearly defined responsibilities.

The internal tension between professional detachment and personal involvement becomes evident in the divergent ways interpreters perceive their role. One interpreter, holding a master’s degree in Translation and Interpreting Studies, articulated a firm commitment to neutrality, underscoring the necessity of maintaining a clear demarcation between personal affect and professional obligation: “As interpreters, we should always act professionally. We can’t let the fact that these people come from our own countries affect us. It’s not personal – it’s our job. We need to stay professional, for the sake of the refugees as well” (Interviewee 2). In contrast, an interpreter with no formal training expressed a sharply contrasting view, describing a strong sense of moral obligation to intervene: “I do not remain neutral, quite the opposite!” She described feeling obliged to do everything possible “in order to find a solution [to help the beneficiaries]. My colleagues think I am overstepping, but I don’t see it that way” (Interviewee 1). A third interpreter, who had attended a short NGO-organized training seminar, initially appeared to align with the principle of neutrality: “I have to interpret accurately. I’m the voice of the beneficiary. I don’t add extra words to the conversation. I’m not supposed to react; I have to stay neutral” (Interviewee 4). However, later in the interview, she admitted, “I don’t have any additional duties as an interpreter, but as a person, I might offer extra help to the team” (Interviewee 4). This admission reveals a subtle shift in allegiance – from neutrally facilitating communication toward identifying with the institutional team – and raises questions about how strictly she maintained professional boundaries. Taken together, these perspectives underscore how interpreter identity is actively negotiated at the intersection of institutional expectations, ethical commitments, and relational empathy. They also indicate that professional training plays a decisive role in shaping interpreters’ ethical orientations: while formal education reinforces adherence to established norms, informal experience often fosters reliance on personal morality and empathy, sometimes without full awareness of the potential risks involved.

Cultural mediation also emerged as a key aspect of the interpreter's role. Several interpreters described situations in which they felt compelled to clarify or contextualize culturally sensitive material to prevent misunderstandings or offense. When asked about the challenges of intercultural communication, one interpreter stated: "It's my responsibility to step in when someone needs to be cautious. I speak to all parties and warn them about the consequences of certain expressions. If a word might offend our culture, I ask, 'Do you prefer to say that differently?' or I offer a suggestion" (Interviewee 2). She also recalled stopping a client from interrupting a group reading the Quran, explaining that doing so "would be a serious insult", adding that "explanations like this are important for building understanding" (Interviewee 2).

Cultural mediation becomes especially critical in gendered contexts. As one interpreter put it:

"When a woman is a victim of violence – rape, for example – she may feel too ashamed to speak openly. When I notice this, I ask for permission to speak directly with her. I try to give her courage by explaining that this is a safe space, that we are here to help, and that if she wants to share her story, we will listen and support her. In some Arab countries, cultural norms and social beliefs can lead others to even kill a woman who has been raped because they believe it is her fault. As a result, many feel shame, stigma, and fear that speaking up will bring negative judgment. Our role is to help them feel safe and valued." (Interviewee 2)

This reflection underscores the interpreter's role as an active agent of emotional and cultural safety, navigating culturally embedded cues, taboos, and trauma to facilitate understanding and disclosure.

Interpreters also reported adapting language and register to beneficiaries' social and educational backgrounds. As Interviewee 2 explained: "Many people haven't received formal education in their own countries, so they don't fully understand some terms. For example, some refugees confuse asylum interviews with court hearings and use the wrong Arabic words. If the interpreter repeats the mistake, it adds to the confusion." Similarly, another interpreter described softening emotionally charged language to maintain harmony: "I do not convey swear words, or I say them in a nicer way, e.g. the speaker is angry, has a temper. My job is to keep everyone calm, to satisfy both sides. Interpreting is the ability to translate without conveying everything when it's not necessary. But with a social worker or psychologist, I convey everything" (Interviewee 1). This excerpt again brings the significance of training to the fore. The interpreter's distinction between everyday encounters and interactions with professionals

reflects an intuitive sense of appropriateness rather than adherence to formal ethical norms. Lacking structured professional training in interpreting, the interpreter calibrates her performance according to perceived authority and context – softening language in informal settings but striving for completeness when institutional figures are involved. Altogether, these practices illustrate how interpreters act as critical agents in cross-cultural negotiation, shaped by both their level of training and the institutional contexts in which they operate.

### 3.2 Power asymmetries and institutional hierarchies

Another recurring theme across the interviews is the interpreter's positioning within rigid institutional hierarchies, which frequently define their agency and autonomy. While interpreters are occasionally treated as expert co-participants or work colleagues, their role is generally controlled by the institutional power structures that govern communicative interactions. These hierarchies are themselves part of a wider asymmetry that characterizes institutional encounters, where authority is unequally distributed between officials and the individuals seeking assistance, and interpreters often find themselves mediating between institutional authority and individual vulnerability (Inghilleri 2005; Dahlvik 2018; Moskal et al. 2024). Within these dynamics, the authority to permit or deny any deviation, intervention, or clarification typically lies with those in positions of institutional control (Rudvin 2005; Angelelli 2020; Nikolaidou, Rehnberg, and Wadensjö 2023).

Such power dynamics emerged clearly in the interview data. Normatively, interpreters are expected to remain neutral and largely invisible, with their role limited to faithful speech transmission. As one court interpreter explained: “The role is purely formal; it is not like the role of the advocate who is there to help the accused person” (Interviewee 6). This statement is particularly significant given the judicial context, where verbatim accuracy is legally mandated and interpreters are confined to a narrowly defined linguistic function, with minimal scope for initiative or interpretive discretion. Court interpreters therefore operate under the most restrictive professional expectations, illustrating the extreme end of institutional control over interpreter agency. Similar views were also echoed by NGO representatives, who described the interpreter's function in similarly restrictive terms. As one NGO field officer noted, the interpreter “should know where the interpretation part stops and not take initiatives that weren't asked for” (Interviewee 8), while another NGO supervisor warned against deviating “from the protocol that says to interpret what is told and not to make personal additions” (Interviewee 9). These comments reflect a strict institutional construction of the interpreter's role as rigid and tightly controlled.

However, it is the same institutions that may request or authorize precisely the kind of mediation they otherwise prohibit. One participant explained: “They may ask for our help because we understand the culture and can act as cultural mediators. If communication with the beneficiary becomes difficult, they may ask the interpreter to intervene, explain, and facilitate understanding” (Interviewee 2). Another interpreter recounted that her pre-interview cultural explanations were not self-initiated but prompted by organizational instruction: “It was the institution I was working for that suggested it. I was asked to explain certain things” (Interviewee 7). These accounts illuminate the unequal distribution of authority: interpreters are expected to suppress their agency unless explicitly granted permission to act, exposing the power imbalance embedded in institutional control over communicative practices. This dynamic was echoed by the court registrar interviewed in this study, who noted, “If the judge doesn’t know a cultural or religious reference, the interpreter has no obligation to mention it, even if they know of it” (Interviewee 12), further highlighting how institutional hierarchies shape the limits of communicative legitimacy.

Power asymmetries also become evident in moments of interpersonal conflict, particularly when institutional norms limit interpreters’ responses. One interpreter recalled an incident of racial abuse: “There was once a refugee who displayed racist behaviour towards me. I asked for help right away, stopped interpreting – I needed assistance” (Interviewee 4). The need to escalate rather than intervene directly highlights a dependency on hierarchical protocols. The interviewee added, “Since the beneficiaries are minors, we are not allowed to do anything at that moment”, underscoring how institutional rules – while aiming to protect vulnerable populations – can simultaneously restrict interpreter autonomy and discretion. Even when interpreters exercise initiative, their agency remains constrained by institutional structures. One participant reflected on how she handles challenges in her role: “I always try to find solutions myself. It is part of my job. If I can’t, I refer to higher-ranking individuals” (Interviewee 2). Her account illustrates a form of conditional agency – while she demonstrates initiative in addressing problems, her capacity to act remains ultimately dependent on institutional hierarchies and the need for validation from those in positions of authority.

These power asymmetries extend beyond communicative control to influence interpreters’ working conditions and institutional recognition. One participant criticized the preference for “cheaper and easier solutions” overqualified personnel (Interviewee 12), noting that interpreters are often hired informally or drawn from available community members due to budget constraints. Trained professionals frequently decline such work, as “the amount they are paid is degrading” (Interviewee 12). Similarly,

some interpreters described a routine of providing telephone interpreting services outside their official working hours without any additional compensation, highlighting how such unpaid or underpaid labour has become an accepted institutional practice aimed at reducing costs and administrative burden (Interviewees 3 and 4). This economic undervaluation – though rooted in macropolitical structures – directly reinforces interpreters’ peripheral status within institutional hierarchies. This marginalization is further compounded by their secondary role within interdisciplinary teams. As noted by the Ministry of Migration and Asylum official interviewed for this study, although the Ministry oversees the staff working in facilities for accompanied children, interpreters are not considered integral team members: “Interpreters should be supervised as part of a team, not as separate or isolated actors” (Interviewee 11).

To conclude, the study reveals that power asymmetry is not solely top down but also marked by ambivalence. As the court registrar noted, professional interpreting “is extremely important, as the slightest detail makes a difference. It is important because an interpreter can say anything and we will just believe them, since neither the questioner nor the judge understands the language” (Interviewee 12). This statement reveals a paradox: interpreters are structurally subordinate – hired *ad hoc*, often underpaid or untrained, and seen as ancillary – yet they hold a momentary communicative monopoly (see also Dahlvik 2019). While institutional actors like judges and asylum officers retain formal authority, their epistemic access is entirely dependent on the completeness and accuracy of the interpreter’s renditions. This creates a fragile hierarchical dependency, where the interpreter’s authority is both essential and constrained.

### 3.3 Trust and interpersonal dynamics

Trust is a dynamic element in interpreter-mediated encounters, shaped by a complex interplay of identity, perceived alignment, and professional behaviour. As previous research has shown, trust – or mistrust – emerges as a socially embedded construct shaped by recognition, identity markers, and institutional expectations (Björnberg 2011; Norström, Gustafsson, and Fioretos 2011; Wadensjö 2018). In line with this, many interpreters in the present study noted that shared linguistic or cultural backgrounds often facilitated initial rapport. One interpreter explained: “It helps the other person feel more comfortable at the beginning, knowing that someone understands not just the language but also the culture. For example, if a woman talks about women in Arabic countries, she doesn’t have to explain it – and that makes her feel more comfortable” (Interviewee 2). Another interpreter similarly reflected: “Because Arabic is my mother tongue, I have direct communication with the beneficiary” (Interviewee 3). Such affinities position interpreters as cultural

insiders, enabling them to create a space where beneficiaries feel heard and understood without added cultural friction.

Beyond identity markers, trust also emerges through affective labour and interpersonal sensitivity. One interpreter working with minors noted: “The children like me from the beginning. There is so much trust. We can talk about everything; they can tell me everything” (Interviewee 4). This highlights the relational dynamics of trust, where consistency, warmth, and demeanour matter just as much as shared identity. The interpreter’s ability to connect emotionally, especially with vulnerable populations, reinforces their perceived legitimacy. Similarly, another interpreter described trust as a form of moral investment: “Every child finds help in us; they form a bond. They are not your children, but they receive all the love and respect that you can provide. You feel a sense of relief when you see children achieving their dreams” (Interviewee 1). This framing reflects the interpreter’s emotional entanglement with clients’ lives, where trust becomes reciprocal – built through care and continued presence.

However, this proximity can also generate problematic expectations on the part of the beneficiaries. As one participant noted: “They expect you to be on their side” (Interviewee 2), revealing how trust based on shared identity can pressure interpreters toward advocacy. In some cases, identity markers such as accent or nationality became sources of suspicion. One interpreter recalled: “Some people from Afghanistan, when they understand that the interpreter is from Iran, say ‘No, we want an interpreter from Afghanistan.’ This can also happen between Pakistan and India, where refugees prefer an interpreter whose mother tongue is Urdu and not Indian” (Interviewee 5). Such mistrust can escalate into accusations of deliberate or negligent misinterpretation, as illustrated by repeated complaints from refugees: “The interpreter didn’t do this right”, “The interpreter didn’t say what I said” (Interviewee 5), or “I didn’t say it this way” (Interviewee 10).

Mistrust can also originate from institutional actors. As one interpreter explained: “Interpreting means working with colleagues, and they should place significant trust in you. They must not doubt my abilities when working. One may be sceptical due to past experiences, but this mistrust affects me. There is no result without trust” (Interviewee 1). This plea highlights the emotional burden of being viewed with scepticism and the broader challenge of gaining legitimacy in an environment where professional standing is often shaped by interpersonal dynamics and visible identity markers. A lack of formal training in interpreting – as in the case of Interviewee 1 – may also foster mistrust, as insufficient educational credentials can undermine perceptions of professional competence and trustworthiness (see Skaaden 2016). The atmosphere of suspicion is also evident in the informal strategies used to detect when interpreters

may be intervening. A representative from an NGO (Interviewee 10) and a public officer at the Ministry (Interviewee 11) reported relying on non-verbal cues – such as the interpreter’s facial expressions, the reaction of the beneficiaries, or inconsistencies between the length of the original speech and the interpretation – as potential signs of intervention. These statements betray a subtle but pervasive mistrust that positions interpreters as potentially manipulative agents, whose fidelity must be constantly monitored.

Gender also plays a significant role in shaping trust in interpreter-mediated interactions, particularly in contexts where highly sensitive issues may arise. As one interpreter noted: “In 90% of the cases, women ask for a female interpreter so that they can feel more comfortable, especially when it comes to medical procedures” (Interviewee 2). This underscores how gendered expectations around modesty, bodily exposure, and trauma disclosure shape perceptions of who is seen as a trustworthy interlocutor. Another interpreter recalled: “When a woman is accompanied by her husband, they usually prefer a female interpreter during the examination process. If there is no female interpreter available, the service coordinators explain to them that the male interpreter is also a professional and bound by confidentiality” (Interviewee 3). This illustrates how interpreters must often step beyond their linguistic role and actively negotiate social expectations, advocating for trust in their professional capacity when their gender identity is perceived as a barrier.

The gendered dimension of trust is also acknowledged by the officials involved in interpreter assignment. As one NGO representative explained: “From our part, when it comes to sensitive situations – like a doctor discussing gynaecological matters – we try to understand the context and, whenever possible, assign a female interpreter. This helps prevent the encounter from becoming more uncomfortable or awkward” (Interviewee 9). While this practice enhances trust in gender-sensitive contexts, it also places additional emotional demands on female interpreters, who are often expected to act as protectors, confidantes, or emotional allies. In doing so, they assume a gatekeeping function that remains institutionally unacknowledged, reinforcing the gendered dimensions of both trust and emotional labour in interpreter work – an issue explored further in the next section.

### 3.4 Emotional labour

One of the most salient themes to emerge from the interviews was the emotional labour inherent in community interpreting, particularly in refugee and humanitarian contexts. Interpreters are routinely exposed to traumatic narratives and emotionally

charged encounters, yet are expected to maintain their composure, neutrality, and professionalism. This institutional expectation of emotional detachment, often unaccompanied by adequate support structures, generates significant psychological strain (Moskal et al. 2024; Bernardi 2022). As interviewee 4 observed, interpreters are the first to absorb traumatic content: “The tears come to them at first. They might hear their own story”. This temporal sequencing underscores the affective asymmetry of the interpreter’s role and the immediacy with which emotional regulation is required. Interpreters are vulnerable to being emotionally overwhelmed, either through the reactivation of personal trauma or through the cumulative effects of repeated exposure (vicarious trauma).

This emotional toll was vividly reflected in participants’ personal accounts. Several interpreters described feeling psychologically exhausted after intense assignments. One recalled breaking down during a session as a refugee recounted her journey from Syria to Greece, noting that everyone in the room, including herself, was moved to tears (Interviewee 7). Another reported spending days crying after difficult sessions, unable to shake off the emotional weight (Interviewee 4). A third interpreter emphasized the role of individual disposition in shaping this burden: “I am a very sensitive person, and at first, I was affected by the stories I was listening to; they put a weight on me. This was not solved with the help of a psychologist” (Interviewee 1). These narratives highlight the profound emotional cost of interpreting in such contexts – often endured without institutional mechanisms to process or mitigate the psychological aftermath. Prior studies on trauma in interpreting suggest that repeated empathic engagement with survivors’ narratives can trigger identification, emotional contagion, and blurred professional boundaries, amplifying interpreters’ psychological strain (Todorova 2019; Crezee, Hayward, and Jülich 2011). As González Campanella (2023) argues, adopting a trauma-informed care perspective can help institutions recognize interpreters’ emotional vulnerability and design support systems that protect both practitioners and the refugee clients.

In the absence of such frameworks in Greece, a broader pattern of self-reliance emerged, with interpreters often developing personal strategies to cope with the emotional demands of their work. As one explained, “Just now, after so many years, I have learned a little bit to operate automatically” (Interviewee 3), while another emphasized the importance of setting emotional boundaries: “Once you’ve chosen this as your profession, you have to remind yourself: I help as much as I can, and beyond that, it’s out of my hands. That way, I don’t carry the burden home with me” (Interviewee 2). A third reflected, “I didn’t know I could be that tough. It was such a soul-crushing process – so emotionally charged – and if I had let myself feel everything in the

moment, I would have just cried all the time, and the job wouldn't get done. So, I found a way to protect myself, to toughen up, and tell myself: we're working now; we'll be sad about this later" (Interviewee 7). Similar strategies were echoed in judicial settings, where interpreters face emotionally charged encounters but are bound by even stricter norms of neutrality. As a court interpreter emphasized, "The suspect or accused might cry, shout, scream or even become aggressive, but the interpreter has to stay calm and not let their emotions affect the interpretation. You have to render everything into the target language as if you were a computer" (Interviewee 6). These remarks reflect conscious efforts at setting boundaries and maintaining emotional distance, often through strategies such as emotional automation, compartmentalization, or postponing emotional responses to fulfil professional responsibilities.

Beyond immediate emotional regulation, some interpreters develop deep, enduring bonds with the individuals they assist, especially children. As one interpreter shared: "Being separated from children affects your psychology too much. And there you need to be very tough, because you can't break your heart into a thousand pieces. We get very sad when the children leave, but we keep in touch after they leave" (Interviewee 4). This excerpt highlights a dimension of emotional labour that extends beyond the interpreting session, involving ongoing emotional attachments and grief when relationships are abruptly disrupted. In such cases, the emotional burden is not only acute but also cumulative and lasting, challenging interpreters to reconcile their professional boundaries with the very human connections that inevitably emerge in their work.

Institutional responses to interpreters' emotional labour were found to be inconsistent and often inadequate. While a few organizations offered access to psychologists or debriefing sessions, such provisions were exceptions rather than standard practice. As one interpreter explained, "Usually there is a psychologist and a social worker in each group, and we can turn to them for any problems we have. However, it is at the discretion of the facility. In my previous jobs they didn't provide us with a psychologist, and it was much more difficult" (Interviewee 3). Another reflected: "Unfortunately, there was no therapist to support us at the first organization I was working, so we would just be supported by our colleagues" (Interviewee 5). In such contexts, emotional support was informal, peer-based, and often insufficient in addressing the severity of the psychological strain interpreters experienced. As Lai, Heydon, and Mulayim (2015, 14–16) similarly found in their survey of public service interpreters in Australia, while some agencies did offer counseling services, most interpreters were either unaware of them or unable to access them, and trauma-informed training remained largely absent from interpreter education.

