
CIVIL RIGHTS AND PARTICIPATING IN TODAY'S MULTILINGUAL EUROPE. / DERECHOS CIVILES Y PARTICIPACIÓN EN LA EUROPA MULTILINGÜE ACTUAL.

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Abstract: Today's European society is incrementally superdiverse, which raises all sorts of challenges as well as concerns about the degrees to which people from varying backgrounds can be integrated in society. Key to such integration is access to public services, since precisely these facilities cater for people's basic needs and guarantee that they can exercise their civil rights. All too often language barriers pose an insurmountable obstacle to adequate service provision in many vital areas such as healthcare, social welfare, and education. Legislative frameworks should be developed, both at a supranational and a national level in order to establish the right to high-performing public service interpreting and translation, and more generally, policy frameworks for effective communication with anyone appealing to public services.

Keywords: Superdiversity; Civil rights; Legislation; PSIT; Communication.

Resumen: La sociedad europea actual es cada vez más diversa, lo que desencadena toda clase de retos e inquietudes acerca del nivel en el que personas con distintos orígenes pueden integrarse en la sociedad. El acceso a los servicios públicos es un elemento clave en este proceso, ya que precisamente en estas instalaciones se responden ante las necesidades básicas de los ciudadanos y se garantiza que puedan ejercer sus derechos civiles. Las barreras lingüísticas con frecuencia plantean muros insuperables a la hora de proporcionar servicios en áreas básicas, como la sanidad, la asistencia social y la educación. Deben desarrollarse marcos legislativos tanto a nivel supranacional como nacional para establecer el derecho a una traducción e interpretación eficiente en los servicios públicos y, de forma más general, marcos políticos destinados a garantizar una comunicación efectiva para todo aquel que recurra a un servicio público.

Palabras clave: Superdiversidad; Derechos civiles; Legislación; Comunicación.

1. Introduction

Far too often the communication barrier between public service providers – whether they be medical workers, teaching staff, social workers, psychologists, therapists, judges, or other – and their clients, patients and defendants with no or limited “autochthonous language proficiency” leads to flawed or insufficient treatment, accompaniment, care or judgment. In our societal constellation that has changed fundamentally since the end of the 1980s, public service provision is often lost in translation.

When public service provision is lost in translation, people are not getting the services or help they need. When certain groups of people have structurally more access to public services to the detriment of others, the latter become victims of exclusion. When those who master the

local dominant language, which is typically also the official language in the area, have full access to the public services that are provided, and those that do not master that language or do so to a lesser extent have less access to these services, separate tiers arise to determine who will get quality treatment, accompaniment, care or judgement.

Cases (1) and (2) illustrate what the consequences of flawed communication due to language differences can mean to real people.

(1) A thirty-five-year-old Polish woman living in the Netherlands who suffers from uterine prolapse issues, goes to a medical centre to have herself examined. She is in the company of her partner and a friend, both of whom serve as ad hoc interpreters. At the end of the examination it is decided that the woman needs to undergo surgery to have the uterus 'lifted' – or so she believes. Due to flawed communication, however, the uterus is not lifted but removed. The case goes to court. The judge decides in favour of the woman, who is to be compensated with the sum of € 34,000 due to the gynaecologist's lack of cautiousness in dealing with the language barrier (Case reported in NOS, 2017).

(2) A care coordinator at a Flemish primary school wants to talk to the parents of Joseph, an 11-year-old pupil. Joseph and his parents are Twi-speakers. Joseph was able to learn Dutch (the local language) swiftly. His parents take Dutch classes too, and they can order groceries relatively fluently in Dutch, with a slight accent, at the local store. However, they are unable to grasp the exact difficulties Joseph is facing regarding math. The school's care coordinator speaks of 'serious issues with math', 'dyscalculia', 'probable math disorder', 'remedial therapy', ... When it becomes apparent that Joseph's parents don't understand, Joseph is asked to translate. His parents eventually come to understand that Joseph has some difficulties with math. In conclusion, Joseph's father asks the coordinator: 'When do you expect Joseph to come to the extra math tuition?' (Case reported in personal communication).¹

The Polish woman in Case 1 was entitled to the right treatment and Joseph in Case 2 should have experienced no hindrance in getting adequate therapy, since adequate treatment and therapy are no exorbitant luxuries.

People's basic needs are inescapable, because – contrary to mere desires – they are universal and inherent to what or who we are as humans. Public services that address these fundamental needs should be inherently inclusive.

European society has undergone profound changes since 1989-1990, which can even be called Copernican. Our society has undergone far-reaching shifts in terms of the diversity in origins of and in the languages spoken by its dwellers (Blommaert, 2012). Is the logical consequence, then, that we ought to organise ourselves differently than before, as superdiverse Europeans, in order to cope with this significant shift? And what will happen if we don't?

Are these phenomena of superdiversity and multilingualism prone to disrupting our way of life if the manner in which we perceive ourselves, others and the way our institutions function, do not respond flexibly to these changes? How long can these diversity shifts be ignored?

¹ Between September 2011 and January 2015 one of the authors, Pascal Rilof, became familiar with a broad series of cases in his capacity as Coordinator of the Sector of Public Service Interpreting and Translation Providers in Flanders and Brussels (Belgium), reported by service providers. This particular case was reported by the care coordinator at a primary school in Antwerp (Belgium).

New circumstances like superdiversity and multilingualism call for measures to make our public, social, medical, judicial, housing, education, employment and welfare services function in this new environment, so that they are sufficiently able to meet the needs of a striking diversity in clientele.

Since communication is to service provision what water is to fish, it will no longer suffice to only use the local official language(s) when dealing with clients that may come from almost everywhere in the world.

2. Fundamental needs and rights, and what public services really are

The basic needs and fundamental rights of humans are inextricably intertwined. Thus, the need for food or nourishment is linked to working to make a living and consequently to employment services when you lose your job. The need for shelter is tied to the right to have a roof over your head and thus to services like homeless shelters and social housing, when your income is insufficient for you to rent or buy a home. The need to remain healthy and the right to access to health care are naturally entangled. The right to education is rooted in the need to know about the world around us. The social security system, police and courts of law stem from our basic need to be safe, to feel secure.

Public services are materialised human rights, made accessible to the public – in all its diversity – in an equitable way. Public services act as one of the gateways to a democratic society in which institutions are expected to be equitable, drawing an ever-increasing number of its stakeholders in. Communication is a precondition for the accessibility of public services. When communication has a high risk of failure due to multilingualism, language or communication support mechanisms (like public service interpreting and translation) fulfil an important role.

3. A changed and changing society

Since 1989-1990, the sheer nature of migration has changed (cf. Vertovec, 2007; Blommaert, 2011; Blommaert and Rampton, 2011). The fall of the iron curtain engendering intra-European mobility from the east to the west; the rise of the Internet and online communication making clear just how life was or at the very least seemed to be abundant in Western Europe, became a pull factor for third country nationals. Western Europe no longer only saw the traditional groups of immigrant workers and their families appear. People started to arrive from about everywhere, spurred on by climate change, persecution, turmoil, war and disaster, poverty, ... in short, by the quest for a better life. This phenomenon is not likely to come to a sudden end.

This new society is superdiverse, multilingual, with some of Europe's cities turning into minority-minority cities, i.e. cities that lack a clear majority in the composition of its population. Not even the 'original' population is, in such cases, a majority.

Some of our major cities are rapidly becoming places without distinct majorities. Janssens (2013) reports that 104 languages are spoken in Brussels alone. Increasingly fewer families in Brussels speak only French or Dutch (the official languages) at home, whereas the number of multilingual families is on the rise. In 2006, 6% of Brussels' residents spoke Arabic. By 2013, this section of the population had increased to 18%. One in ten Brussels residents claims not to have a firm command of French, Dutch or English (Janssens, 2013).²

² More recent figures seem to confirm this trend (see Janssens, 2018).

The 2011 UK census (Office for National Statistics, 2013) revealed that over 100 languages are spoken in 30 out of the 33 London boroughs. The census also showed that 53 languages that are considered standard varieties are spoken in London by at least 0.1% of residents, while it also identified many more non-standard varieties of these languages. Blommaert and Van Avermaet (2008: 75) even state, perhaps tentatively, that 405 languages are spoken in Antwerp (Belgium).

Van Robaeys and Driessens (2011) point to another interesting development. In 2005, 36% of those seeking assistance at Antwerp's "Centres for General Welfare" (Centra voor Algemeen Welzijn) belonged to an ethnocultural minority and came from one of 105 different countries. By 2009, this percentage had increased to 44%. The service providers at work in these centres named the language barrier as one of the main obstacles to carrying out their duties.

In June 2017 alone, 7,916 Syrians, 4,010 Nigerians, 3,728 Afghans, 2,808 Eritreans, 2,731 Pakistani, 2,264 Albanians, 2,145 Bangladeshi, 1,750 Guineans, 1,387 Russians, 1,370 people from the Ivory Coast, 1,365 Iranians, 1,160 Gambians, 1,146 Somali and 1,098 Senegalese applied for asylum in the EU (European Asylum Support Office, 2017).