## 4. Discussion

This study has offered a close, empirically grounded insight into community interpreting practices in Greece, revealing how interpreters working in migration and public service settings navigate identity-based tensions, institutional hierarchies, interpersonal dynamics, and emotional strain. While similar patterns may also appear in other national contexts, they should be understood as situated reflections of Greece's evolving community interpreting landscape, given the qualitative and small-scale nature of the dataset. Within this scope, interpreters emerge in this analysis not as neutral intermediaries but as relational actors navigating deeply asymmetrical systems. Their practices are shaped by micropolitical factors, such as their training background and the institutional contexts in which they operate, which are, in turn, conditioned by broader macropolitical forces. Their role unfolds within a complex ecology of affect, ethics, and power – one that fundamentally challenges conventional models of interpreter neutrality. These findings reaffirm the sociological perspective that interpreters are not merely invisible, emotionally detached linguistic agents, but socially situated actors embedded within complex institutional ecologies (Wadensjö 1998; Inghilleri 2003; Angelelli 2004; Wolf 2014).

One of the study's key conclusions is that interpreting, far from being a straightforward linguistic task, is a deeply relational practice. In alignment with Major's (2024) study on healthcare interpreting, which highlights how interpreters' relational work – the micro-decisions they make to build rapport and manage relationships – shapes interactional outcomes, this study likewise found that interpreting requires constant negotiation of boundaries: between neutrality and involvement, between professional detachment and empathy, and between institutional expectations and human responsiveness. Interpreters are repeatedly placed in situations where they must decide whether to remain within the narrow confines of their formal role or to respond to immediate ethical and emotional needs that arise in real time. These decisions often unfold in the absence of clear institutional guidance and instead rely on each interpreter's personal character and moral disposition. Factors such as the interpreter's gender, background, prior training (if any), values, emotional resilience, and capacity to build trust in specific relational settings all shape how they perform their role, especially when navigating the blurred boundary between professionalism and human compassion. Among these factors, the results showed that the interpreters' training background emerged as particularly influential: those with formal preparation tended to maintain clearer boundaries of neutrality, whereas those without structured training more readily adopted advocacy-oriented or emotionally engaged approaches.

Alongside the interpreter's personal traits, the scope of their interventions – whether offering emotional support, clarifying cultural misunderstandings, or softening offensive language – also appears to be highly context-dependent. The data suggest that interpreters are more likely to take such liberties in environments where procedural rigidity is lower and the stakes are more diffuse, such as accommodation facilities or NGO settings. In contrast, formal medical appointments, court hearings, or asylum interviews leave less room for discretion. This variation highlights how institutional architecture conditions interpreter agency: the looser the procedural constraints, the greater the opportunity for mediation and emotional attunement. While, as noted earlier, training background appeared to influence interpreters' ethical orientations and role perceptions, contextual factors, particularly institutional rigidity and communicative situation, were often more decisive in shaping their behaviour. In this sense, differences based on setting seem more salient than those deriving from the interpreter's educational status.

Such context-responsive interventions illustrate how ideals of interpreter neutrality and emotional detachment are negotiated within Greece's loosely regulated and NGO-driven professional landscape of community interpreting. In practice, interpreters often assume informal roles as cultural mediators, emotional buffers, or counsellors – roles vital to interactional success but often institutionally unacknowledged and unsupported. This dissonance places interpreters in a structurally precarious position: they are held accountable for communicative outcomes yet excluded from decision-making processes, burdened with responsibility but denied authority. Institutional practices frequently subject their interventions to retrospective scrutiny, casting doubt on their fidelity and reinforcing a climate of mistrust. This dynamic of symbolic violence – where interpreters are both indispensable and marginalized – exposes the profound asymmetries that define their professional identity and constrain their agency.

These asymmetries also impact the dynamics of trust – both between interpreters and refugee or migrant communities, and between interpreters and institutional actors. Trust is not guaranteed by professional status alone; it must be negotiated within specific relational and institutional settings. In environments marked by institutional suspicion or ambiguous role expectations, interpreters may struggle to gain the trust of clients or colleagues alike. Finally, the emotional labour interpreters perform adds a further layer of vulnerability. In the frequent absence of structured organizational support, they must rely on informal coping strategies or peer support to manage the psychological toll. Again, individual temperament plays a decisive role in this context, as those who are more emotionally resilient or able to

set firm boundaries may fare better, but this should not be treated as a substitute for institutional responsibility.

## 5. Conclusion

To conclude, although the insights presented here are drawn from a limited yet diverse set of qualitative accounts within the Greek context, they offer an indicative understanding of how role ambiguity, institutional pressures, and emotional labour intersect in the everyday realities of community interpreting. By conceptualizing interpreters as active agents situated within institutional power relations, this study underscores the importance of acknowledging the micropolitical dimensions of their work and the pressing need for structural reform: clearer role definitions, stronger support mechanisms, targeted training in emotional boundary-setting, and the greater participation of interpreters in decision-making processes. Future research could build on these findings through broader and more varied samples across Greece, contributing to a fuller mapping of the national interpreting landscape and informing comparative analyses in other European contexts.

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# Interpreting for Ukrainian refugees in the healthcare system in Poland

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## ABSTRACT

The war in Ukraine has led to a surge in migration across Europe, particularly to Poland. Despite the urgent need for effective integration infrastructure, the Polish government was unable to provide adequate reception services for refugees. Against this backdrop, professional translators' associations in Poland, along with NGOs and non-professional language mediators, had to step in to replace public institutions and provide alternative language assistance solutions. This paper examines the state of interpreting provision and discusses the situation following the outbreak of the migration crisis. It also considers the needs of migrants, the responses of the authorities to these needs, and the actions taken by professional and non-professional interpreter associations. To offer more detailed insight into the experiences of interpreters, the paper also presents the results of a case study conducted in Poland interviewing or observing seven professional and non-professional language mediators in a medical setting. The data for this ethnographic research were collected through semi-structured interviews with three professional and two non-professional interpreters in healthcare facilities in Warsaw, as well as through observation of interpreted encounters during two psychological sessions with Ukrainian refugees.

**Keywords:** Poland, Ukrainian crisis, migrants, interpreting, healthcare

## Tolmačenje za ukrajinske begunce v zdravstvenem sistemu na Poljskem

### IZVLEČEK

Vojna v Ukrajini je sprožila obsežen porast migracij po Evropi – povečano priseljevanje je bilo še posebej občuteno na Poljskem. Kljub pereči potrebi po učinkoviti integracijski infrastrukturi poljski vladi ni uspelo zagotoviti primernega sprejema beguncev. Ker vlada ni zagotovila potrebne podpore, so se morala aktivirati poljska združenja profesionalnih prevajalcev skupaj z nevladnimi organizacijami in neprofesionalnimi jezikovnimi posredniki in nadomestiti javne institucije ter ponuditi alternativne rešitve za jezikovno podporo. V tem prispevku orisujemo stanje na področju tolmačenja in razpravljamo o razmerah po izbruhu migrantske krize. Poleg tega so obravnavane tudi potrebe migrantov, odgovor oblasti na te potrebe in ukrepi, ki so jih izvedla profesionalna in neprofesionalna združenja tolmačev. Za podrobnejši vpogled v izkušnje tolmačev so v članku

predstavljeni tudi rezultati študije primera, ki je bila izvedena na Poljskem in je vključila sedem poklicnih in nepoklicnih jezikovnih posrednikov v medicinskem okolju. Podatki za to etnografsko raziskavo so bili zbrani s polstrukturiranimi intervjuji s tremi profesionalnimi in dvema neprofesionalnima tolmačema v zdravstvenih ustanovah v Varšavi ter z opazovanjem tolmačenja dveh psiholoških obravnav ukrajinskih beguncev.

**Ključne besede:** Poljska, ukrajinska kriza, migranti, tolmačenje, zdravstvo

## 1. Introduction

Until February 2022, the number of immigrants in Poland made up no more than 0.2% of the total population of almost 38 million. Even considering the highest estimates of illegal immigration, the number of immigrants in the early 2000s would not exceed 500,000, accounting for just 1.3% of the population (Malinowski Rubio 2013). However, it seemed that this might change with the European refugee crisis of summer 2015, and the subsequent plans to resettle refugees and asylum seekers in EU member states. Indeed, Poland was expected to receive more than 7,000 refugees. However, in May 2016, the government stopped the programme and cancelled the arrival of the first group of 100 people. The situation changed dramatically with the start of the war in Ukraine on 24 February 2022, with almost 10 million Ukrainian refugees arriving in Poland within a few months. Since then, some have left Poland to settle in other countries, while others have returned to Ukraine. In September 2022, Ukrainian refugees numbered 3.37 million, almost 48% of whom were children under 18. According to the UN Regional Information Centre for Western Europe, there were 957,505 registered Ukrainian war refugees in Poland in June 2024 (United Nations 2024). Currently, according to Warsaw City Hall (UM Warszawa, n.d.), there are 114,766 Ukrainians in Warsaw, accounting for 6.1% of the city's population of 1,863,845.

This paper aims to discuss the results of research into interpreting and translation services offered by NGOs, professional interpreter associations and volunteer language mediators in healthcare settings in Warsaw, the capital city, which hosts the vast majority of Ukrainian refugees. In particular, we will discuss the availability of Polish-Ukrainian and Polish-Russian language mediators in healthcare facilities, as well as *ad hoc* solutions implemented during medical consultations. Our article also presents the findings of a micro-research based on observations of psychological therapy sessions with Ukrainian patients combined with semi-structured interviews with five professional and *ad hoc* interpreters offering their linguistic services to refugees in a healthcare setting. This ethnographic study aims to answer the following questions: (1) How do interpreters understand their role as language mediators in a migration

crisis? (2) What challenges and difficulties do they face when interpreting for refugees? (3) What possibilities for improvement exist in the field of interpreting during a migration crisis in Poland?

## 2. The role of NGOs and professional translator associations in the migration crisis

Since 2022, Poland has undergone a rapid transformation from an emigration nation to a multilingual and multiethnic country that receives immigrants. This change has been driven by the arrival of large numbers of Ukrainian citizens, who have brought new perspectives to various areas of society and the economy. Notably, significant changes have been observed in the education system, labour market, housing market, and healthcare system. The challenge for Poland has therefore been to accommodate and eventually integrate Ukrainian citizens while providing language services in nearly all areas of public life. In the healthcare sector, for example, it has been crucial to set up an information system for Ukrainian patients to provide them with information on medical care and services in their native language.

The arrival of such a large group of refugees has revealed Ukraine's linguistic diversity. According to the 2001 census, Ukraine was home to 130 nationalities and ethnic groups. More than two thirds of the population (67%) claimed Ukrainian as their mother tongue, while 29.83% claimed Russian, and 2.5% claimed other languages. As has been reported on numerous occasions, migrants may also use Surzhyk, a variant of Ukrainian with Russian influences spoken in eastern Ukraine. While the 2001 census records 22,600 Romani speakers, the actual number is estimated to be much higher. The Ukrainian Parliament Commissioner for Human Rights estimates that there are between 150,000 and 400,000 Roma across Ukraine (State Statistics Committee of Ukraine 2003–2004; Translators without Borders, n.d.). As reported by the Ilko Kucheriv Democratic Initiative Foundation, the share of people who consider Ukrainian their native language has progressively increased. While in 2021, 77% of Ukrainians considered Ukrainian to be their native language, this figure rose to 87% a year after the full-scale war began. At the same time, the use of the Russian language decreased by almost 10% (Ilko Kucheriv Democratic Initiative Foundation, n.d.).

This Ukrainian linguistic diversity has had an interesting impact on the Polish translation and interpretation profession. In Poland, the number of professional translators and interpreters certified and accredited by the Ministry of Justice varies from language to language. According to the latest data on the Ministry of Justice website

(Ministerstwo Sprawiedliwości, n.d.), for example, there are as many as 1,147 certified court translators and interpreters for Russian, but only 372 for Ukrainian, and none for Romani.

In the face of an increasing influx of Ukrainian refugees, it was assumed that the Polish government would establish the necessary infrastructure to facilitate their integration. However, this infrastructure has not yet been effective in improving the hosting of refugees. In response to the language barrier, some local governments have launched Ukrainian and/or Russian-language websites and helplines, providing online and on-the-spot services in those languages and informing refugees about opportunities for free legal and civic assistance. However, these measures have proved to be insufficient. In this situation, volunteers – mostly students of foreign languages or translation studies, often with no relevant training – as well as professional Polish associations of translators and interpreters and non-governmental organizations, have tried to compensate for the lack of public services by offering linguistic and cultural assistance to Ukrainians experiencing difficulties due to language barriers and cultural differences. This is particularly important in healthcare settings, where vulnerable people such as the elderly and very young children are most numerous.

In this situation, the majority of initiatives concerning the provision of interpreting and translation have come from NGOs with experience in the field of assistance for migrants, foreigners, or asylum seekers. In this respect, the situation in Poland was no different from the practices observed in other countries in crisis situations (Tipton and Furmanek 2016). Before the Russian invasion of Ukraine, many NGOs had endeavoured to provide linguistic support to migrants in their daily life, mainly during medical visits, or in the immigration offices. One of the first organizations of this type was SIP Stowarzyszenie Interwencji Prawnej [Association for Legal Intervention], which provides legal advice for refugees, asylum seekers, foreigners, prisoners, children, and foster families (Stowarzyszenie Interwencji Prawnej, n.d.). Other organizations, for example, Fundacja Polskie Forum Migracyjne [Polish Migration Forum], offer psychological support for children and individual, free-of-charge medical consultations in Polish, English, or Russian, Ukrainian, Belorussian, French, Arabic, Dari and Persian (Polskie Forum Migracyjne, n.d.). Centrum Inicjatyw Międzykulturowych [Centre for Intercultural Initiatives] offers intensive language courses in Polish (CIM Horyzonty 2022). Fundacja Ocalenie [Ocalenie Foundation] offers psychological support in Polish, English, Russian, and Ukrainian for adults (Ocalenie Foundation, n.d.). NGOs are also very active in the publication of brochures, booklets, leaflets, and flyers on important topics for refugees. For example, the Polish Migration Forum published the leaflet *Jestem mamą w Polsce* [I am a mum in Poland] for

migrant mothers which provides information on pregnancy, delivery, and legalizing the stay of a newborn baby, in Polish, English, Russian, Arabic, and Vietnamese; another example is *Jesteśmy rodzicami w Polsce* [We are parents in Poland], produced in the above-mentioned languages, as well as other booklets on the health system in Poland for migrants in Polish, English, Russian, and Ukrainian (also made available for free online; Polskie Forum Migracyjne – Publikacje, n.d.). Międzynarodowa Inicjatywa Humanitarna [International Humanitarian Initiative] offers bilingual informed consent forms necessary in case of medical and emergency care in Polish, English, and French. One of the most important initiatives has been the publication by the Centrum Inicjatyw Międzykulturowych [Centre for Intercultural Initiatives] of the brochure *Praca z tłumaczem w terapii i diagnozie psychologicznej. Specyfika pracy i zalecenia dla psychologów i terapeutów pracujących z tłumaczami na rzecz osób obcojęzycznych* [Working with an interpreter during therapy and psychological diagnosis. The specificity of the work and recommendations for psychologists and therapists working with interpreters for foreign-language speakers] authored by the psychologist Monika Wądołowska (2014). Although this guide is not widely known within the Polish translation or psychotherapy communities, it contains useful tips to help therapists and patients communicate effectively through an interpreter during a psychotherapy session and illustrates the potential consequences of working with an unqualified language mediator. The guide devotes a separate section to sessions involving interpreters and victims of torture or deaf people. It is supplemented by recommendations for joint training of interpreters and psychologists, and concludes with a list of competencies for those working together.

In this new situation, the most important initiative so far has been the *Tłumacze dla Ukrainy* [Translators for Ukraine] project (*Tłumacze dla Ukrainy*, n.d.), which was jointly launched in March 2022 by seven Polish professional associations of translators and interpreters:

- 1) STP Stowarzyszenie Tłumaczy Polskich [Association of Polish Translators and Interpreters] (Stowarzyszenie Tłumaczy Polskich, n.d.),
- 2) TEPIS Polskie Towarzystwo Tłumaczy Przysięgłych i Specjalistycznych [Polish Society of Sworn and Specialized Translators] (TEPIS 2025a),
- 3) PSTK Polskie Stowarzyszenie Tłumaczy Konferencyjnych [Polish Association of Conference Interpreters] (PSTK, n.d.),
- 4) BST Bałtyckie Stowarzyszenie Tłumaczy [Baltic Society of Translators and Interpreters] (BST, n.d.), LST Lubelskie Stowarzyszenie Tłumaczy [Lublin Association of Translators and Interpreters] (LST, n.d.),
- 5) ZZTP Związek Zawodowy Tłumaczy Przysięgłych w Polsce [Union of Sworn Translators in Poland] (ZZTP, n.d.), and

- 6) FreeLING Fundacja Tłumacze dla Tłumaczy [FreeLING Foundation Translators for Translators] (FreeLING, n.d.).

Its aim is to provide interpreting and translation services free of charge for Ukrainian refugees through an online directory of *pro bono* translators and interpreters working in Russian and Ukrainian. The project has also produced bilingual medical, legal, and administrative forms in Polish, Ukrainian, Russian and English, as well as bilingual dictionaries.

The Polish Association of Sworn and Specialized Translators has also developed thematic dictionaries, directories of student volunteer translators, and, last but not least, rules for transliterating Ukrainian and Russian into Polish (TEPIS 2025b). Although Polish, Russian and Ukrainian are all Slavic languages, they are written using different alphabets: Polish uses the Latin alphabet, whereas Russian and Ukrainian use Cyrillic. Therefore, the issue of transliteration becomes particularly important when translating official documents such as civil status records, documents certifying education or professional experience of the migrants.

### **3. Provision of interpreting services during the migration crisis: Initial observations, challenges and responses from public institutions**

As early as 2022, public institutions and scholars began conducting the first studies on assistance and care for Ukrainians arriving in Poland (as shown below). These studies examined the various activities carried out by public services, civil society and volunteers at the Polish-Ukrainian border, railway stations, local offices, hospitals and health facilities. As Gavioli and Merlini (2023, 192) rightly emphasize, in a mass migration situation, the need for interpreting and translation is most acute in healthcare and legal services. From the outset of the Ukrainian refugee crisis, it has been evident that establishing an effective system to provide Ukrainian patients with information about medical care, health facilities and services in their native languages must be a top priority. Providing translation and interpretation services during medical consultations in public or private hospitals, health centres, etc. has also been essential, given that shortly after arriving in Poland in February and March 2022, 44% of refugees needed emergency care, 40% required advice on chronic diseases and 56% indicated a need for psychological support, as shown in the survey conducted by GUS/WHO (2023) examined below. However, these expectations were not properly met.

To describe the existing system and propose future developments, Statistics Poland and the WHO (GUS/WHO 2023) conducted a survey of Ukrainian refugees named

*Health of Refugees from Ukraine in Poland, 2022. Household Survey and Behavioural Insights Research.* The survey aimed to explore access to healthcare and the particular needs of refugees. Published in February 2023, the survey was conducted among 1,800 Ukrainian households, with statistical data collected through questionnaires and in-depth interviews with a selected group of respondents. During the interviews, respondents were asked what they thought would help Ukrainian refugees in Poland most when accessing health services. The data revealed that the most frequently encountered obstacle to accessing healthcare was the information barrier (i.e. the lack of information due to language and cultural barriers), which was mentioned by 50% of interviewees. Unsurprisingly, respondents stressed the importance of providing more Ukrainian-speaking health professionals and opening clinics for Ukrainians with Ukrainian doctors in this particular crisis situation. However, this report did not address the need for translation services. In fact, the survey's authors seem to consider direct communication with patients in either Ukrainian or Polish to be the most effective approach. This highlights the importance of training healthcare professionals who assist Ukrainians, encouraging them to communicate clearly in Polish and provide comprehensive services.

Another survey, *Hospitalizations of Ukrainian Migrants and Refugees in Poland* (Lewtak et al. 2022), showed that Ukrainian citizens have been granted medical care in Poland, where healthcare is publicly funded. The Polish State introduced legal solutions aimed at supporting Ukrainian refugees as early as the first days of the full Russian invasion. According to Directive 2011/24/EU, the Law of 12 March 2022 provides Ukrainian citizens with benefits similar to those for citizens of EU member states (Poland Act 2022). Consequently, every Ukrainian citizen legally residing in Poland is guaranteed access to the public healthcare system on the same basis as Polish citizens. Unlike the previously mentioned report, this study highlights the importance of ensuring the presence of an interpreter when providing medical assistance. However, it is emphasized that interpretation is rarely carried out in practice due to a lack of adequate regulation, standards and funding for these services within the healthcare context.

In response to these issues, the Polish Ministry of Health launched LikarPL, an online application (LikarPL, n.d.) which has two functions: to facilitate communication between patients and doctors and to provide translations into Polish, Ukrainian, Russian and English. It can be used before or during a medical consultation. According to the Ministry and the National Health Fund, the app ensures efficient written communication, and the conversation can be transcribed and saved as a PDF file. However, by May 2023, the app had only been used by around 3,000 people to describe their

health condition before going to a Polish doctor. Also, no more than 200 medical appointments have been made using the app to date (Szczęsny 2024). Some migrants claim that they cannot use the application as they do not have internet access, and it appears that Ukrainian patients prefer to speak in their native language. Also, many of them say that doctors suggest they speak Polish or come with their own interpreter during a medical appointment.

In the summer of 2022, a team led by University of Warsaw sociologists Maciej Duszczyk and Maciej Bukowski, composed of eminent academics, lawyers, sociologists, economists, entrepreneurs and activists, brought together by the WiseEuropa Foundation produced the *Polska Gościenna 2022+* [Hospitable Poland 2022+] report on the situation of Ukrainian refugees in Poland. The report reveals the lack of a coherent national immigration policy, a problem that has once again become apparent as a result of the current migration crisis. It also shows that Polish immigration policies are scattered and do not constitute a holistic and systemic approach through which the state could respond flexibly and appropriately to challenges in this area. As with the GUS/WHO report mentioned above, the report makes almost no reference to the translation needs of public and social actors or Ukrainian refugees. This would seem to indicate that the team of migration specialists does not recognize the need for systematic translation assistance from and into Ukrainian, or if they do, this need is only vaguely acknowledged. The report reiterates the view that Ukrainian immigrants should integrate through intensive Polish language learning, as this may enable them to gain independence and empowerment in the current situation, while also allowing them to maintain their own identity. In the section on healthcare, the authors propose creating a multilingual medical terminology database to improve the management of electronic medical records in different languages and enable flexible translation as required. They refer to translation itself as the “implementation of multilingual dictionaries” (Bukowski and Duszczyk 2022, 80–81). Regarding the psychological challenges resulting from migration, the authors write: “It is important that refugees have access to assistance in Ukrainian, i.e. psychologists who speak the language. Ideas about conducting therapy through an interpreter may be unsuccessful” (Bukowski and Duszczyk 2022, 112). This approach to translation appears common among researchers.

*Masowa pomoc w masowej ucieczce. Społeczeństwo polskie wobec migracji wojennej z Ukrainy* [Mass aid in mass escape: Polish society and war migration from Ukraine], conducted by the sociologist Małgorzata Fuszara (2022), is the next report worth mentioning. It is based on interviews conducted at the Polish-Ukrainian border and railway stations, i.e. the first point of contact for refugees with the numerous groups of

volunteers providing emergency assistance. According to the volunteers interviewed, the language barrier was the least impactful of the obstacles encountered by refugees. It was said that volunteers and refugees could communicate using a combination of languages they knew or various manual signs. In addition, volunteers could use glossaries of basic aid-related terms in Ukrainian or Russian. They emphasized that the language barrier was not an issue, as the refugees just needed someone to provide them with comfort. According to some respondents, the non-verbal engagement of the volunteer was sufficient. However, knowledge of the language became more important when it came to building more in-depth relationships. Similarly, when asked what assistance they needed most when crossing the border, the refugees said it was hot drinks (78%), followed by hot food (70%) and somewhere to rest (35%). Only a small proportion of respondents (14%) mentioned needing an interpreter, and an even smaller proportion (10%) mentioned needing basic medical assistance (Fuszara 2022, 41). The report noted that, upon arrival in Poland, the refugees indicated a need for financial aid (67% of respondents), Polish language courses (65%), and work (61%; Fuszara 2022, 45). In this survey, both groups of respondents (Ukrainian refugees and volunteer interpreters) stressed the importance of learning Polish as soon as possible, as this would give them greater autonomy and independence in their new situation. It is worth noting that Pokorn and Čibej (2018) reach similar conclusions regarding migrants in Slovenia.

The community of translators responded to the aforementioned surveys, offering a different perspective on the provision of linguistic aid. In winter 2022/2023, the Lublin Association of Translators and Interpreters conducted a survey entitled *Social roles of translators in times of peace, war and humanitarian crisis* (Kawecka 2023), investigating interpreting and translating in crisis situations. The survey was completed by 155 translators and 109 representatives of local public institutions. While the survey did not address the healthcare sector directly, it provided some insights into the role of language mediators in a medical setting. Although translators and public institutions have different expectations regarding free services, both groups of respondents agree that there is a consensus on the need for translation to be part of the state policy in crisis management. They also recognize the need to provide psychological and material support to translators, who often face difficult challenges, although this support is currently lacking. One of the survey's major findings is that most interpreters view their role as broader than that of a language intermediary. The majority of respondents (77%) felt that when working with Ukrainian refugees they had to step outside their translation role and become socially and emotionally involved in their work (Szczyński 2024). The report concludes that although interpreters remain in the shadow of the events and the people they translate for, they play a socially versatile role.

The survey results clearly showed that in crisis situations they become a vital link in communication and assistance processes. Therefore, their role should be recognized more deeply so that the assistance they provide and their involvement in crisis situations can be more effective and targeted (Kawecka 2023, 22).

#### **4. Volunteers and non-professional language mediators working in healthcare settings during the migration crisis**

Recent years have seen an increasing body of studies on professional and non-professional language mediators in migration or humanitarian crises (Antonini et al. 2017; Bancroft 2017; De Wilde et al. 2021; Moskal et al. 2024; Pérez-González and Susam-Saraeva 2012; Ng and Crezee 2020; Rudvin and Carfagnini 2020; Tipton and Furmanek 2016). The language mediation in a migration crisis can be provided either by professional, trained and certified language service providers, or by non-professionals, *ad hoc* or self-appointed bilingual intermediaries without any training or preparation for the job. Numerous observations of interpreting in migration situations show that the lack of adequate skills or competencies by non-professional mediators can create ethical challenges, psychological dilemmas and emotional tensions that lead these intermediaries to question the boundaries of their roles. Both the role of the interpreter and the emotional dimension of their work are at the heart of current research on interpreting in migration or humanitarian crisis. As demonstrated in studies by eminent scholars, in particular by Angelelli (2004), Hale (2007), Mason (2009), Pöchhacker (2000), and Valero-Garcés (2023), it is objectively impossible to define the role of an interpreter who, in numerous cases, does much more than is expected. In addition to the role of a linguistic and cultural mediator, interpreters perform other sub-roles, such as the role of an assistant, an advocate, a helpmate, a gatekeeper, etc. (Tryuk 2004). This complexity sheds light on the ambiguous position of an interpreter, in particular in a migration situation.

During a refugee crisis, interpreters are assigned additional roles that go beyond simply communicating information. Sometimes, interpreters consider the protection of a refugee as their sole responsibility, which leads them to step outside the traditional role of a linguistic mediator (Moskal et al. 2024). The studies on the role of interpreters in the case of interaction with traumatized refugees in emotionally charged situations highlight the psychological effects on interpreters (Bot 2003; Sultanić 2021; Valero-Garcés 2005; Valero-Garcés 2015). Translating for a migrant, who is often in a dramatic life situation, is very demanding and presents an additional emotional challenge for interpreters. As explained by Leanza, Pointurier, and Duchesne (2025), their involvement in the narratives of migrants is not without psychological consequences

such as stress, anxiety, depression or vicarious trauma (Bancroft 2017; Tipton and Furmanek 2016). Recent studies by Du (2024), Leanza, Pointurier, and Duchesne (2025), Rudvin and Carfagnini (2020) and Valero-Garcés (2015) have addressed the issues of health and mental health of migrants and interpreters, as well as the impact of psychological and emotional factors on the latter group.

Prior to the war in Ukraine and the subsequent migration crisis, the topic of interpreting for refugees was rarely discussed by Polish translation and interpreting scholars, except in a few papers (Szczęsny 2024; Tryuk 2023). However, in winter 2022 and spring 2023, a group of students from the University of Warsaw, led by the author of this paper, conducted an ethnographic micro-study on the provision of interpreting services for Ukrainian refugees in healthcare settings.<sup>1</sup> It was the first attempt to study healthcare interpreting in Poland in the context of a refugee crisis. This case study explores interpreters' working conditions, the perception of their role, as well as reflections on well-being and psychological strain in a medical setting. The study was based on a series of semi-structured interviews conducted with five professional and volunteer interpreters working in healthcare facilities in Warsaw. It was combined with observations of two interpreter-mediated psychotherapy sessions with Ukrainians at a psychological centre in Warsaw. The questions in the interviews were addressed to interpreters all working *pro bono*: two non-professional interpreters who are Ukrainians with long-term residence in Poland and a good knowledge of Polish; one recent graduate in translation and interpreting studies at the University of Warsaw who has no experience; and two certified court interpreters who have experience of working in a medical context. The interviews conducted in Polish generated nearly four hours of recordings, were manually transcribed and analysed to identify the main problems encountered by all three groups of interviewees. The answers were then translated into English for the purpose of the present paper.

The interviews covered questions about the organization of interpreting in this setting, the number of assignments, the interpreters' experience and observations concerning linguistic mediation in medical settings, other forms of assistance for Ukrainian refugees, and their relations with patients, their families, and healthcare professionals. Finally, the interviews covered the challenges the interpreters faced due to the psychological and emotional burden they were experiencing.

The respondents reported that, in general, health professionals understand their role as language intermediaries. However, they often had to provide additional support to

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1 Detailed findings of this study were presented during the InDialog4 conference held in Ghent, September 18–19, 2023.

refugees with everyday matters, such as filling in forms, informing them of treatment options and explaining medical terminology, as well as providing emotional support. They thus not only translated, but also provided linguistic first aid. This concept, introduced by Probirskaja (2021) is based on the notion of medical first aid and is provided in any emergency, such as a migration crisis, by bystanders, activists, and volunteers who have no special training, education, or knowledge in the area of interpreting but are motivated to help those in need. Those who provide such linguistic first aid act out of personal beliefs and a sense of responsibility towards their fellow human beings. However, this assistance offered by activists and volunteers may raise multiple ethical issues that are highlighted by, among others, Basalamah (2021), Boéri and Delgado Lucher (2021), Costa, Lazaro Gutierrez, and Rausch (2020), Howes (2022), Pöllbauer (2004) and Tryuk (2004; 2017). In particular, the interpreters are confronted with such issues as an asymmetry of power, responsibility, empathy and goodwill. One of the respondents in our study provided the following picture of her assignment, which corresponds to the aforementioned dilemmas.

“Ms A called me to ask if I could act as her interpreter during a doctor’s appointment. During her first visit, the doctor told her: ‘Next time, bring an interpreter with you.’ Ms A is studying Polish, but her linguistic competence is insufficient for her to communicate effectively with the doctor. She searched for information about interpreters and found my name on the Translators for Ukraine website. She looked for other interpreters, but many were unavailable on the day of the planned visit, so I was her last chance. Neither of us was aware that it would be a consultation with a group of doctors. Before entering the doctor’s office, she provided me with basic information about her illness and the questions she wanted to ask the doctor, enabling me to find the necessary detailed terminology before the visit. When we entered the room, the doctors seemed surprised to see me there as an interpreter. I got the impression that none of them had worked with an interpreter before. The most difficult decision for me was which parts of the doctor’s consultation, which took place in front of the patient, but was not always directed at her, I should interpret and which I should omit. Although the patient was able to ask the doctor a few questions, after leaving the room, she asked me for a brief summary of the most important points. I also had to tell her where she could collect her test results. Subsequent visits to the attending physician went much better, with the doctor addressing the patient directly rather than me. I was also able to ask for the names of the medicines and for detailed recommendations to be repeated. This time, the doctor was

kind and understanding towards me, and I felt that communication was more effective. However, after the consultation, Ms A asked me again for a summary of the key information. As we had to wait a long time to enter the doctor's office, there was an opportunity for us to get to know each other better and reduce stress for both of us." (Szczęsny 2024, 117–118)

This example shows that, in a medical setting, interpreting has two seemingly opposite goals: enabling the medical staff to provide therapy for the patient, and providing the attention and reassurance that the patient expects. The interpreter's role is not only to coordinate interaction between patients and physicians, but also to enable patients to understand the specific medical language which may differ from everyday language, or to put it differently, to bridge the knowledge gap between professionals and patients (Gavioli and Merlini 2023, 195–197). In the situation described above, the patient established direct contact with the interpreter before the consultation and informed her about her condition. However, this could put the interpreter in an ethically challenging new situation. Her role was not only to provide linguistic and cultural mediation. She also acted as a consultant, guide, and personal assistant. The specific responsibilities and tasks associated with these roles are usually not set out in community interpreter professional codes of ethics (Pokorn and Mikolič Južnič 2020).

In our micro-study, the respondents also emphasized the lack of professional training in medical interpreting as well as the perceived mistrust of their competences by migrants and healthcare professionals. According to their perceptions, both groups of recipients of interpreting services had a different approach to their services: the former expect immediate help with any issue, not just translations, while the latter feel that interpreters only get in the way of direct contact with the patient. The respondents to our interviews expressed the need for more guidance from psychologists with experience of working with traumatized migrants. Above all, they expected more systemic solutions from state and local authorities in terms of remuneration and joint training for language mediators and medical staff.

Contrary to the opinions expressed in the report *Hospitable Poland 2022+* (Bukowski and Duszczyk 2022), psychological consultations for Ukrainian refugees with an interpreter do actually take place in Poland. However, knowledge about them is fragmented and scattered. Apart from the therapeutic assistance organized by NGOs, there is no up-to-date database or register of institutions offering such consultations or assistance. Moreover, knowledge about the interpreters engaged in such work is not yet comprehensive. One can only guess that they are often well-intentioned, bilingual people who are invited on an occasional, *ad hoc* basis, but without sufficient training to undertake this emotionally exhausting task.

One example of therapeutic assistance provided to refugees, including children from Ukraine, is that offered by Polskie Towarzystwo Terapii EMDR [Polish Society for EMDR (Eye Movement Desensitization and Reprocessing) Therapy] (PTT EMDR, n.d.). The Society is currently organizing sessions for Ukrainian refugee women, including children, who require psychological support as a result of the stress of war and fleeing to a foreign country. The therapy is conducted with the participation of volunteer interpreters, lecturers and students of the translation faculty of a Polish university, and also occasionally by bilingual people willing to cooperate. During our micro-study we had the chance to observe two therapy sessions with the participation of an interpreter (one session was attended by a child together with the mother, the other by a child alone with the therapist) that confirms the validity of the choice of this form of psychological work. In interviews with two female non-professional interpreters cooperating with the EMDR Foundation conducted on 5 and 8 July 2022, they emphasized that during the session they primarily act as cultural consultants, providing guidance and advice on cultural matters. They also noted that this work can be very stressful for an unqualified translator who does not have adequate support from a specialist.

## 5. Conclusion

The unprecedented immigration situation in Poland, resulting from the war in Ukraine, has revealed a rapidly growing demand for interpreting services. This includes new areas, such as the health and mental health of refugees. However, as mentioned above, the state has not implemented any systematic solutions, so it is unclear how these services should be provided.

Rather than providing translation services, various institutions (e.g. local governments, offices and universities) organize intensive Polish language courses.<sup>2</sup> The reports discussed in Section 3 of this paper highlight the cultural and linguistic proximity between Ukraine and Poland, which could be a significant asset in the integration of Ukrainian migrants. According to the authors of these reports, the integration process should prioritize language learning, as this could empower individuals to become more independent in the current situation while enabling them to maintain their identity. In this situation, translation activities are carried out primarily by non-governmental organizations and professional translators' associations. These activities mainly rely on volunteers, who often lack specialist training

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2 For example, such intensive courses are offered at the University of Warsaw (Uniwersytet Otworthy na UW, n.d.).

in community interpreting and do not receive the psychological support needed to cope with the traumatic stories recounted by refugees. Our research confirmed the existing lack of preparation of language mediators to work in such a demanding environment. The interpreters we interviewed acknowledged that they are not prepared to handle the emotional challenges they face, and that they receive no support to sustain their mental well-being.

The migration crisis has highlighted at least two issues relating to public service interpreting: Firstly, it has exposed the state's inability to facilitate effective communication between migrants and institutions, particularly within the healthcare sector. Interpreting is currently provided by *ad hoc* volunteers or activists who are bilingual but have not received any proper training for the role. The state has not developed any systematic, efficient or effective solutions to improve communication with migrants. Rather than providing interpreting services, local authorities, public institutions and universities are offering Polish language courses to Ukrainians. This policy is widely supported by state authorities, who believe that language proficiency guarantees migrants' autonomy and agency in their new social and economic circumstances.

Secondly, it has revealed a need for better education in public service interpreting and for the dissemination of knowledge about the specificities and value of language mediation in a refugee context among public institutions and academia. In response to the growing demand for training and education in public service interpreting, we believe there is a need to develop adequate academic curricula and integrate them into interpreter training at the university level. Furthermore, we believe that technology, such as the LikarPL application, which was set up by the Polish Ministry of Health, can play an important role in supporting human mediators in the migration crisis (Jiménez-Andrés 2021; Braun, Al Sharou, and Temizöz 2023).

Our ethnographic study, although limited in scope, seems to demonstrate that interpreters, including non-professional volunteers, play a vital role in ensuring effective communication and providing assistance during a refugee crisis. We hope that further research into language mediation will encourage the Polish public sector to recognize interpreters' social role in the context of migration.

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# Building the plane while flying it: Community interpreting in crisis during the Ukrainian refugee response in the Czech Republic

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## ABSTRACT

The large-scale displacement caused by the Russian invasion of Ukraine in 2022 exposed the Czech Republic's systemic unpreparedness for delivering professional community interpreting. This article presents a qualitative case study, forming part of a larger research project on interpreting during the Ukrainian refugee response. Focusing on a Regional Assistance Centre (KACPU) in Olomouc, the study draws on ethnographic observation and 17 interviews with interpreters, coordinators, and psychologists, including follow-up interviews with six interpreters conducted three years later. It explores how interpreting was organized in the absence of formal infrastructure, how interpreter networks emerged, and how the role and status of community interpreters evolved over time. Thematic analysis reveals blurred role boundaries, ethical dilemmas, and emotional strain as interpreters navigated encounters in law enforcement, healthcare, and social services. Although many interpreters remained active in the field, often in precarious roles, systemic support structures have lagged behind. The article concludes by calling for reforms in training for both interpreters and providers, ethical frameworks, and institutional recognition to strengthen resilience in future crises.