On 1 January 2018, Belgium had 11,376,070 inhabitants. 1,357,556 (almost 12%) carried a foreign nationality, 67% of which had another EU-nationality and 34% (450,000 people) had a non-EU nationality. Of course, many inhabitants from foreign descent have acquired the Belgian nationality. According to Myria, the Belgian Federal Migration Centre ("Federaal Migratiecentrum"), almost 9% of the Belgian population had a non-Belgian nationality by birth. This means that 1 out of 5 of Belgium's inhabitants are born with a foreign nationality, half of which from an EU-country, half from a non-EU-country. Consequently, 1,200,000 of Belgium's population have a non-EU nationality at birth (Pironet, 2018: 47-48).

4. Democracy and democratisation

People are, as it were, chains of events, actions and mutual influences. What we do to one, impacts many. When many –all– are treated with equity, we are much more likely to harvest stable societies. That is, unless we adopt Rand's (1964) "Ethics of Objectivism":

What will happen to the poor in an Objectivist society?

(...) If you want to help them, you will not be stopped. (...) Only individual men have the right to decide when or whether they wish to help others; society – as an organized political system – has no rights in the matter at all. (...) Since nature does not guarantee automatic security, success and survival to any human being, it is only the dictatorial presumptuousness and the moral cannibalism of the altruist-collectivist code that permits a man to suppose (or idly daydream) that he can somehow guarantee security to some men at the expense of others (Rand, 1964: 80-81).

Rand's Objectivism inspired a paradigm shift in which man is reduced to a self-interest seeker. Selfishness becomes the norm. Thus, a society is engendered based on competition as a natural phenomenon and a value to be nurtured, because everyone will compete to reach the summit. Everyone is solely responsible for themselves. *Responsibility* here appears as the antithesis to *solidarity*, whilst we can very well be responsible *and* foster solidarity, and solidarity is even an act of responsibility (cf. Achterhuis, 2010: 319).³

In this vein, profit maximisation in the medical sector through exponentially increasing diagnostic examinations and redundant treatments, combined with the use of poorer quality

³ Achterhuis (2010) describes how Objectivism and Neoliberalism gradually became the new big Utopia (dystopia) with Rand's novel *Atlas Shrugged* as its 'Bible', and how its success was strategically constructed through the Chicago school of economists and through participation in major economic institutions and fora.

medical materials (such as hip and knee prostheses and breast implants), is no longer an exception. The number of psychiatric beds decreases in favour of the more profitable cardio-beds (Verhaeghe, 2012: 26-28).

If we adopt a different perspective, one that considers that democracy has not yet reached its final shape or fulfilment, inclusiveness can be taken as the catalyst for a more just society. In this view, processes of democratisation make society and its public facilities and goods available to an ever-increasing number of its people, thus battling dualisation and exclusion.

A democratic society expects its institutions to be just and equitable. This does not imply that every setback that an individual encounters should be compensated for by the government, but everyone does have a right to reparation or support when something occurs for which they cannot be held responsible. When an individual does not have access to equal opportunities or when circumstances generate unequal opportunities, the situation should be addressed. Opportunities are not equal by nature or birth, and institutions can and often do structurally favour some to the disadvantage of others (cf. Rawls, 1971), thereby maintaining structural inequality. Consequently, in order to become just and equitable, a society could establish or reform its institutions so as to draw an increasing number of its 'stakeholders' into 'the system', allowing everyone to benefit from and contribute to this system.

Some examples of how, during the 20th century, the process of democratisation enfolded an increasing number of stakeholders, are the five-day work week, women's right to vote, and the late 19th and early 20th centuries' devices like urban planning, engineering and legislation (ensuring clean streets, effective drainage and sewage systems, access to clean water) which have helped solve the problem of urbanisation, ousting epidemics like cholera (Rillof, 2007). Like these hallmarks of societal progress, the early 21st century will have to find its own solutions to issues like superdiversity and multilingualism that put a certain strain upon this era's societal fabric.

5. Networks and the state

In order to fulfil their needs, people depend on other people. On that basis, networks are shaped in which we depend on others in order to satisfy our needs. These networks of mutual dependency are the foundation of what we have come to call 'a society'. Some of these networks are, moreover, already in place when we are born as the results of the interdependent networks of our ancestors: a culture (or rather cultures), values and norms, habits, and expectations of what is acceptable and normal behaviour. They are part of our society. Thus, a society has a pre-existence (De Swaan, 1996: 13).

Modern societies have solved the problem of structural violence between their members by monopolising violence in the hands of the state. They have, through legislation and courts of law, learnt to enforce normative behaviour. The relative absence of violence between members of the same state was a prerequisite for a society based on trade and, eventually, for a predominantly economy-based society to emerge, with the *homo economicus* as its prototype inhabitant (Van Vroonhoven, 1998: 32-40). Societies, therefore, are networks in exchange.