**Keywords:** community interpreting in crisis response, professionalization of *ad hoc* interpreters, role boundaries, Ukrainian refugee crisis, interpreter ethics

## Gradili smo letalo, medtem ko smo leteli: Krizno skupnostno tolmačenje v času bivanja ukrajinskih beguncev na Češkem

### IZVLEČEK

Obsežna razselitev, ki jo je leta 2022 povzročila ruska invazija v Ukrajino, je razkrila, da je Češka republika sistemsko nepripravljena, da bi zagotovila profesionalno skupnostno tolmačenje. V prispevku predstavljamo kvalitativno študijo primera, ki je del širšega raziskovalnega projekta o tolmačenju v času bivanja ukrajinskih beguncev na Češkem. Študija, ki se osredotoča na regionalni center za pomoč (KACPU) v Olomoucu, temelji na etnografskem opazovanju in 17 intervjujih s tolmači, koordinatorji in psihologi, vključuje pa tudi dodatne intervjuje s šestimi tolmači, opravljene tri leta pozneje. Raziskava se osredotoča na vprašanje, kako je bilo tolmačenje organizirano v odsotnosti formalne infrastrukture, kako so se oblikovale mreže tolmačev ter kako sta se vloga in status skupnostnih tolmačev razvijala skozi to obdobje. Rezultati tematske analize so razkrili zabrisane meje vlog, etične dileme in čustvene napetosti, ki so se pojavljale, ko so tolmači krmarili skozi pogovore z organi pregona in drugimi zaposlenimi v zdravstvu in socialnem varstvu. Čeprav so številni tolmači ostali dejavni na tem področju, pogosto v negotovih vlogah, pa se sistemske podporne strukture niso razvijale vzporedno. Članek se zaključi s pozivom k reformam na področju izobraževanja tolmačev in izvajalcev storitev, po vzpostavitvi etičnih okvirov in institucionalne uveljavitve, ki bi okrepili odpornost v prihodnjih krizah.

**Ključne besede:** skupnostno tolmačenje v kriznih situacijah, profesionalizacija *ad hoc* tolmačev, meje vlog, ukrajinska begunska kriza, etika tolmačenja

## 1. Introduction

The Russian invasion of Ukraine, launched on 24 February 2022, triggered one of the most extensive forced migrations in Europe since the Second World War. By mid-2024, more than six million Ukrainians had sought refuge outside their homeland, with the Czech Republic ranking among the top three EU countries in terms of the number of individuals under temporary protection (UNHCR 2022). In relative terms, the country recorded one of the highest concentrations of refugees per capita across the European Union (UNHCR 2025).

To manage this unprecedented influx, the Czech government created 13 Regional Assistance Centres for Help to Ukraine (Krajská asistenční centra pomoci Ukrajině – KACPU) and adopted a legislative package known as Lex Ukrajina, which framed the legal status of refugees, their social security, access to work and education, and other issues. The KACPU centres functioned as integrated “one-stop” hubs where refugees could access essential services, including legal registration, social support, health insurance, and emergency housing. Among them, the KACPU in Olomouc became a key operational node in the Olomouc region, handling hundreds of new arrivals daily during its peak activity in spring 2022.

Language mediation emerged as a cornerstone of this crisis response. Refugees navigating complex administrative procedures depended on interpreters to facilitate communication with state officials, medical staff, and psychosocial support teams. However, in the absence of institutional frameworks for rapid interpreter deployment, interpreting at KACPU relied almost entirely on volunteers (Čeňková 2023, 27–37; Molchan and Čeňková 2025, 178). In Olomouc, these primarily included students, along with members of the Ukrainian diaspora, and individuals from Belarus, Russia, Czechia, Slovakia, and other countries. Most had no previous formal interpreting training (see section 3.2 for details).

The sudden demand for linguistic mediation under extreme time pressure led to a situation in which untrained bilinguals spontaneously assumed interpreting roles and gradually developed professional skills through practice and experience rather than formal training. This emergent form of on-the-job learning revealed systemic gaps in securing sufficient interpreting capacities and in the preparedness of interpreters, while also creating ethical, emotional, and linguistic challenges for those involved. Such processes of spontaneous or experience-based professionalization in community and public service interpreting have been previously discussed in the literature (Rudvin 2007, 48–49; Wadensjö 2013, 49; Valero-Garcés and Tipton 2017, 182).

This article addresses these dynamics through a case study of KACPU Olomouc, drawing on interviews with interpreters, coordinators, and psychologists, as well as ethnographic and autoethnographic observation. It seeks to answer the following research questions:

1. How did interpreter networks emerge and operate in the absence of structured recruitment and training?
2. How were role boundaries negotiated among interpreters and other professionals?
3. What ethical and emotional challenges did interpreters encounter?
4. How did these experiences shape interpreters' professional identities over time?

By addressing these questions, the article contributes to the growing body of research on interpreting in crisis contexts, highlighting the vulnerabilities of improvised systems and the long-term implications for professionalization.

## 2. Theoretical framework

This study draws on three interrelated lines of inquiry: research on community interpreting in public service and crisis contexts, the professionalization of *ad hoc* interpreters, and the ethical and emotional dimensions of interpreting under extreme conditions.

### 2.1 Community interpreting in public service and crisis context

Community interpreting refers to interpreting in interactions between service providers and service users who do not share a common language (Hale 2007, 29–30). Traditionally associated with healthcare, social services, and legal settings, this form of interpreting is embedded in asymmetrical power relations where interpreters mediate not only language but also access to rights and essential services (Hale 2007, 73; Wadensjö 2013, 13). Contrary to the traditional “conduit” model, which frames interpreters as neutral and invisible speech transmitters, research has established that community or public service interpreting is an interactional activity shaped by social and institutional contexts (Wadensjö 2013, 45; Tipton and Furmanek 2016, 88; Radicioni and Ruiz Rosendo 2022). Interpreters routinely engage in both linguistic and cultural mediation, adapting speech, clarifying culturally embedded references, and ensuring mutual comprehension – functions that become even more complex under conditions of urgency and uncertainty. Interpreters influence turn-taking, negotiate meaning, and manage emotional and relational dimensions of encounters (Gavioli 2015, 38–44; Farini 2024, 55–56).

Institutionalized practices such as those embedded in police interview protocols – where interpreters receive structured briefings and introductory statements – demonstrate how role clarity can be operationalized to prevent ethical breaches, as implemented in the UK, Czech Republic, and other EU countries (e.g., Tipton and Furmanek 2016, 41–42). In contrast, crisis environments rarely provide such safeguards, leaving interpreters to define their role on the spot. Crisis situations, such as natural disasters, armed conflicts, or mass displacement, introduce conditions of unpredictability, urgency, and emotional overload, while often eliminating opportunities for pre-briefings, terminology preparation, and institutional support (Federici and O’Brien 2020, 10). In such contexts, interpreters operate without structured protocols, balancing linguistic mediation with emergent tasks such as coordination or cultural explanation. These improvisational practices reveal the fragility of systems that marginalize interpreting in emergency planning (Federici and Cadwell 2018, 487–88; Tryuk 2020, 408; Šveda and Štefková 2022, 42–44; Hodáková 2024, 116).

## 2.2 Recruitment practices in crisis-context interpreting and *ad hoc* professionalization

A salient characteristic of interpreting in humanitarian emergencies is reliance on individuals without formal training or certification. Such patterns are well documented in asylum and migration settings, where interpreter shortages often result in authorities resorting to “whomever is available”, leading to the coexistence of professionals and non-professionals throughout the process (Tipton and Furmanek 2016, 77). While such arrangements enable rapid response, they generate systemic vulnerabilities, including inconsistent performance, ethical ambiguity, and psychological strain (Tipton and Furmanek 2016, 76–109). Recent findings suggest that the field of community interpreting in the Czech Republic remains only partly professionalized, especially in social and crisis-related domains (Molchan and Čeňková 2025, 176–79). The absence of a recognized occupational status and clear qualification requirements for community interpreters has resulted in a mixed landscape, where professional interpreters, students, NGO-based staff, and volunteers all operate side by side.

During the 2022 refugee crisis, these groups collectively filled the urgent demand for linguistic mediation, though often under improvised conditions. Molchan and Čeňková (2025) note that while trained interpreters and students brought a certain level of professional expertise, the contribution of NGOs and volunteers was crucial for maintaining day-to-day communication with refugees. At the same time, the study points to the persistent lack of institutional structures and sustainable training schemes, which continue to hinder the development of a stable professional framework for community interpreting in the Czech Republic (Molchan and Čeňková 2025).

In humanitarian and community interpreting, recruitment rarely follows structured or standardized procedures. During emergencies, such as natural disasters, organizations typically rely on bilingual members of the local population who can step in at short notice. Humanitarian interpreters and conflict zone interpreters are often recruited from among the local population, and therefore they may “face delicate ethical challenges, straddling the boundaries between their communities and the organizations for which they work” (Goldsmith, Moser-Mercer, and Newton 2021, 85). This dual positioning highlights both the immediacy and ethical complexity of *ad hoc* recruitment.

Similar patterns have been described by Schider (2017, 16–17), who analysed interpreting practices during the European refugee crisis in Germany in 2015–2016 and found that most interpreters were engaged through informal community networks rather than institutional channels. The UNHCR *Procedural Standards* for interpretation

(UNHCR 2016, 8–9) indirectly acknowledge this situation by emphasizing that interpreters must be briefed on their role, confidentiality, and impartiality, and by cautioning against recruiting interpreters from the asylum seekers' own communities whenever possible. Translators without Borders' *Guide to Humanitarian Interpreting and Cultural Mediation* (Translators without Borders 2017) likewise reflects an effort to professionalize this largely improvised field by offering practical ethical guidance to field managers and volunteer interpreters, rather than describing recruitment itself. Taken together, these accounts reveal that humanitarian interpreting evolves through necessity and improvisation: interpreters are recruited first, trained later, and only gradually integrated into a framework of professional and ethical norms. This process, which prioritizes immediate performance over preparation, while untrained individuals assume interpreting roles and acquire skills through experiential learning rather than formal instruction, can be termed *ad hoc* professionalization.

### 2.3 Ethical and emotional dimensions

Professional codes often emphasize impartiality as a cornerstone of interpreting ethics, yet scholars have highlighted that, in practice, neutrality can become problematic when it perpetuates harm or reinforces inequalities (Hale 2007, 44–46, 129–34, 202; INTERACT 2020, 8; Balounová 2021). Although some Codes of Ethics allow the interpreter to adopt the role of an advocate in cases when they witness discrimination, it remains highly contentious whether interpreters should take on such a role (Skaaden 2019; Howes 2023). However, scholars argue that strict impartiality is challenging to sustain in settings where interpreters witness suffering, discrimination, or procedural injustices (Inghilleri 2012, 41; Koskinen and Pokorn 2020, 93). Crisis conditions aggravate these tensions, forcing interpreters to navigate competing imperatives: fidelity to the spoken word versus the humanitarian impulse to intervene when client well-being is at risk (Todorova 2017). These dilemmas are closely tied to the mediator role, where interpreters balance expectations of neutrality with situational demands for cultural or procedural clarification – choices that carry both ethical and emotional weight (Tipton and Furmanek 2016, 99–103). Interpreters working in institutional settings operate within hierarchical structures where power relations shape both service delivery and their own roles (Valero-Garcés and Tipton 2017, xvii–xviii). This context frequently constrains their ability to act on ethical concerns, leaving them “caught between professional codes and institutional expectations” (Ruano 2017, 27).

Equally significant are the psychological demands of interpreting under such conditions. Exposure to traumatic narratives, prolonged shifts, and blurred role boundaries contribute to what research identifies as vicarious trauma, moral distress, and burnout

(Valverde-Vargas 2024). Research in community interpreting repeatedly notes that interpreters carry an emotional load that goes beyond linguistic transfer, especially in high-stakes interactions (Loutan, Farinelli, and Pampallona 1999; Angelelli 2004, 105–25; Hale 2007, 44–45; Hsieh and Nicodemus 2015, 1474–76; Mehus and Becher 2016). Crisis settings expose interpreters to emotional strain, ethical dilemmas, and even personal safety risks, revealing the limits of individual coping strategies and the necessity for systemic safeguards (Tipton and Furmanek, 2016, 109). Interpreters experience not only cognitive load but also affective labour, managing their own emotional responses while maintaining professional conduct (Koskinen 2020, 103). Despite this, organizational systems tend to focus on efficiency rather than well-being, leaving interpreters to absorb the psychological cost of structural blind spots.

Valverde-Vargas (2024, 64–70) emphasizes that the absence of tailored psychological support, combined with continuous exposure to distressing narratives, significantly heightens the risk of cumulative stress and vicarious trauma. The development of resilience cannot rely on individual coping alone. Preventive strategies such as structured peer support, scenario-based training, and culturally sensitive psychological care are critical to mitigating long-term harm to interpreters (Valverde-Vargas 2024). When these measures are absent, crisis interpreting systems risk institutionalizing vulnerability and perpetuating cycles of under-recognition (Guo, Muurlink, and Doyle 2023; Leanza, Pointurier, and Duchesne 2025). As such, an in-depth study of specific cases of crisis interpreting can contribute to the creation of comprehensive preventive mechanisms, raise awareness of the vulnerability of interpreters in crisis situations and help to develop functional measures for systemic support of interpreters in crisis situations.

### 3. Methodology

#### 3.1 Research design

This study adopts a qualitative research design combining semi-structured interviews, ethnographic observation, and autoethnographic reflection. A qualitative approach was selected to enable an in-depth exploration of processes, meanings, and experiences as understood by the participants, which is a key feature of qualitative inquiry (Strauss and Corbinová 1999). The design was guided by two main considerations:

1. The need to capture the operational dynamics of *ad hoc* interpreting arrangements during the acute phase of the crisis, and
2. The need to explore interpreters' subjective experiences and evolving professional identities through longitudinal data collection.

The study integrates elements of reflexive ethnography, which recognizes the researcher as an integral part of the research process. Reflexivity involves examining the researcher's positionality, emotions, and influence on the interpretation of data, not as a source of bias but as a resource for understanding (Davies 2008). This reflexive dimension is particularly relevant in crisis contexts where the researcher is also a part of the humanitarian and interpreting effort, as it enriches the analysis with insider perspectives and contextual insights. Both authors are professional interpreters and trainers at Palacký University Olomouc in Czech-Russian language pair. During the Ukrainian refugee crisis, they worked in KACPU as volunteer interpreters side-by-side with their students and other professional and *ad hoc* interpreters from March to June 2022. This enabled them to collect broad observation material in the field and influenced the selection of questions for the interviews with other interpreters.

### 3.2 Data collection and analysis

Data were drawn from four main sources:

1. Semi-structured interviews with interpreters, interpreter coordinators, and psychosocial professionals who worked at the KACPU in Olomouc during the initial crisis phase (see below). All interviews were conducted in person.
2. Follow-up interviews with interpreters conducted in person in 2025 to capture retrospective reflections and assess long-term impact.
3. Ethnographic observation, based on the researchers' direct involvement in KACPU operations as volunteer interpreters during the first months of the crisis.
4. Autoethnographic reflection, using field notes and diaries written after each recorded interview. These diaries captured "off-the-record" insights that respondents disclosed informally once recordings ended.

Between 2023 and 2025, the research team conducted 40 interviews across different professional groups. For this article, the analysis focuses on a subset of 17 interviews: with three interpreter coordinators, two psychologists (all conducted in 2023), and two sets of interviews with six interpreters (three Czech, three Ukrainian). The first set of interpreter interviews was conducted shortly after the initial phase (2023) and six follow-up interviews in 2025, allowing for a longitudinal perspective. In this paper, we analyse all interviews with non-interpreter professionals – namely interpreter coordinators and psychologists – and interviews with interpreters who agreed to repeat the interviews after a two-year interval.

All interviews were audio-recorded with consent, transcribed verbatim, and anonymized. Interview codes indicate participant role, native language, and sequence. Within the indicative alphanumeric code, where R = respondent; S = student interpreter, K = coordinator, and Ps = psychologist; C = Czech as an A language, U = Ukrainian as an A language. The detailed description of the subset is presented in Table 1.

**Table 1.** Sample characteristics.

Respondent	Role	A language	Gender	Age (in 2023)	B language	Years of interpreting training/ practice
RKC2	Coordinator	Czech	F	23	N/A	N/A
RKC9	Coordinator	Czech	F	23	N/A	N/A
RKC10	Coordinator	Czech	F	23	N/A	N/A
RPSc18	Psychologist	Czech	M	48	N/A	N/A
RPSc19	Psychologist	Czech	F	48	N/A	N/A
RSC4	Student interpreter	Czech	F	23	Russian, English	1 year training
RSC13	Student interpreter	Czech	F	24	Russian, German, English	0
RSC22	Student interpreter	Czech, Silesian dialect	F	26	Ukrainian, Russian, Polish, English	1 year training, 2 years practice
RSU7	Student interpreter	Ukrainian	M	18	Russian, Czech, English	0
RSU12	Student interpreter	Ukrainian, Russian	F	26	Czech	1 year training
RSU16	Student interpreter	Ukrainian	F	23	Czech, Russian	1 year training, 1 year practice

The entire research process was carried out collaboratively by both authors, from constructing the interview design, transcribing, translating, and analysing the data to coding and writing the article. The interviews with RKC2, RPSc18, RPSc19, RSC4 (2023), RSC22 (2025), RSU7 (both 2023 and 2025), and RSU16 (both 2023 and 2025)

were conducted by Olga Čadajeva, the interviews with RKC9, RSC4 (2025), RSC13 (2025) and RSC22 (2023) were conducted by Martina Pálušová, and the interviews with RKC10, RSC13 (2023) and RSU12 (both 2023 and 2025) were conducted by both researchers.

The interviews were conducted in Czech or Russian, depending on the preferences of the respondent. All interviews with Czech native speakers were conducted in Czech, four interviews with two Ukrainian interpreters were conducted in Russian as their preferred language (RSU7, RSU12), and two interviews with one Ukrainian interpreter (RSU16) were conducted in Czech as her preferred language. The quotations included in this article were translated into English by the authors.

The analysis followed the principles of thematic analysis (Braun and Clarke 2006; Strauss and Corbinová 1999). Initial coding was inductive and aimed to identify recurring patterns across the dataset, with categories emerging from the data rather than being imposed *a priori*. These categories included: recruitment and mobilization, role negotiation, ethical dilemmas, coping strategies, and long-term professional implications.

Autoethnographic diaries were incorporated as a reflexive layer, enabling triangulation of data sources and providing additional interpretive depth (Davies 2008). Integrating personal experience with empirical data aligns with the understanding that ethnographic research benefits from acknowledging the researcher's subjectivity as an analytical resource.

### 3.3 Ethical considerations

The study adhered to established ethical principles, including informed consent, confidentiality, and voluntary participation (Strauss and Corbinová 1999). Institutional ethical approval was granted within the internal grant evaluation process before the data collection. All participants received detailed information about the research aims and signed consent forms before the interviews. Data were anonymized using alphanumeric codes, and identifying details were removed from transcripts. Given the sensitive nature of the topic and the emotional strain reported by participants, attention was paid to minimizing harm and ensuring the right to withdraw at any stage (Davies 2008). All research materials, including audio recordings, transcripts, and analytic notes, are securely stored in the researchers' institutional archive, accessible only to the authors.

## 4. Findings

The analysis of the interviews and field notes revealed four major thematic areas: (1) spontaneous mobilization and recruitment, (2) emergent coordination and role ambiguity, (3) ethical tensions, and (4) emotional toll and coping strategies. These themes illustrate both the operational fragility of the interpreting response and the enduring implications for interpreters' professional identities.

### 4.1 Recruitment under crisis conditions

#### 4.1.1 *Improvised mobilization practices*

The interpreter teams at the Regional Assistance Centre for Help to Ukraine (KACPU) in Olomouc emerged not through structured institutional planning, but through an urgent and improvised mobilization effort in early March 2022. Faced with the sudden arrival of thousands of refugees and the complete absence of an existing infrastructure for crisis interpreting, coordinators resorted to open calls and community outreach to meet the demand. This process led to the formation of a highly heterogeneous, predominantly untrained interpreter cohort. A key element of this mobilization was the involvement of the Volunteering Centre of Palacký University Olomouc, with which regional authorities established cooperation from the very onset of the KACPU centre. As a result, the majority of the volunteer interpreter force came from the university's student body. This made the Olomouc KACPU unique among other regional centres, as it was the only one to recruit its volunteers predominantly from a single academic institution.

Recruitment procedures in the first phase were described by multiple coordinators as *ad hoc* and based solely on immediate availability and self-declared language competence:

“At the beginning, there was no selection process. We simply took people who had arms and legs [...], but it was very strongly filtered based on how they worked [...]. There wasn't a possibility to work individually with each person to give them the best support.” (RKC9)

Basic screening only occurred retrospectively, informed by observed behaviour. The main coordinator similarly recalled receiving spreadsheets of names from the Palacký University volunteer centre and contacting anyone who had listed Ukrainian or Russian as a spoken language, because masses of interpreters were needed: “On one shift, we needed 20 interpreters, which meant 40 per day, 24 hours a day.” (RKC10)

These initial pools were supplemented by individuals who arrived spontaneously after learning about the centre via social media (community Facebook groups) or word-of-mouth in diasporic networks. Subsequently, the coordinators “tried to combine them and assign shifts” (RKC10). At one point, the number of self-assigned interpreters was 80 people, but after the first two months of the centre’s operation this decreased by half. As the pressure eased slightly and coordinators became more familiar with the demands of the centre, decisions about who could continue interpreting were increasingly based on observed performance and relational trust: “We let lots of people go through the process – even those with language limitations – but we kept those who showed effort, asked questions, learned from others” (RKC9).

Here, language limitations referred to situations where some volunteers lacked sufficient proficiency in one of the working languages – Ukrainians who struggled with Czech or Czechs whose knowledge of Russian or Ukrainian was limited – but were nonetheless initially involved due to the urgent demand for linguistic assistance.

Formal interviews were introduced only months later, in September 2022, and even then they were infrequent, because coordinators primarily relied on people they knew and trusted. Several respondents emphasized that interpreters were not selected based on professional criteria such as certified proficiency or interpreting qualifications, but rather through an evolving, peer-driven process of trial, error, and retention: “In a crisis, first you glue things together – only later do you think about what you glued them with” (RKC9).

This initial phase reflects what Tipton and Furmanek (2016, 76–83) identify as a recurring feature of public service interpreting in emergency contexts: the rapid mobilization of language support to meet urgent needs. While this approach ensures immediate operational continuity, it often relies on untrained or minimally trained individuals, which can compromise consistency and embed structural fragility into the system (Federici and Cadwell 2018; Tryuk 2020; Šveda and Štefková 2022; Hodáková 2024). The lack of transparency and structure in the selection process can further undermine efficacy and operational stability, as was confirmed by our respondents (RSU12, RSC13).

#### *4.1.2 Diversity and motivations*

The resulting group of interpreters was strikingly diverse in age, status, and professional background. It included “students, pensioners, migrants from the 1990s, and some new arrivals” (RKC9). Apart from students, early interpreter teams comprised individuals volunteering outside their regular employment, such as university

lecturers, “schoolteachers, a woman on maternity leave who was originally a lawyer [...], a shop assistant, a cleaner, a retiree” (RPsC19). Generational and professional differences created practical challenges in communication and scheduling, as older staff often struggled with technological tools like Slack, requiring more direct, verbal coordination. One coordinator described the early group in more detail:

“Most of them were students, but about 30% were people from the Ukrainian, Russian, Belarusian communities in Olomouc or the region [...]. Later, the proportion increased in favour of students, because they were more time-flexible [...]. Now [in 2023] it’s basically 99% students or former students.” (RKC2)

The motivations for getting involved were as varied as the profiles. While many were driven by solidarity or humanitarian values, others saw their work as a way to repay the Czech Republic for past support:

“They weren’t helping because of Ukraine. They didn’t even like their country that much. They were helping because the Czech state had welcomed them, and they saw it as their duty to help the state in return.” (RKC9)

Other drivers included personal coping strategies, political motives, and practical considerations for those students who wanted to improve their proficiency in the Czech or Russian language. As the Olomouc Region began offering remuneration for interpreters, the role subsequently became a supplementary source of income for students.

#### 4.1.3 Competence gaps and organizational vulnerabilities

Language proficiency among *ad hoc* interpreters varied considerably. Coordinators reported cases where individuals lacked sufficient command of Czech despite fluency in Ukrainian or Russian, which complicated interactions with staff. To address these gaps, the coordinators resorted to situational deployment – assigning interpreters only to posts where they could manage, such as an information desk, where “an interpreter” did not actually interpret, or a waiting room, where interpreters sight-translated visa application forms – and relied on informal peer support. In some cases, the absence of formal entry criteria also led to problematic or exploitative behaviour. Interviewees mentioned instances of volunteers misusing their position: “One man turned out to be a headhunter, he was there to find people to rent flats to and employ – and not on very good terms” (RPsC19).

Interpreters themselves recalled the insecurity caused by a lack of preparation or self-awareness. Some were redirected from unrelated tasks: “I came to look after children, and when they heard I spoke Czech, they said, ‘Go change and start interpreting.’ That’s how it began.” (RSU12 2023)

The interpreters also mentioned anxiety about making harmful mistakes, while some Czech interpreters who could not speak Ukrainian but only Russian feared rejection (RSC4, RSC13).<sup>1</sup> Retrospective reflections highlighted the need for at least minimal training:

“It felt like survival mode. Everyone just did whatever needed to be done. But now I think we should have had clear roles and some kind of training – even an hour.” (RSC22 2025)

These testimonies underscore the structural vulnerabilities created by improvised recruitment. The absence of competence checks and role briefings increased the risk of miscommunication and ethical breaches. While spontaneity enabled rapid deployment, it institutionalized improvisation as a norm, shaping operational culture well beyond the initial emergency.

## 4.2 Emergent coordination and role ambiguity

### 4.2.1 *From chaos to improvised coordination*

As interpreter teams at KACPU gradually stabilized, so too did the need for coordination and organizational structure. The main coordinator for volunteers was recruited by the Volunteering Centre of Palacký University (Univerzita Palackého, UP), and her major task was to organize volunteers, build up a coordination network, communicate with state services (police, Integrated Rescue System (IRS), etc.), and establish a shift planning process. The role and position of an interpreter coordinator underwent changes and adapted to the demands of the centre. In some cases, volunteer coordinators simply assumed responsibility because they were present and capable. The very concept of coordination evolved in parallel with the operation itself: “We were learning to be coordinators the same way they were learning to interpret” (RKC9).

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1 The complexity with regard to how the Russian language was perceived by the refugees, the reluctance or even refusal to speak to an interpreter depending on their origin, and the difficulties faced by interpreters in this regard are the subject of a separate study currently being drafted.

The first weeks were marked by constant flux; the system changed every two days, while coordinators were struggling to find an optimal balance. As Tipton (2017, 51) notes, many language support regimes in the third sector “arise organically as a response to changes in local demographics and need”, rather than being guided by formal policy frameworks. Coordination at KACPU was negotiated under pressure, relying on improvisation rather than protocols.

As operations became more routinized, informal systems for onboarding and supervision began to take shape. Initially, coordinators instructed newcomers directly, but this soon gave way to peer mentoring, because “they understood the job better than I did” (RKC9). Shadowing replaced formal training, and much of the role learning depended on tacit knowledge and social trust. Eventually, after a series of conflicts, the coordinators tried to impose a minimal structure: “I said: ‘We need a manual,’ so I made one. Then we kept adding rules as things came up” (RKC10).

This gradual shift – from chaos to improvised order – reveals both the resilience and fragility of informal systems. While flexibility enabled rapid response, it entrenched uneven accountability and left interpreters navigating expectations without clear professional guidance.

#### *4.2.2 Blurred boundaries and role overload*

The absence of clear role definitions led to variability in how interpreters approached their work. Psychologists observed a significant inconsistency in interpreters’ performances – “some just interpreted, others took over the whole conversation” (RPsC18). While some interpreters demonstrated initiative and emotional sensitivity, others lacked basic awareness of boundaries: “Some jumped into everything – they were social workers, therapists, coordinators, everything” (RPsC19).

Such descriptions align with Hale’s observation that community interpreting often lacks clearly demarcated boundaries, resulting in significant variation in practice (Hale 2007, 25–30). Wadensjö (2013, 154) similarly argues that interpreting is inherently an interactional activity shaped by local dynamics rather than fixed norms. At KACPU, this elasticity was not incidental but systemic, reflecting the absence of institutional scaffolding. Although it might seem that the problem was a lack of training in the case of most interpreters, even trained interpreters encountered a systemic misunderstanding of the role of the interpreter and their responsibilities by the officials. The crisis setting led to the systemic shifting of responsibility onto interpreters, who were given tasks incompatible with their duties. Both the authors of this paper, while working at KACPU as volunteers, encountered situations where they were asked to calm people

down, explain information, organize the flow of refugees, distribute food, resolve conflicts, and so on. Refusal to perform such actions as inappropriate to the role of an interpreter was perceived as showing a lack of collegiality, unwillingness to help, laziness, or outright disqualification for work at the centre. Interpreters entered the centre without any briefing, frequently being assigned to roles unrelated to interpreting:

“In my opinion, the role of interpreter has completely disappeared there. [...] The first day, they put me in a place called ‘Information’. Nobody gave me any information. People came and asked why it was called Information when I didn’t know anything.” (RSC22 2023)

The expectations of trained interpreters that they would “just interpret” quickly collapsed. (RSC22 2023). Instead, interpreters became “gap-fillers”, taking on responsibilities that ranged from escorting clients to arranging logistics and managing emotional crises:

“Often it wasn’t just interpreting; it felt like social work. If I knew the answer, I just solved it instead of calling someone. The role wasn’t defined, and that was a big problem.” (RSC13 2023)

Staff expectations and over-reliance on proactive and motivated *ad hoc* interpreters reinforced these blurred boundaries. The same interpreter recalled being drawn into a psychological intervention:

“During one conversation, a woman from the Donbas started crying, and the psychologist told me: ‘I don’t know what to do – say something to her.’ And I was just stuck there, thinking: I’m not the psychologist.” (RSC13 2023)

Coordinators acknowledged this institutional shortfall, recognizing that they had failed to prepare clear rules for interpreters. Instead, they had simply instructed them to “help wherever you can” (RKC9). While this informal arrangement proved functional in the short term, it was ultimately unsustainable. As the coordinator reflected, the interpreters “knew the system better than some officials, so everyone leaned on them” (RKC9). Yet this reliance placed an unfair burden on the interpreters, who, as another coordinator admitted, “carried too much” (RKC10). This progression from linguistic mediation to multi-role engagement became normalized, eroding professional identity and increasing cognitive and emotional strain. The absence of clear role boundaries at KACPU contrasts sharply with UNHCR’s notion of “shared

responsibility” in asylum procedures, which presupposes not only competent interpreting but also mutual understanding of professional boundaries among all parties – a standard rarely achieved in emergency settings (Tipton and Furmanek 2016, 83–85).

#### *4.2.3 Attempts to restore boundaries and long-term implications*

As role ambiguity persisted and became more disruptive, coordinators and staff attempted to introduce corrective measures. These efforts were mostly reactive and developed in response to specific incidents. For example, when an interpreter began coaching refugees on what to say “to get a better outcome”, a coordinator intervened and discussed the situation with the interpreter in question. The aforementioned manual primarily emphasized the unacceptability of sharing personal contact information and providing assistance outside the centre, which had been a widespread practice. Other measures focused on mitigating fatigue and overexposure, indirectly addressing role confusion. Coordinators set informal boundaries on shift frequency and relied on trusted interpreters for peer oversight. Yet, as one psychologist noted, the conditions left little time to enforce boundaries:

“There was no one to [really] supervise them. Even if someone noticed something inappropriate, there wasn’t time to deal with it. Everyone was doing five things at once, trying to make it work. We just hoped they wouldn’t do anything harmful – but there was no time to explain boundaries or go over what had happened.” (RPsC19)

Interpreters’ reflections underscore the ethical and mental toll of these blurred boundaries. Some attempted to maintain neutrality, but eventually surrendered to situational pressures: “I kept telling myself: I’m just the interpreter; I’m not supposed to give advice. But it was inevitable. At some point, I just accepted it” (RSC22 2023). Later interpreters described how this erosion of role clarity affected their sense of identity: “Back then, it seemed normal to take over because no one else did. Now I think it wasn’t healthy for anyone – I crossed lines without realizing it” (RSC13 2025).

Power asymmetries further complicated these dynamics, sometimes putting interpreters in ethically compromising situations, such as being forced to interpret (or decide whether to interpret) offensive remarks to refugees, or being instructed to assist the police in the detection of visa violations. Furthermore, lack of awareness about interpreting norms among staff also led to deviations from standard practice, when interpreters were asked to interpret in the third person, because it was “easier” for those who “didn’t know what proper interpreting looks like” (RSU16 2023). These

practices still persist in KACPU today, including the use of the third person in interpreting (noted off-record by RSU12, field notes, 19.3.2025).

Over time, these patterns normalized hybrid roles – interpreter, guide, social worker, and sometimes mediator in conflict situations. In hindsight, interpreters recognized the cost: “At some point, you just accept the chaos. (...) Now I see that this attitude kept us afloat – but it cost us a lot. It made burnout almost inevitable” (RSC22 2025).

Attempts to restore boundaries were inconsistent and largely symbolic – echoing evidence from humanitarian interpreting that interpreters’ emotional involvement often leads them to challenge institutional and professional boundaries (Moskal et al. 2024). This *ad hoc* flexibility initially allowed KACPU to maintain operational continuity, but it undermined interpreters’ role integrity and long-term resilience. In this context, hybrid roles – interpreter, coordinator, cultural mediator, emotional buffer – became normalized, at the expense of both professional identity and psychological safety.

### 4.3 Ethical tensions

The emergency conditions at KACPU not only blurred professional boundaries but also destabilized interpreters’ ability to adhere to core ethical principles such as neutrality, accuracy, fidelity, and role separation. Even in the case of trained interpreters or students who received some basic instructions on the interpreting ethics, neutrality and role separation were difficult to maintain:

“I still had it in my head that I was an interpreter and that I wasn’t supposed to be a consultant [...]. But in the end, it was inevitable to do it that way [...] I just kept repeating the mantra, ‘The world is one big amateur theatre.’” (RSC22 2023)

Untrained *ad hoc* interpreters, mostly very young people under 25 years of age, believed that their main duty was, first of all, to help in any way they could, and, secondly, to follow the instructions of authorities, namely the police and workers of the IRS. In the absence of established protocols and under pressure to act quickly, interpreters often faced decisions that conflicted with conventional norms – sometimes consciously, sometimes without realizing it. These decisions were shaped by institutional gaps, individual ethics, and the acute vulnerability of the refugees.

#### 4.3.1 Emotional involvement and psychological strain

Role conflict was compounded by an emotionally charged environment. Many volunteers were young and unprepared for exposure to trauma. Coordinators, psychologists,

and interpreters themselves recalled instances of crying with the refugees and even reaching breaking points when they were no longer able to perform their duties. Even those who appeared composed often struggled internally: “They had to act like machines, but they weren’t machines. They were people, and they were listening to horrible things. Some broke down crying right there” (RPsC19).

The tension between emotional involvement and the expectation of professional detachment – despite the lack of training – created a gap between what interpreters were asked to do and what they were emotionally equipped to handle.

#### *4.3.2 Advocacy vs neutrality*

Neutrality, a cornerstone of professional ethics, proved elusive. Some interpreters openly questioned whether impartiality was even possible:

“What does it mean to be neutral – on the side of justice, on the side of the police? In conflicts between refugees, I tried to understand both sides and then decide what to say. That’s not neutrality anymore.” (RSU7 2023)

This resonates with Inghilleri’s (2008, 222) argument that in humanitarian and crisis settings, ethical decisions cannot rely solely on fixed codes or transcendent ideals but must be negotiated “in the event itself”. Similar discrepancies between normative guidelines and actual practice have been observed in asylum interviews, where interpreters frequently depart from UNHCR’s expectations of neutrality and accuracy – adding comments, summarizing statements, or assuming the interviewer’s role – often due to procedural gaps and poor working conditions (Tipton and Furmanek 2016, 84). In this view, neutrality is not an absolute but a situated and contested principle, shaped by the power asymmetries and moral urgencies of the encounter. Retrospective reflections confirm this shift to situational morality: “Back then, I thought I was helping by mediating. Now I see I was deciding things I shouldn’t have. It was too much power for someone without authority” (RSU7 2025).

Some interpreters described how poorly defined roles often left them making decisions beyond interpreting, especially when staff lacked knowledge or asked them to act. Over time, they admitted to deliberately influencing interactions or bending rules to help clients in need. Reflecting on this, one interpreter admitted: “I still think I did the right thing – but I also know it wasn’t interpreting anymore. It was advocacy.” (RSU13 2025)

### 4.3.3 Cultural mediation and procedural gaps

Not all boundary-crossing was perceived negatively. Many professionals explicitly welcomed interpreters' proactive engagement in clarifying cultural misunderstandings to both sides and providing reassurance: "Some interpreters really helped by explaining things to the refugees in a way they could understand – culturally, emotionally. It made a difference" (RPsC18).

These practices illustrate what Wadensjö (2013, 106–108) terms coordinated participation – where interpreters manage not only the linguistic channel but also interactional alignment between parties. While this mitigated communicative breakdowns, it also positioned interpreters as informal cultural brokers, a role associated with both empowerment and risk (Angelelli 2004, 77–79). Efficiency measures – such as pre-emptive explanations – intensified this shift:

"We had some interpreters who, after a while, just started explaining the basics to everyone [i.e., refugees] before we even got there. It helped us move faster – but sometimes they skipped details that actually mattered."  
(RKC9)

Such anticipatory behaviour, although pragmatically motivated, disrupted the principle of accuracy and reinforced perceptions of interpreters as helpers rather than professionals.

### 4.3.4 Discrimination and moral distress

Despite its humanitarian mission, the centre was not immune to instances of discriminatory or disrespectful conduct by officials – ranging from general mistreatment of refugees to gender-based impropriety and ethnic prejudice. As a coordinator noted, the police mocking the clients in Czech or making sneering remarks about Ukraine "still torment many interpreters" (RKC9). Perhaps the most acute ethical conflict arose from systemic discrimination against Roma refugees. One interpreter recalled:

"When you say conflict in connection with KACPU, I think of Roma. It was clearly systemic racism [...] I had never experienced anything like that before – people were really not treated as human beings. That was a huge failure." (RSC13 2025)

Other interpreters echoed similar experiences (RSC4, RSC22). RSC22 recalled becoming the only intermediary and the only person Roma refugees trusted, which

intensified her sense of responsibility and emotional burden. Her retrospective view linked these experiences to broader structural patterns of disrespect: “When it comes to the Roma minority, yes, I think it was definitely present – a lack of respect for the person as such” (RSC22 2025).

These accounts illustrate an ethical dilemma facing a clash between the professional expectation of neutrality and a moral imperative to challenge injustices in a hierarchical, crisis-driven system. Some tried to speak up, while others felt powerless: “There were a few people who tried to deal with the problem with the Roma, but there were more who didn’t want to [...] We were defenceless against them” (RSC4 2023).

By “them”, the respondent meant the police forces, the workers of the IRS, and, unfortunately, those interpreters who sided with the police and other officials in their discriminatory actions. Retrospective interviews reveal how this sense of helplessness lingered:

“To speak up about what was happening there [...] I think maybe, in retrospect, I would have spoken up more. But then again, maybe even now I wouldn’t be able to speak up more and call out some things that I just didn’t like.” (RSC22 2025)

The interpreters’ accounts of witnessing systemic discrimination against Roma refugees and their unease in such situations reveal an acute ethical tension between the expectation of neutrality and a moral imperative to resist injustice.

#### 4.4 Emotional toll and coping strategies

Working at KACPU exposed interpreters to an emotional intensity for which none of them were prepared. They were confronted daily with traumatic stories, chaotic situations, and urgent decisions. The respondents consistently described lasting psychological and even physical consequences. The following sections explore these pressures, institutional blind spots, informal coping strategies, and the retrospective evaluation of resilience.

##### 4.4.1 Institutional blind spots

From the outset, interpreters operated in an environment marked by uncertainty and high emotional stakes. A psychologist noticed that the refugees’ stories deeply affected young people, “whose personalities were simply not prepared for it” (RPsC19). Interpreters mediated not only words but also grief, fear, and anger. Ukrainian interpreters

were particularly involved, as similar experiences were related to their families and loved ones. As one interpreter recalled: “I felt like I was carrying everything they told me [...] as if it were mine” (RSU16 2023).