The implementation of the social security system on a national scale was the most important innovation the process of collectivisation brought about in the 20th century, as a fundamental answer to the basic social and individual needs of humans. For the first time, an increasing portion of the population in Western Europe was integrated in a collective, but also compelling, system of protection against the hazards of workers' lives. In the late 19th and the beginning of the 20th centuries, the state was able to deploy the administrative know-how and capacity to fulfil this task. Only this externalised agent (elected by also an increasing portion of the population) –the state– had the compelling power to impose taxes and to enforce

membership of the system on all (Rillof, 2007: 4-8). By doing so, the dilemmas of voluntary collective action (which can also be described as horizontal solidarity – for some by some and therefore by definition exclusive) were gradually overcome (De Swaan, 1988, 2004).

In superdiverse and multilingual societies democracy, democratisation, and access to rights embodied in public services will only subsist if our vision on communication is adapted to this changing reality. Fit-for-purpose public services are only able to ensure access if legislation and public funding mechanisms allow for communication or language support devices to be integrated into service provision. Via communication support devices such as Public Service Interpreting and Translation, disease, violence, insecurity can be eliminated or diminished for the individual by granting access to solutions to all.

Communication in superdiverse and multilingual societies calls for adapted strategies, which integration processes and integration programmes should adopt for them to be successful. To raise awareness among policy makers and public service providers about the need for such strategies, the European Network for Public Service Interpreting and Translation (ENPSIT; cf. Rillof and Buysse, 2015) has formulated the following main objectives and political recommendations:

1. Recognition of PSIT as a vital aspect of an EU integration policy that stands for equal rights and treatment;
2. Guaranteeing the (statutory) right to high-quality language assistance in a social context, including public service provision;
3. Implementation of quality standards for PSIT in the EU;
4. Recognition and funding of PSIT services; and
5. Support of consultation and partnership structures at various levels (EU, national, regional). (ENPSIT, 2014)

6. Rights, legislation, policy

Recognition and guarantees are not obtained lightly. They come through legislation, and they subsist only through ensuing, sufficient and structural funding. Some significant legislative frameworks against discrimination on the basis of one's language already exist, as well as legislation on access to rights and service provision. The Universal Declaration of Human Rights (UN General Assembly, 1948), for example, formulates a series of essential keys to inclusive policy:

Article 3: Everyone has the right to life, liberty **and security** of person.

(...)

Article 22: Everyone, as a member of society, has the **right to social security** and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, **social and cultural rights indispensable for his dignity and the free development of his personality.**

Article 23: (1) Everyone has **the right to work**, to free choice of employment, to just and favourable conditions of work **and to protection against unemployment.**

(...)

(3) Everyone who works has the right to **just and favourable remuneration** ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, **by other means of social protection.**

(...)

Article 25: (1) Everyone has the right to a standard of living **adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services**, and the right to **security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood** in circumstances beyond his control.

(...)

Article 26: (1) Everyone has the **right to education**. (...)
(UN General Assembly, 1948; our emphasis)

Again, we notice that fundamental human needs and rights are perfectly in tune with one another: they are, as we have already pointed out, inextricably intertwined and offered to the public through public service provision, shaping as it were evident pathways of the form *needs* ⇒ *rights* ⇒ *service strands*, as illustrated in Figure 1 and Figure 2:

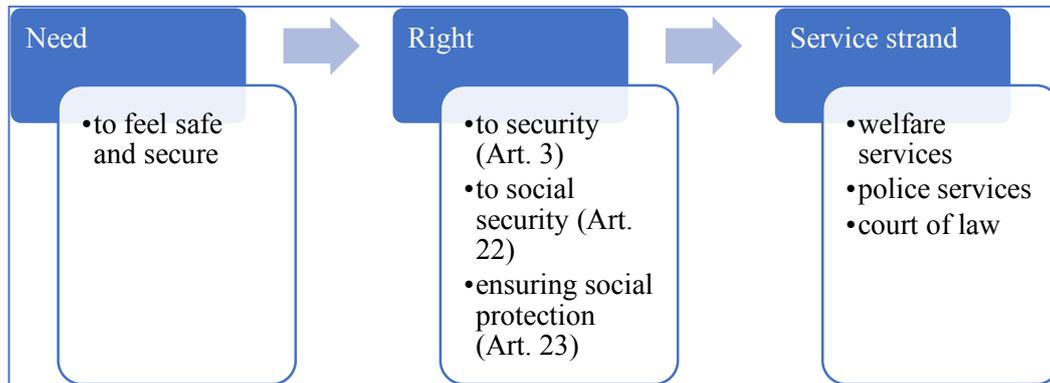


Figure 1. Pathway of the need to feel safe and secure