Interpreters reported somatic signs of stress, such as stopping eating and drinking (RSU12), not being able to continue (RSC4, RSC13, RSU12), and falling ill (RSU16). Coordinators and psychologists noted comparable signs, such as extreme exhaustion at the end of shifts, changes in skin coloration, and even tremors (RPsC19, RKC2). Additional indicators of burnout included episodes of crying, what one observer described as a “veiled gaze”, outbursts of anger, diminished quality of work, reduced concentration, mistakes, and the more frequent insertion of personal opinions during interpretation (RKC2, RKC9, RPsC19).

While systemic solutions were gradually introduced, they were reactive and only partially effective. Coordinators acknowledged the limitations and could only tell interpreters to take a break, eat something, or go out for ten minutes, because there was no system of mental hygiene. The IRS crisis management team introduced structured psychological support in the form of regular group debriefings after shifts, intended as preventive care. However, some volunteers refused to take part in them, especially older Ukrainians. Cultural attitudes toward mental health further limited the uptake of formal services. For many Ukrainian interpreters, seeking help carried a stigma: “I didn’t want to go to the psychologist [...] I didn’t want them to think I wasn’t coping” (RSU12 2023).

Despite good intentions, the interpreters often perceived these sessions as formalistic or poorly timed. One interpreter admitted:

“For me, it was a rather dreadful idea – after a shift, the last thing I wanted was to sit through a session. They were offering help, but I was afraid it would turn into [recommendations like] ‘Go to the ZOO, it will cheer you up’” (RSC13 2023)

This scepticism was captured in the ironic label many volunteers used for these sessions, replacing “demobilization”, as group debriefings were called by providers, with “deratization” (RSC13). While the system existed, the interpreters questioned its relevance, claiming that it was set up well in theory but should have been more individualized and supervised in practice. In reality, debriefings were performed by psychology students, who undertook basic training and were perceived as peers rather than as authorities. The impact of institutional measures was therefore undermined

by cultural stigma, timing (after exhausting shifts), under-professionalization, and the lack of individualized follow-up. The ironic use of the term “deratization” suggests a perceived disconnect between formal care structures and the lived reality of interpreters. Later, however, some interpreters re-evaluated such measures and welcomed their introduction, claiming that their attitude to psychological support “has changed for the better” (RSU16 2025).

Attempts at institutional care, such as debriefings, often fail when implemented without cultural sensitivity or adequate timing, echoing findings that formal interventions may be perceived as tokenistic rather than protective (Valverde-Vargas 2024, 66). Nevertheless, the very introduction of debriefings can be regarded as an important step forward, as crisis settings lacking any mental health supervision are prone to more adverse outcomes:

“Here in Olomouc, for example, I think it worked quite well [...]. In the detention centre, there’s nothing, absolutely nothing. But that’s probably where it’s needed most.” (RSC22 2023)

#### 4.4.2 Informal coping and peer strategies

In practice, most interpreters relied on improvised coping strategies, primarily peer support: “The team was my therapy. After a tough shift, I went to a colleague at another station just to talk. Otherwise, I would have broken down.” (RSU7 2023)

The psychologists (RPsC18, RPsC19) acknowledged that peer support often proved more effective than professional intervention, noting that interpreters placed greater trust in one another. Humour and bonding were also common, serving as protective buffers in an otherwise high-stress environment. However, these strategies lacked the containment needed for sustainable resilience. As one respondent noted, interpreters often normalized exhaustion rather than challenge it: “There was no one who would tell you: now you stop, now you rest [...] You just had to figure it out yourself” (RSU16 2023).

This reliance on peer networks reflects a coping pattern frequently noted in research on dialogue interpreting under stress (Valverde-Vargas 2024, 64–66). While peer interaction can offer short-term comfort and reduce feelings of isolation, these *ad hoc* measures cannot replace structured psychosocial care and may fail to prevent cumulative stress over time.

The interpreters at KACPU relied primarily on spontaneous, unmoderated conversations – an approach that provided solidarity but offered little in terms of sustained resilience. Although psychologists attempted to organize structured meetings, attendance was minimal, and when sessions did occur, they largely focused on logistical issues rather than emotional support.

The cultural stigma associated with seeking mental health services reinforced the dependence of some interpreters, particularly those from post-Soviet contexts, on peer-based strategies instead. These informal mechanisms, however, normalized extreme workloads and perpetuated structural blind spots rather than addressing them. Moreover, as the KACPU operation stabilized and the core team of interpreters settled, the environment became prone to conflicts and tensions among interpreters – labelled by one of them as “gossip, intrigues, investigations” (RSU12 2023). Instead of acting as neutral mediators, psychologists – often students undergoing practical training – became involved in these tensions, further undermining trust in mental health care.

#### *4.4.3 Retrospective insights: The cost of resilience*

Three years later, the interpreters reflected critically on their coping strategies and the long-term toll: “At the time, I thought I was fine. Looking back, I see I was running on adrenaline for months. It crashed later” (RSC22 2025). Even long after the events, some interpreters experienced lingering anxiety: “Even now, certain sounds or crowds make me anxious. It’s like my body remembers that chaos” (RSC13 2025). For some, burnout became a turning point: “I learned boundaries the hard way. Now I know when to step back – but it took burnout to teach me” (RSC13 2025). The coordinators acknowledged these experiences as symptoms of broader systemic failures: “If we had proper psychological support and rotation rules, half of the problems wouldn’t have happened. But we were building the plane while flying it” (RKC9).

These retrospective accounts illustrate the long-term psychological impact of repeated exposure to trauma. Despite initially feeling “fine”, the respondents later reported anxiety, intrusive bodily reactions, and burnout. The feelings of helplessness mentioned by the interpreters also correspond to what Valverde-Vargas (2024) describes as the cost of neutrality, noting that “human beings are not designed to suppress emotions and empathy”. It should be stressed that resilience depends on proactive measures, and support groups should function as prevention hubs, with regular discussions of hypothetical scenarios and diverse strategies to better prepare dialogue interpreters for the daily challenges they face. Without such preventive strategies, resilience remains fragile, relying on improvisation rather than structured care.

## 5. Discussion

This study provides a perspective on interpreting in a large-scale humanitarian emergency, examining how interpreters' roles, ethical positioning, and coping strategies evolved during the onset of the Ukrainian refugee crisis. The findings reveal three interdependent dynamics: institutional reliance on improvisation, ethical elasticity (Bulut and Kurultay 2001; O'Mathúna and Hunt 2019) under pressure, and the structural invisibility of interpreter vulnerability, each of which will be discussed in more detail below.

### 5.1 Institutional reliance on improvisation

The operation at KACPU in Olomouc demonstrates how emergency infrastructures often marginalize linguistic mediation in contingency planning. Interpreting was treated as an ancillary function rather than a core component of crisis response, leading to reactive recruitment through open calls and self-declared competence. This ensured immediate coverage but embedded systemic fragility: uneven language skills, blurred roles, and the absence of ethical or procedural orientation (Goldsmith, Moser-Mercer, and Newton 2021; Šveda and Štefková 2022; Molchan and Čeňková 2025). Retrospective reflections confirm that improvisation was not a temporary measure, but rather became institutionalized, shaping the operational culture long after the initial emergency. *Ad hoc* recruitment is therefore linked to cycles of under-professionalization and operational risk (Rudvin 2007; Wadensjö 2013; Gentile 2017, 63–83). Sustainable training should be provided for both interpreters and providers, minimizing unrealistic expectations and role overload.

### 5.2 Ethical elasticity and role hybridization

The concept that we call “ethical elasticity” – the situational recalibration of professional norms under humanitarian pressure – was central to interpreters' experience. In the absence of clear boundaries, interpreters assumed multiple roles, acting as social workers, coordinators, and emotional buffers (Todorova 2017; Balounová 2021). While these practices ensured continuity of service, they eroded professional identity and created ethical ambiguity. The data illustrate a temporal shift: actions framed as pragmatic solutions during the crisis were later reinterpreted as ethically problematic, revealing the tension between codified ethics and situational morality. This confirms that static ethical codes are inadequate for crisis contexts, where overlapping responsibilities and compressed decision-making demand context-sensitive frameworks (O'Mathúna et al. 2020).

### 5.3 The invisibilization of interpreter vulnerability

The most significant structural gap concerned psychosocial risk. Interpreters bear what can be termed the “triple load” of cognitive effort, affective regulation, and logistical mediation without institutional safeguards (Valero Garcés 2015; Gentile 2017; Valverde-Vargas 2024). While debriefing protocols were eventually introduced, they were perceived as formalistic and often ineffective, reflecting a credibility gap between institutional intent and interpreters’ lived experience. Informal coping – primarily through peer networks – offered immediate relief but lacked sustainability, leading to cumulative stress, burnout, and long-term anxiety symptoms. This double invisibility – unacknowledged by both the system and the interpreters themselves – reinforced dependency on individual resilience rather than systemic protection. Moreover, despite the essential role interpreters play in facilitating communication across languages and cultures, they continue to be systematically underpaid, a condition that contributes significantly to occupational stress and reduced job satisfaction. As one interpreter noted in 2025, this institutional undervaluation persists beyond the crisis:

“In the state sector, in the official sphere, it’s still treated as something that doesn’t need to be well paid because it’s ‘just interpreting,’ it’s supposed to be easy. I don’t think that has changed at all.” (RSC22 2025)

Our findings align with the call for systemic solutions that go beyond *ad hoc* psychosocial care, embedding interpreter well-being and professional recognition within institutional frameworks (Hapfelmeier et al. 2025).

## 6. Conclusion

In this study, we sought to understand two aspects of crisis interpreting: the operational dynamics of *ad hoc* interpreting management and the subjective experiences and evolving professional identities of interpreters. Our findings highlight that interpreting in humanitarian emergencies is not only an operational necessity, but a structurally transformative experience for those involved. From an operational and organizational standpoint, it became apparent that interpreters at KACPU entered a context of improvisation, where institutional gaps normalized practices – such as role hybridization and ethical elasticity – that were essential for immediate functionality but detrimental to professional integrity and psychological health in the long term. Coping strategies, largely informal and peer-based, masked immediate symptoms as well as amplified delayed risks, including burnout and moral fatigue, while systemic tools for supporting mental health have proven to be inadequate or lacking.

As for the interpreters' subjective experiences, the challenges of managing multiple ambiguous roles and coping with the emotional demands of the job independently proved to be among the most pressing. For many interpreters, neutrality in the face of discrimination also felt morally unacceptable, yet the absence of institutional accountability mechanisms left them without a clear course of action. The result was profound frustration and a lasting ethical burden, which several respondents described as one of the most painful aspects of their work at KACPU. Interpreters' accounts of witnessing systemic discrimination against Roma refugees reveal a deep ethical tension between remaining neutral and confronting injustice – an unresolved conflict that intensified both role strain and cumulative emotional load.

These findings generate three key implications for policy and practice. First, emergency protocols should move from improvisation to preparedness by institutionalizing linguistic mediation, including interpreting as a core component of crisis response. This involves maintaining rosters of trained interpreters, providing rapid orientation on ethics and self-care, and ensuring clear chains of coordination. The training should also be designed for providers, which can ensure maintaining role clarity and guard against role overload and ethical breaches. Second, professional codes need to evolve into crisis-adapted ethical frameworks that move beyond static universals toward flexible, context-sensitive guidelines. Such frameworks should balance fidelity with humanitarian exigencies while clarifying the scope of interpreters' responsibility for all actors involved. Third, psychosocial care must be treated as structural infrastructure. Resilience should be supported through systemic measures – such as mandatory rotation, confidential individualized psychological support, and culturally adapted debriefing models – rather than relying solely on formalized group debriefings or individual coping. By situating interpreters as integral actors rather than reactive volunteers, these measures would mitigate cycles of under-recognition and vulnerability, enhancing both service quality and human security. Ultimately, the lessons from KACPU reveal a critical imperative: future humanitarian systems must be designed with interpreters in mind – not as peripheral helpers, but as essential professionals whose well-being is foundational to successful crisis response measures.

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## Communication challenges in the provision of health visitor services to foreign families living in Hungary

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### ABSTRACT

In Hungary, health visitors play a central role in supporting families during the pre-, peri-, and postnatal periods. As the country becomes linguistically diverse due to globalization and migration, communication with non-Hungarian-speaking families has become a growing challenge. This exploratory quantitative study investigates how language barriers are managed in the oral communication and written information provided to foreign families. Data were collected between April and October 2022 via two online questionnaires: one completed by 48 health visitors, the other by 51 families with at least one non-Hungarian parent. Both questionnaires explored the communication strategies of health visitors and foreign families, focusing on the health visitors' foreign language skills and situations in which key written documents were available only in Hungarian. Descriptive statistics and frequency analyses were used. The findings reveal clear patterns in how language affects communication and access to care. Overall, Hungarian is the primary language of care both *de jure* and *de facto*, and limited foreign language proficiency among health visitors often necessitates informal language assistance in both oral and written communication. The study underscores the need for a comprehensive language assistance system to ensure equitable access to care and uphold patients' fundamental right to understandable health information.

**Keywords:** health visitors, language barriers, multilingual healthcare, *ad hoc* language mediators, foreign families

## Komunikacijski izzivi pri zagotavljanju patronažne zdravstvene nege tujim družinam, ki živijo na Madžarskem

### IZVLEČEK

Na Madžarskem imajo patronažne sestre centralno vlogo pri podpori družinam v pred-, ob- in poporodnem obdobju. Ker je država zaradi globalizacije in migracij jezikovno vse bolj raznolika, postaja komunikacija z družinami, ki ne govorijo madžarsko, vse večji izziv. V prispevku s pregledno kvantitativno študijo ugotavljamo, kako se premoščajo jezikovne bariere pri ustnem sporazumevanju in pisnih informacijah za tuje družine. Podatki so bili zbrani med aprilom in oktobrom 2022 z dvema spletnima vprašalnikoma: enega je izpolnilo 48 patronažnih sester, drugega pa 51 družin z vsaj enim nemadžarskim staršem. Oba vprašalnika poizvedujeta po komunikacijskih strategijah patronažnih sester in tujih družin, pri čemer se osredotočata na znanje tujega jezika patronažnih sester in na situacije, ko so bili ključni pisni dokumenti na voljo samo v madžarščini. Pri analizi smo uporabili opisno statistiko in frekvenčne analize. Rezultati razkrivajo jasne vzorce, kako jezik vpliva na komunikacijo in dostop do oskrbe. Na splošno je madžarščina *de iure* in *de facto* primarni jezik oskrbe, omejeno znanje tujih jezikov med patronažnimi sestrami pa pogosto zahteva neformalno jezikovno podporo tako pri ustnem kot pri pisnem sporazumevanju. Študija poudarja potrebo po celovitem sistemu jezikovne podpore, da bi zagotovili enakopravni dostop do oskrbe in uresničili temeljno pravico pacientov do razumljivih zdravstvenih informacij.

**Ključne besede:** patronažne sestre, jezikovne bariere, večjezično zdravstvo, *ad hoc* jezikovni posredniki, tuje družine

## 1. Introduction

In multilingual healthcare settings, effective communication between patients and professionals is crucial for patient safety, treatment success, and ensuring access to information and informed consent. It also helps build trust, promotes treatment adherence, and prevents adverse events, communication breakdowns, and legal consequences. Yet in Hungary, where linguistic diversity has grown in recent decades, healthcare provision remains overwhelmingly monolingual. This study explores how district health visitors, a cornerstone of maternal and child healthcare, navigate these linguistic challenges in their daily practice. The introduction first outlines the demographic and migratory trends shaping Hungary's linguistic landscape, followed by an overview of relevant legal frameworks and institutional conditions, and concludes with the study's research aims and questions.

### 1.1 Growing linguistic and cultural diversity in Hungary

In today's increasingly interconnected world, national borders have become more porous, geopolitically, economically, and culturally, bringing populations into closer contact and interaction. Hungary, situated at the crossroads of Eastern and Western

Europe, has gradually evolved into both a destination and a transit country within the broader context of regional and global mobility (Gray Meral and Kumar 2025). Several historical and political developments have shaped the country's contemporary demographic landscape. These include the arrival of refugees during the Yugoslav Wars in the 1990s, as well as waves of Hungarian kin-state migration from neighbouring countries such as Romania, Slovakia, Serbia, and Ukraine – communities that remained outside Hungary's borders following the 1920 Treaty of Trianon and whose migration intensified after the adoption of the simplified naturalization law in 2011 (Juhász 2003).

Hungary's accession to the European Union in 2004 contributed to the expansion of multinational companies, academic institutions, NGOs, and other international organizations in the country, which in turn facilitated the settlement of expatriates and international professionals, particularly in urban centres. The 2015 European refugee crisis and the 2022 displacement of Ukrainian citizens following the full-scale Russian invasion further contributed to Hungary's growing cultural and linguistic diversity (Gödri 2019; International Organization for Migration 2023; International Organization for Migration 2025).

In addition, academic mobility, especially through government-funded programmes like *Stipendium Hungaricum*, has led to a significant rise in the number of international students. Meanwhile, the country has also become home to long-established Chinese and Vietnamese communities since the 1990s, and more recently, to temporary labour migrants from countries such as Ukraine, Serbia, Vietnam, and the Philippines, as reported by Központi Statisztikai Hivatal [Hungarian Central Statistical Office] (KSH 2023c). By early 2023, the number of foreign nationals residing in Hungary had exceeded 226,000, amounting to approximately 2.3% of the total population (KSH 2023a; KSH 2023d). This figure does not include individuals without official residence status, suggesting that the actual number of non-Hungarian speakers living in the country may be considerably higher.

## 1.2 Legal frameworks and lingering gaps in language access in Hungarian healthcare

Despite Hungary's increasing cultural and linguistic diversity, Hungarian remains the default and official language of healthcare provision. According to Section 8 (2) of Act CLIV of 1997 on Health, patients have the right to choose a physician who can communicate with them in Hungarian. At the same time, the Act also establishes the principle of equal access to healthcare: Section 2 (2) states that equity must be upheld in the use of health services, and Section 13 (1) guarantees patients

the right to receive comprehensive and individualized information in a way they can understand.

Furthermore, Section 13 (8) allows for the provision of interpretation services when necessary and feasible, stating that “if necessary and if possible, the services of an interpreter or sign language interpreter shall be supplied for the provision of information” (Patients’ Rights 2025), with responsibility for providing this resting on the healthcare provider’s managing authority. However, the phrasing “if necessary and if possible” implies that such services are not strictly mandatory. At the same time, there is no explicit legal requirement for healthcare institutions to provide translated versions of medical documents. As a result, the legal framework may open up gaps in language access, which may significantly affect communication with non-Hungarian-speaking patients, undermining not only the effectiveness of care but also the realization of patients’ fundamental rights to information and informed decision-making (Őri and Feith 2023; Őri et al. 2023). These legislative provisions, or their absence, are reflected in empirical research on language access in the Hungarian healthcare system. Previous studies have repeatedly demonstrated that, in practice, language assistance remains limited and unevenly implemented.

The absence of mandatory, system-level requirements for providing language assistance to non-Hungarian-speaking patients has been consistently reflected in practice over the nearly three decades since the adoption of Act CLIV of 1997. A study conducted in 2012 (Gellér 2012) examined the access of third-country nationals to the Hungarian healthcare system and found that qualified interpreters were largely absent, with patients typically receiving medical documents exclusively in Hungarian. In the absence of adequate language support, they had to rely on gestures, facial expressions, and the help of family members to communicate with healthcare providers.

In Horváth’s (2022; 2023a; 2023b) study, conducted ten years after Gellér’s research, a different patient population was examined, primarily expatriates rather than refugees, yet the findings pointed to similar structural shortcomings in language support. The study explored how healthcare professionals communicate with foreign patients and whether informed consent forms are available in languages other than Hungarian. The results showed that interpretation continued to rely heavily on *ad hoc* solutions, such as untrained individuals or bilingual staff, while professional medical interpreters remained the exception rather than the norm. In addition, informed consent forms – documents essential for patient safety and legal accountability – were still predominantly available only in Hungarian.

In a more recent study (Horváth and Gabányi 2025), which aimed to map the landscape of public service interpreting in Hungary from the perspective of NGOs,

semi-structured interviews with six organizations supporting non-Hungarian-speaking migrants and refugees explored how language barriers affect access to care. The interviews highlighted a disturbing trend: without a Hungarian-speaking interpreter or advocate, non-Hungarian speakers are often unable to access even the care they are legally entitled to. Four of the six NGOs emphasized that access frequently depends not on formal rights or protocols, but on the assertiveness and communication skills of the accompanying interpreter or volunteer. They agreed that “the key to successful healthcare access lies in the determination, assertiveness, persistence, and persuasiveness of the accompanying interpreter or volunteer who speaks Hungarian” (Horváth and Gabányi 2025, 162). Without such advocacy, rejection or denial of care becomes a real risk, with clear consequences for patient safety.

### 1.3 Background and significance of health visitor services in Hungary

In Hungary, health visitors (*védőnő* in Hungarian) play a vital role in supporting families throughout the pre-, peri-, and postnatal periods. As highly trained healthcare professionals operating within the primary care system, their primary mission is to promote and improve the physical, mental, and social well-being of women, children, and families (Szöllősi et al. 2020). The system is staffed by 5,028 health visitors across the country, with 3,790 serving in district roles (KSH 2023b). Their responsibilities span a wide spectrum of care, including health education for adolescents, pre-conception counseling, participation in cervical screening programmes, prenatal care, postpartum support, breastfeeding guidance, prevention of postpartum depression, and regular developmental assessments of young children. Health visitors thus accompany families through nearly every stage of a woman’s life and parental journey, often becoming central and trusted figures during the early years of child-rearing (Szöllősi et al. 2020).

The Hungarian health visitor network, which marked its 110th anniversary recently, is deeply embedded in the country’s public health infrastructure. Health visitors may serve as district health visitors, operate in school health services, or be affiliated with hospitals, family planning clinics, or specialized institutions such as the Mother’s Milk Bank. Among these, district health visitors are the ones who maintain continuous contact with families. Their responsibilities are broad and officially regulated under the Decree on District Health Visitor Services (Hungary Decree 2004). From the time a woman becomes pregnant, the assigned health visitor provides regular home visits and in-person consultations. These visits include screenings, guidance, and health monitoring for both mother and child, ensuring that families receive individualized attention and professional oversight (Szöllősi et al. 2020).

Health visiting services in Hungary are provided and regulated by the state. Access is legally guaranteed and universally available to both Hungarian citizens and foreign nationals who possess a valid address or social security number (TAJ number). The service is free of charge and mandatory: individuals are assigned a district health visitor based on their place of residence and are typically expected to work with that professional alone (Szöllősi et al. 2020; KSH 2023b). This mandatory nature of the service underscores the importance of effective communication between health visitors and families, particularly in increasingly multicultural and linguistically diverse settings.

Health visitors are educated at five universities in Hungary, and although their professional training is robust in terms of medical and public health content, intercultural communication and foreign language competence remain significant gaps in their preparation. Prior to 2020, the higher education law required students to pass a B2-level state-accredited foreign language exam, typically English, to receive their degree. However, due to the COVID-19 pandemic, this requirement was first temporarily waived and later permanently lifted following an amendment to the Higher Education Act (Hungary Act 2022). During their studies, health visitors typically receive general medical English instruction, which primarily focuses on broad healthcare terminology and patient interaction skills. However, based on professional experience and feedback from practitioners, this training seldom covers the specialized vocabulary and communication contexts specific to maternal and child health. As a result, many health visitors may feel underprepared for real-life interactions without non-Hungarian-speaking families, which is an issue that directly motivates the present study's focus on communication practices in multilingual care settings.

This challenge is further compounded by the lack of officially translated materials. Apart from a translated version of the parental questionnaire available on the official website of the Hungarian *Koragyermekkorai program* [Early Childhood Programme], key documents such as the developmental screening forms (status examination sheets) remain available only in Hungarian, despite containing essential information for parents. In the absence of officially translated materials, the question of how health visitors communicate essential information to non-Hungarian-speaking families is particularly relevant and warrants further investigation.

#### 1.4 Aim and scope of the study

This study examines how communication takes place between Hungarian district health visitors and non-Hungarian-speaking families in the context of maternal and child healthcare. It focuses on both oral and written communication practices, with

particular attention to how language barriers are navigated in the absence of institutionalized translation or interpretation services. The research seeks to address the following questions:

1. How does oral communication take place between Hungarian health visitors and the foreign families in their care?
  - 1.1 What language do health visitors use to communicate?
  - 1.2 What communication practices do they use to overcome language barriers?
2. How is written information shared with foreign families?
  - 2.1 What communication practices do health visitors use to convey written information in the absence of translated materials?

So far, little research has been conducted addressing migrant access to healthcare in Hungary, medical interpreting, or the communication practices of Hungarian health professionals with non-Hungarian patients (Gellér 2012; Horváth and Szendi 2017; Horváth 2022; Horváth 2023a; Horváth 2023b; Horváth and Gabányi 2025; Gabányi 2025), and none have focused on health visitors. This study aims to fill this gap by documenting everyday communication practices from the dual perspectives of health-care providers and service users.

Throughout the article, the term *foreign families* refers to families living in Hungary in which at least one parent has a mother tongue other than Hungarian. Although this designation does not capture the full complexity of the participants' legal, cultural, or linguistic identities, it serves as a practical shorthand for the study population.

In describing communication between health visitors and families, the term *practices* is used rather than *strategies* to emphasize the realities of day-to-day interactions. These practices are often situational, improvised, and shaped by the linguistic resources available, rather than being planned or standardized solutions.

## 2. Methodology and data collection

This study employed an exploratory quantitative design to examine communication practices between health visitors and foreign families, as the topic had not been systematically investigated before and required identifying general patterns and tendencies. Two separate online questionnaires were developed using Google Forms: one for health visitors and another for foreign families. Both instruments included closed and open-ended questions and followed a similar three-part structure: participant background, oral communication practices, and the use of written materials.

Data collection took place between April and October 2022 using snowball sampling via professional forums and targeted social media groups. Participation was voluntary and anonymous; all participants were informed in the call for survey messages that their responses would be used solely for research in an aggregated form. While snowball sampling enabled efficient access to the target groups, it may limit the generalizability of the findings due to potential sampling bias.

The health visitors' questionnaire, written in Hungarian, was completed by 59 respondents. After excluding 11 responses due to ineligibility (e.g., not working as a district health visitor or not having foreign families under their care), a total of 48 valid responses were analysed. The families' questionnaire, written in English, received 54 responses, of which 51 were included in the analysis following exclusion of duplicates and ineligible entries. Descriptive statistics were used for data analysis to summarize the frequency and distribution of key variables, and findings are presented in figures. Full English versions of both questionnaires are included in *Appendices A and B*.

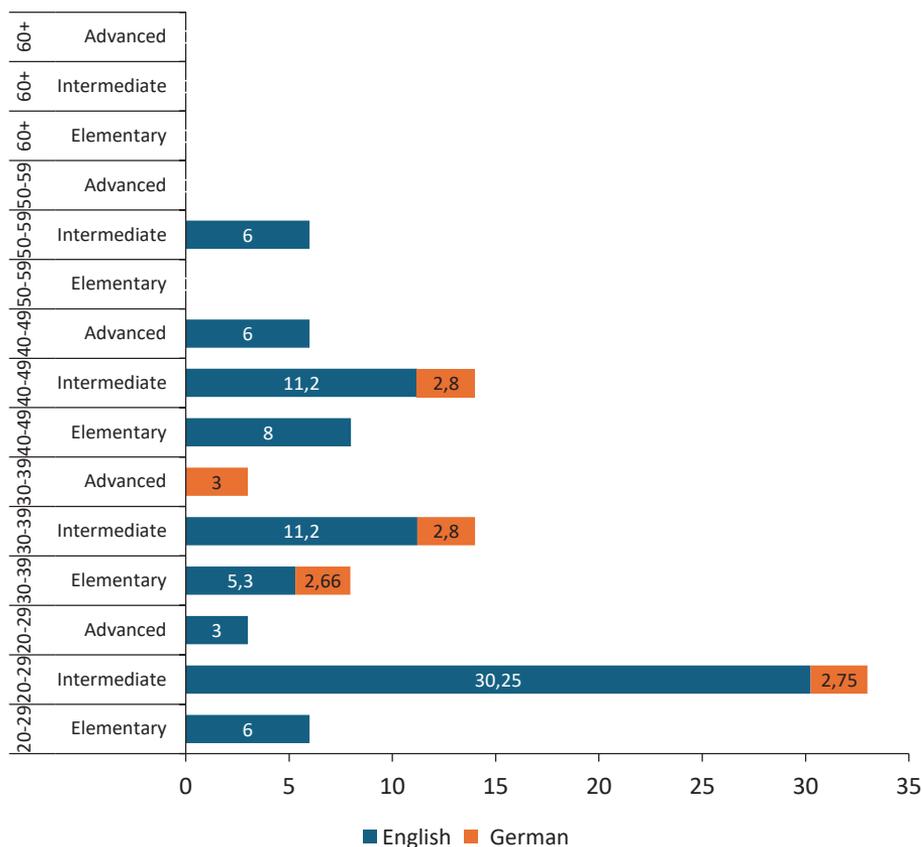
### 3. Results

#### 3.1 Participant background: Health visitors

The demographic and linguistic profile of the respondents is as follows: a slight majority of respondents are from the capital (58%), while 42% reside in the countryside. Regarding age distribution, the largest groups are aged 20–29 (31%) and 40–49 (25%). The 30–39 age group comprises 19% of respondents, followed by 50–59 years (14%) and 60 years and above (10%). Self-reported language proficiency data reveal that 75% of respondents (36 individuals) claim to speak one or two foreign languages to some extent, whereas 25% communicate exclusively in their mother tongue. Detailed information on the foreign language skills of the health visitors is presented in Figure 1.

Figure 1 shows that health visitors aged 60 and above do not speak any foreign languages and communicate exclusively in Hungarian. Among the other age groups, intermediate foreign language proficiency is the most common; however, even in the most linguistically skilled 20–29 age group, only 33% reported intermediate proficiency. Overall, 12% of respondents self-reported advanced proficiency. English clearly dominates as the primary foreign language spoken by the majority of health visitors in the study. Furthermore, the study has also revealed that 36% of those who speak a foreign language also speak a second one, typically German, though English, Russian, and Italian were also mentioned. Additionally, 28% of foreign language speakers hold

a professional language certificate for healthcare purposes: 2% at the elementary English level, 17% intermediate English, 3% advanced English, 3% elementary German, and 3% intermediate German.

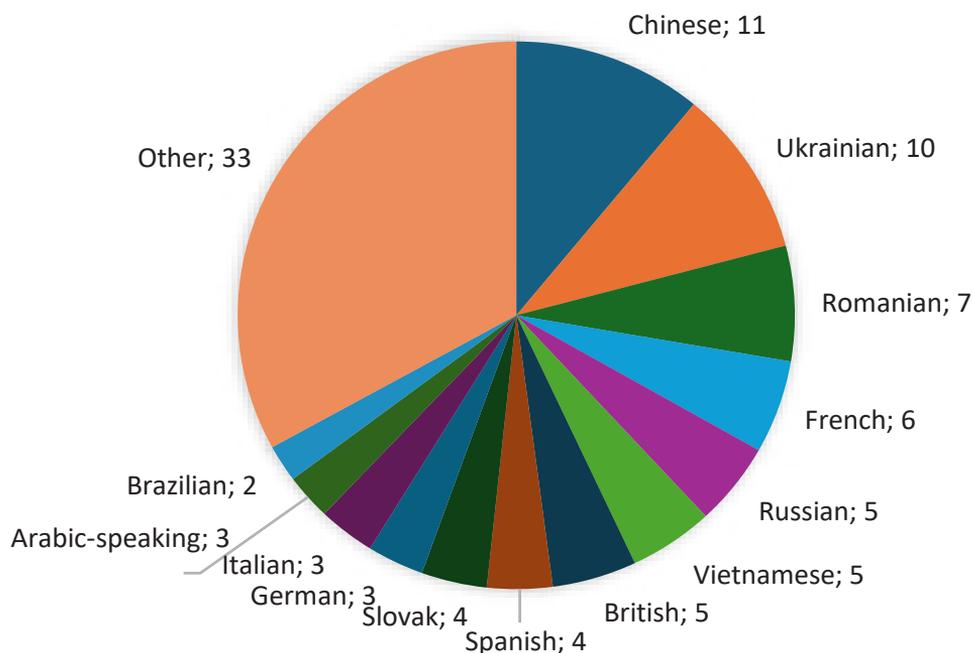


**Figure 1.** Self-reported foreign language skills across age groups with proficiency levels in English and German (in %).

These findings are further reinforced by the perspectives of foreign families, who were also asked about their experiences with health visitors' language skills. Only 6% of families reported having a health visitor who, in their opinion, was fluent in English and easy to communicate with. An additional 22% noted that while the health visitor was not fluent, she was able to convey the main information in English. However, based on respondents' reports, the majority of families were under the care of health visitors who either spoke only a few words in English (37%) or did not speak any foreign language at all (35%). These responses closely align with

the self-reported language skills of health visitors shown in Figure 1, confirming that foreign language proficiency – dominated by English – is limited and unevenly distributed across the profession.

The survey aimed to identify the nationalities of families under the care of participating health visitors. In response to an open-ended question, health visitors reported 48 different nationalities, reflecting the diversity of foreign families receiving services in Hungary. As shown in Figure 2, the largest groups were of Chinese (11%) and Ukrainian (10%) origin, followed by Romanian (7%), French (6%), Russian, Vietnamese, and British families (5% each). The remaining responses, including over 30 other nationalities, each made up less than 2% of the total and were grouped under the “Other” category, which accounted for 33%.



**Figure 2.** Distribution of foreign families in the care of Hungarian health visitors (in %).

### 3.2 Participant background: Foreign families in Hungary

The questionnaire was completed by 51 participants, of whom 48 were female (94%) and only three male (6%). The majority of respondents resided in Budapest (78%), with the remainder living in rural areas. The length of time participants reported

living in Hungary ranged from two months to 27 years, with over half (53%) indicating a residency duration of four to eight years.

In terms of nationalities, 12% identified as Hungarian. Nationalities most frequently represented (6–8%) included individuals from the United States, Russia, Syria, and the United Kingdom, while smaller proportions (4%) included Croatian, Mexican, Nigerian, Serbian, and Venezuelan nationals. The remaining 41% of respondents came from a wide variety of countries across Europe, Asia, the Americas, and Oceania, reflecting a highly diverse population of foreign families living in Hungary.

Of the families completing the questionnaire, 35% had both parents of foreign origin, while in 24% only the mother was foreign, and the father Hungarian, and in 18% the mother was Hungarian and the father foreign. Given that participation in the health visitor service is mandatory, we aimed to explore how many foreign families had the opportunity to request an English-speaking health visitor within a healthcare system that operates primarily in Hungarian. Among families in which both parents were of foreign origin, only one third reported having requested an English-speaking health visitor. In families where the mother was foreign and the father Hungarian, only one such request was made. Two families indicated that they did not need language assistance: in one case, the mother reported native-level proficiency in Hungarian, while in the other, the mother stated she could communicate in Hungarian at an A2–B1 level and relied on her Hungarian-speaking husband for support. In families where the mother was Hungarian and the father foreign, no requests were made for an English-speaking health visitor.

Of the six families who reported requesting an English-speaking health visitor (five with both parents of foreign origin and one with a Hungarian father), three described the language of communication as English and rated the health visitor's language skills as fluent, suggesting that their request was likely fulfilled. The remaining three families reported communication in a mix of English and Hungarian, noting that while the health visitor was not fluent, she was able to convey the main information. Although the questionnaire did not directly ask whether requests were granted, these responses suggest that access to fluent English-speaking professionals was inconsistent.

### 3.3 Oral communication practices in health visitor services: Insights from professionals and multicultural families

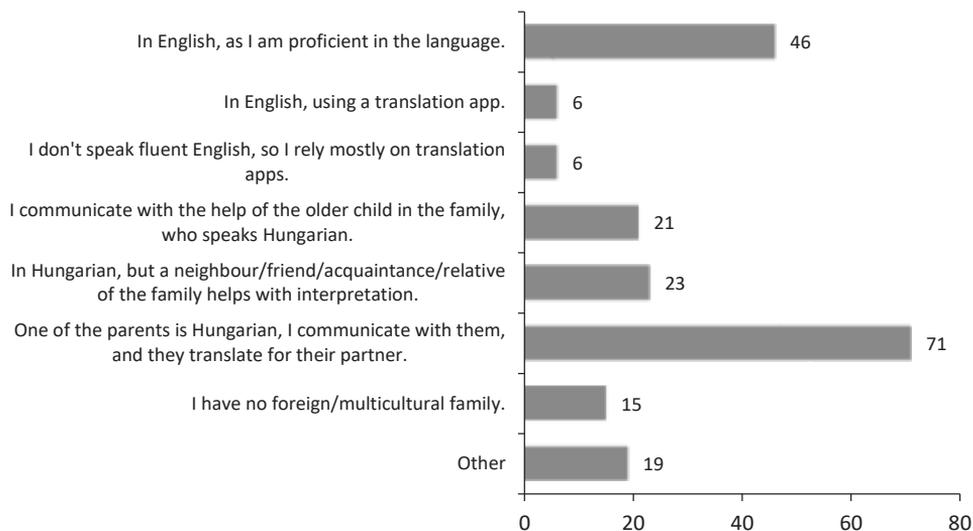
This section examines oral communication between Hungarian health visitors and foreign families, focusing on how language barriers are addressed. Drawing on questionnaires completed by health visitors (Section 3.3.1), who reflected on their general

practices across various family contexts, and from foreign families (Section 3.3.2), who reflected on their own experiences, the findings offer a complementary understanding of how oral communication unfolds in everyday health visitor interactions.

### 3.3.1 Perspectives of health visitors

Health visitors provided a general overview of the practices they use to manage language barriers in face-to-face interactions, while the families' responses offer a more detailed view of how these interactions unfold in everyday practice, particularly depending on the linguistic composition of the family (i.e., whether one or both parents are foreign). The following results explore how each party navigates oral communication challenges, and how their reported practices reflect varying levels of language proficiency, reliance on *ad hoc* interpreters, and use of shared languages.

To better understand how language barriers are addressed in practice, health visitors were asked to select from a predefined list of the practices they typically use when communicating with foreign families during face-to-face encounters. Respondents could mark multiple options to reflect the range of approaches they apply in different contexts. The frequency of the reported strategies is presented in Figure 3, which summarizes the most common modes of oral communication used by Hungarian health visitors when interacting with foreign families.



**Figure 3.** Practices used by health visitors to address language barriers in oral communication with foreign families (in %).

Figure 3 shows that 71% of health visitors reported communicating with the Hungarian-speaking parent in foreign families where one parent is Hungarian and the other is foreign; this parent then often interprets for their non-Hungarian-speaking partner. This was the most commonly used communication practice among respondents. Since the questionnaire did not ask which parent was Hungarian, we cannot determine patterns based on parental roles from this data alone. However, responses from the families themselves help clarify these dynamics, as discussed later in the section.

The second most commonly employed strategy (46%) is for health visitors to communicate directly in English with the family. The third most common strategy (44%) involves language mediation by a family member or close acquaintance, such as a neighbour, friend, relative, or, in some cases, the family's elder child, who may speak Hungarian to some degree. Notably, the use of translation apps is not a widely employed strategy among health visitors.

In the "Other" response category, six of the respondents indicated that the family did not speak English, and communication was either facilitated entirely through a translation app or mediated by a family member acting as an interpreter, translating between the health visitor and the family's native language. Additionally, two health visitors reported that they were assisted by a colleague in interpreting, while the family of another health visitor had learned the language, allowing communication between them to occur in Hungarian.

### *3.3.2 Perspectives of foreign families*

This section turns to the experiences of foreign families regarding communication with their health visitors. While health visitors' responses offered a broader overview of general practices, the families' accounts highlight how communication unfolds depending on family composition, especially whether one or both parents are foreign. One multiple-response item in the family questionnaire asked how they manage communication with their health visitor when language barriers arise.

In nine families, the mother was Hungarian and the father foreign. In all such cases, communication with the health visitor occurred in Hungarian. Since the mothers were native speakers, as were the health visitors themselves, no language barriers were reported. Interestingly, however, two mothers mentioned accommodating the foreign fathers' language needs: one translated for him; the other relied on the support of an older child and a translation app.

Among 24 families where the father was Hungarian and the mother foreign, 23 selected the predefined response: “Me or my husband/wife/partner is Hungarian or speaks Hungarian very well” in response to the question how they handle language barriers. However, this item merges two distinct situations: (1) a Hungarian-speaking partner acts as an interpreter, or (2) the respondent herself is sufficiently proficient in Hungarian. This limits precise interpretation.

Nonetheless, seven mothers explicitly stated no translation was needed or that there were no language barriers during the health visitor visits. These participants all indicated intermediate or advanced Hungarian proficiency and confirmed that Hungarian was used during interactions. As one mother with intermediate skills explained: “If I don’t understand something, she tries to explain it with different words and then I understand it much better.” Another participant noted: “I can understand to a certain extent, the rest of the information I Google up.” These participants had lived in Hungary for five to 21 years, with an average of 12 years of residency. An additional two respondents noted relying on their Hungarian partners and other forms of assistance, such as *ad hoc* interpreters (e.g., neighbour, friend, or relative) or translation apps.

Fourteen participants did not provide further clarification beyond selecting the ambiguous response mentioned above. However, their answers to other questions allowed for a more refined classification. Based on self-reported Hungarian proficiency, they were divided into two groups: (1) those likely to have communicated directly with the health visitor (mothers with intermediate, advanced, or native Hungarian skills), and (2) those who likely relied on their Hungarian-speaking partner (mothers with basic or no Hungarian proficiency). Seven participants were assigned to each group. All 14 reported that their health visitors either spoke no foreign languages or only a few words in English. Finally, one respondent reported receiving help from a neighbour and noted that the health visitor was “not fluent, but she was able to convey the main information”.

In sum, when the mother’s Hungarian is at least intermediate, direct communication is likely. If her proficiency is limited, the Hungarian-speaking father typically acts as interpreter. Use of translation apps was mentioned in only 12.5% of cases. Regarding the health visitors’ language skills, the highest reported level was “not fluent, but she was able to convey the main information” (21%), while the majority either spoke no foreign languages or only a few words in English.

Finally, in families where both parents were non-Hungarians (n=18), 67% relied on *ad hoc* interpreters to communicate with the health visitor in Hungarian, as the health visitors either did not speak foreign languages or only knew a few words in English.

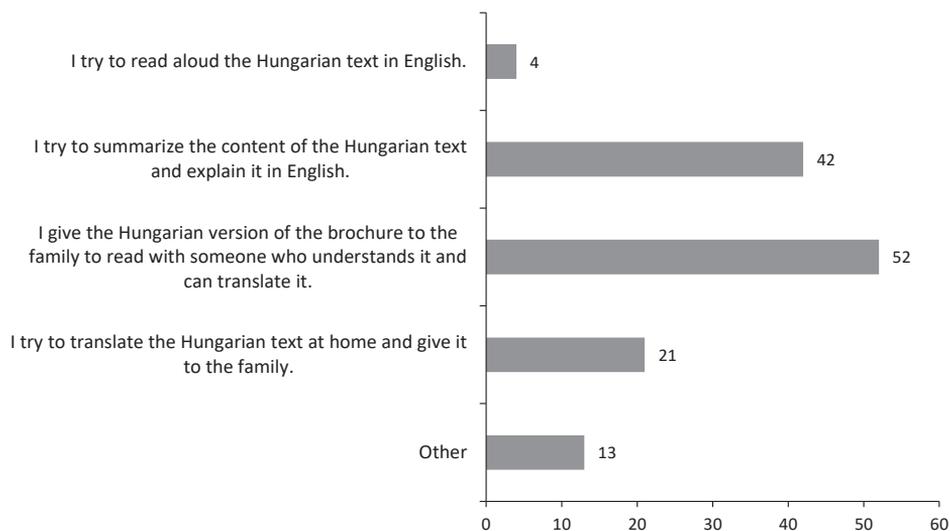
Only two respondents (11%) reported that their health visitor was not fluent in English but was able to convey the main information; in both cases, the language of communication was a mix of Hungarian and English.

Among those using *ad hoc* interpreters, the most common sources of support were Hungarian-speaking friends or acquaintances (58%), followed by Hungarian-proficient husbands (25%), and older children (17%). In addition, 42% of this group used translation apps as a supplementary tool to aid communication. Regarding the language skills of their health visitors, only 17% were described as “not fluent but able to convey the main information”, while the remainder were reported to speak no foreign languages or only a few words in English.

A smaller portion of respondents (11%) indicated that they relied primarily on translation apps. Three families (17%) reported that they usually hired a professional interpreter, although they occasionally used *ad hoc* interpreters or translation apps as well. Only one family (5%) stated that no additional help was necessary, as their health visitor was fluent in English and communication was smooth.

### 3.4 Written communication challenges: Managing the lack of translated materials in health visitor services

In addition to oral communication, this section explores how health visitors manage written communication with foreign families, particularly in the absence of official translations. As highlighted earlier, key documents such as developmental screening forms (status examination sheets) are available only in Hungarian, with the sole exception being a translated version of the parental questionnaire available on the official website of the Hungarian Early Childhood Programme. This language gap presents a significant challenge to effectively conveying critical written information to non-Hungarian-speaking parents. To better understand how health visitors address this issue in practice, respondents were asked to describe the practices they use when no official translation is available. In Question 9 of the survey, “If you do not have a translation, how do you keep families informed?”, health visitors could select multiple responses. Their answers are summarized in Figure 4.



**Figure 4.** Practices used by health visitors to address language barriers in providing written information to foreign families (in %).

Figure 4 shows that the most commonly used method (52%) for communicating written information is to leave the document in Hungarian with the family, with the hope or request that someone will read it. This practice is not necessarily due to negligence, but rather reflects the approach taken by some health visitors when a family member speaks Hungarian. Unfortunately, the questionnaire did not specify whether the mother or father in such families is Hungarian. However, five health visitors reported that they have families where the father is Hungarian, and they leave the Hungarian documents with him, who then translates the content and discusses it with the mother. One respondent noted that she always schedules visits so that the Hungarian-speaking father is present. Additionally, two health visitors mentioned that they have families where both parents understand and speak Hungarian well and do not require translation.

A significant proportion of respondents indicated that they attempt to translate documents written in Hungarian through various methods. These include reading the texts aloud in English (sight translation), summarizing them in the target language, or translating them into the target language on paper at home. Other responses revealed that the use of downloaded translation software on mobile phones was relatively uncommon, with only two respondents reporting this method. This approach thus appears to be much less favoured for on-the-spot, written translations compared to oral communication. One respondent mentioned that she summarizes the texts in

Hungarian, with the help of a non-professional interpreter (a mainly minority language speaker who regularly interprets or translates without formal certification) who mediates. Another respondent noted that she invites the mother to the health visitor's office, where colleagues (*ad hoc* interpreters) assist in conveying the content of the documents in English. These findings suggest that health visitors employ a variety of strategies to convey information to foreign families, with some actively engaging in the translation process themselves.

## 4. Discussion

This exploratory quantitative study investigated how communication takes place between Hungarian district health visitors and foreign families in maternal and child healthcare, focusing on how language barriers are managed in both oral and written interactions in the absence of institutional translation or interpretation services.

### 4.1 Oral communication practices

The findings show that health visitors work with foreign families of diverse nationalities. The language used in communication largely depends on the linguistic composition of the family and the language skills of the participants, yet Hungarian remains the dominant medium. This outcome is unsurprising given the generally limited foreign language proficiency reported among health visitors. The predominance of Hungarian language use also reflects the legal and institutional framework of healthcare, which defines Hungarian as established as the default working language (Section 8 (2) of Act CLIV of 1997 on Health). As such, multilingual interaction relies primarily on individual adaptation rather than institutional language support. This finding aligns with earlier research by Gellér (2012) and Horváth (2022; 2023a; 2023b), which likewise observed that language assistance across Hungarian healthcare depends largely on *ad hoc* arrangements, while professional interpreters remain rare. While Horváth's work examined the issue nationally, this study confirms similar dynamics within health visitor services. Comparable patterns have also been documented outside Hungary, for example, Slovene nurses have been shown to have limited English proficiency, which similarly necessitates *ad hoc* communicative solutions (Mikolič Južnič and Kocijančič Pokorn 2021).

When language barriers arise, health visitors commonly rely on *ad hoc* interpreters, most often family members or acquaintances. Although such solutions may facilitate basic understanding, they carry substantial risks. Untrained interpreters typically lack the linguistic and medical terminology needed for accurate translation, may omit or

distort information, and are not bound by confidentiality (Health Service Executive 2009). These limitations can jeopardize patient privacy and comfort, particularly in sensitive health contexts. The involvement of children or spouses poses additional challenges: children often paraphrase or withhold information they find uncomfortable (Jacobs et al. 1995; Angelelli and Ceccoli 2023), while husbands interpreting for mothers may face gendered or cultural barriers when discussing reproductive or intimate health issues (Gabányi 2025). Such dynamics can restrict open communication and place an unfair emotional and cognitive burden on family members.

Despite these risks, family interpreting often remains the only feasible option, as professional health interpreters are rarely available in community-based care (Heath et al. 2023). Consequently, the complete exclusion of *ad hoc* interpreting would be unrealistic. Instead, a more systematic approach is needed, one that combines informal mediation with accessible, trained interpreter support.

A smaller proportion of families and health visitors also reported using translation applications to aid communication. However, the reliability of such tools is limited in healthcare contexts. The accuracy of machine translation varies by language pair, translation direction, topic, and source text quality (Szlávik 2023; Zappatore and Ruggieri 2024), and medical terminology presents particular challenges, as conceptual understanding is as crucial as lexical accuracy (Rosendo 2019). In high-stakes scenarios such as healthcare, unsupervised machine translations risk compromising patient safety and informed decision-making.

## 4.2 Written communication practices

This study found that, except for the parental questionnaire, the key documents provided by health visitors were available only in Hungarian. This finding, though based on a subfield of healthcare, reinforces earlier research showing persistent gaps in language support across Hungarian healthcare (Geller 2012; Horváth 2022; Horváth 2023a; Horváth 2023b). The absence of officially translated materials raises concerns regarding patient safety, informed decision-making, and the legal right to comprehensible health information. These limitations mirror the existing legal framework, which establishes Hungarian as the default language of healthcare (Section 8 (2), Act CLIV of 1997 on Health), acknowledges patients' right to understandable information and interpretation "if possible" (Sections 2 (2), 13 (1), 13 (8)), but does not require the translation of written materials. Consequently, the combination of permissive legislation and insufficient institutional mandates contributes to persistent inequalities in language access for non-Hungarian-speaking patients.

International literature underscores that high-quality translation is integral to patient safety and quality care: accurate written materials enhance understanding, reduce risk of language related adverse events, and ensure equity in service delivery (Hablamos Juntos 2012). To achieve this, centralized responsibility is necessary for healthcare translations, including the development of standardized policies, style guides, and glossaries, as well as investment in qualified translators and interpreters. Documents essential for patient safety and the protection of patients' rights should be translated into the languages of the most frequently encountered groups, or – where translation is not feasible – accompanied by oral interpretation (Massachusetts Department of Public Health 2017).

In the absence of official translations, health visitors in this study adopted a range of *ad hoc* strategies to communicate written information, such as reading Hungarian texts aloud in English (sight translation), summarizing content orally, or preparing informal translations at home. These practices illustrate the adaptability and commitment of professionals, yet they also reveal the systemic lack of support for multilingual communication. Since comprehensive institutional language services are unlikely to emerge in the short term, training institutions should respond to this gap. Health visitor education could incorporate targeted English for Specific Purposes (ESP) modules that not only strengthen general medical language proficiency but also develop profession-specific communicative and language mediation competences – both written-to-written and written-to-oral. Such training would better prepare future professionals for the multilingual realities of community healthcare and enhance the clarity and accuracy of patient communication.

## 5. Conclusion

This study confirms that Hungarian is the *de facto* language of health visitors. While the research's exploratory nature and methodological limitations, such as not capturing the full language composition of families, must be acknowledged, the findings nonetheless reveal valuable patterns in how communication is currently managed between health visitors and the foreign families in their care.

The results show that both oral and written communication largely depend on individual improvisation in the absence of institutionalized language support. Hungarian remains the dominant working language, and *ad hoc* solutions, such as family interpretation or informal translation, serve as substitutes for systematic assistance. These findings echo earlier research highlighting the persistence of structural monolingualism in Hungarian healthcare.

Given the central role of health visitors in family care, targeted improvements should include the translation of key materials, access to interpreter services, and the integration of profession-specific language and translation training into health visitor education. As a long-term investment, selected health visitors could also be supported to pursue medical interpreter or translator qualifications.

Although based on a small-scale survey, this study underscores the need for larger-scale research to better understand the communication challenges health visitors face and the specific language needs of foreign families. Future studies should also examine the long-term effects of language barriers on care outcomes and explore scalable models of language assistance that can more effectively respond to Hungary's growing linguistic diversity.

## Authorship

Ágnes Horváth led the research and writing process. She reviewed and finalized the questionnaires developed by Vivien Andrea Kozár, ensured their alignment with the study's objectives, analysed the collected data and wrote the Introduction (excluding the health visitor section), the Results, and the Discussion. She also conceptualized the structure of the article and provided overall guidance throughout the project.

Vivien Andrea Kozár initiated the study idea and drafted the two online questionnaires. She conducted the literature review on the health visitor system and authored the related section. Both authors participated in the distribution of the questionnaires and collaboratively reviewed and revised the manuscript.

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## About the authors

Ágnes Horváth, PhD, is an assistant professor at Semmelweis University, a medical university in Hungary. Her research focuses on medical translation and communication in multicultural and multilingual healthcare settings, with particular attention to patient safety and language assistance. She has examined vital healthcare documents related to patient rights and safety, conducting a corpus-based translation-oriented genre analysis of informed consent forms as a first step. Her findings inform the training of medical translators, support the development of English for Specific Purposes (ESP) materials for healthcare professionals, and contribute to designing a comprehensive language assistance plan within the Hungarian healthcare system.

Vivien Andrea Kozár graduated from the Faculty of Health Sciences at Semmelweis University as a health visitor in 2017. She gained professional experience as a district and later as a school health visitor, working closely with families from diverse cultural backgrounds. Her experience with multicultural families highlighted the importance of cultural awareness and language support in health visitor practice. In 2023, she obtained a medical translator and interpreter qualification at Semmelweis University, completing her thesis on the translation of health visitor documentation. Her professional interests include smoking prevention, breastfeeding support, and promoting equality and inclusion for multicultural families.

## APPENDIX A

### Questionnaire for Health Visitors

1. Where do you work?  
    Budapest  
    Countryside
2. Which age group are you in?  
    20-29 years  
    30-39 years  
    40-49 years  
    50-59 years  
    60-69 years  
    69+ years
3. What LANGUAGES do you speak and at what LEVEL (e.g. A1, A2, B1, B2, C1, C2, or elementary/intermediate/advanced (if you have lived abroad)?  
    .....
4. Do you have a PROFEX (PROficiency EXamination) for Medical Purposes?  
    If yes, in which language and at what level?  
    .....
5. What percentage of your clients are from multicultural families where at least one parent is non-Hungarian?  
    .....
6. What nationalities are your families? Please list them.  
    .....
7. How do you communicate with foreign or multicultural families? (You can select more than one answer. If you do not use English for communication, please explain in the “Other” section.)  
    In English, as I am proficient in the language.  
    In English, using a translation app.  
    I don't speak fluent English, so I rely mostly on translation apps.  
    I communicate with the help of the older child in the family, who speaks Hungarian.  
    In Hungarian, but a neighbour/friend/acquaintance/relative of the family helps with interpretation.  
    One of the parents is Hungarian, I communicate with them, and they translate for their partner.

I have no foreign/multicultural families.

Other: .....

8. What OTHER DOCUMENTS are translated in addition to the parent questionnaire on the koragyermekkor.hu website, and IN WHICH LANGUAGE?  
.....

9. If you don't have a translation, how do you keep families informed? (You can select more than one answer. If you do not speak English, please explain in the "Other" section.)

I try to read aloud the Hungarian text in English.

I try to summarize the content of the Hungarian text and explain it in English.

I give the Hungarian version of the brochure to the family to read with someone who understands it and can translate it.

I try to translate the Hungarian text at home and give it to the family.

Other: .....

10. Which HEALTH VISITOR DOCUMENTATION do you think should be translated in addition to the parental questionnaire (e.g.: care plan; status examination of the children (health visitors checks); GDPR data protection statement; brochures such as the immunization schedule in Hungary, guide for parents arriving to deliver, etc.), and in WHICH LANGUAGES?

## APPENDIX B

### Questionnaire for Multicultural and Foreign Families

1. What is your gender?

Male

Female

2. Where do you come from?  
.....

3. Are you or your husband/wife/partner non-Hungarian?

Yes, both of us are non-Hungarians.

Only one of us is non-Hungarian.

4. How long have you been living in Hungary?  
.....

5. Where do you live? In Budapest or in the countryside? If you live in Budapest, please, write down the district, too.  
.....
6. What is your and/or your husband's/wife's/partner's level of Hungarian?  
.....
7. Do you have a health visitor? (A healthcare professional, who regularly checks upon the mum and her baby before and after the birth.) If not, could you explain why?  
Yes, we have one.  
No, we do not.
8. Did you have the opportunity to request a health visitor who speaks English?  
Yes, we did.  
No, we didn't.
9. What language do you speak to your health visitor? You can give several answers.  
Hungarian.  
English.  
Spanish.  
Italian.  
  
French.  
German.  
Chinese.  
Other, such as: .....
10. If you communicate in English with your health visitor, what level of English do you think she has?  
She speaks fluent English, we can communicate very well.  
She is not fluent, but she can tell me about the main information in English.  
She can speak just a few words in English.  
She can't speak any foreign languages.
11. If there is a language barrier, when you can't communicate with your health visitor, or it is hard to understand her, who can help in communication? You can give several answers.  
Professional interpreter.  
Me or my husband/wife/partner is Hungarian or speaks Hungarian very well.  
My older child, who can speak Hungarian.

My neighbour/friend/acquaintance/family member who is or who speaks Hungarian.

We use a technical device, such as Google translate.

Other, such as: .....

12. What documents do you receive in translation and in what language from your health visitor? (e.g.: parental questionnaire, GDPR data protection statement; status examination of children; care plan for children and pregnant woman; brochures such as the immunization schedule in Hungary, guide for parents arriving to deliver, etc.)

.....

13. What other documents would you like to receive in translation?

.....

14. Is it important to you to read these documents in your mother tongue?

Yes, it is.

No, it is enough for me to read them in any language I understand.

15. What is your and/or your husband's/wife's/partner's preferred language to read these documents? You can give several answers.

English.

Italian.

French.

German.

Spanish.

Chinese.

Other, such as: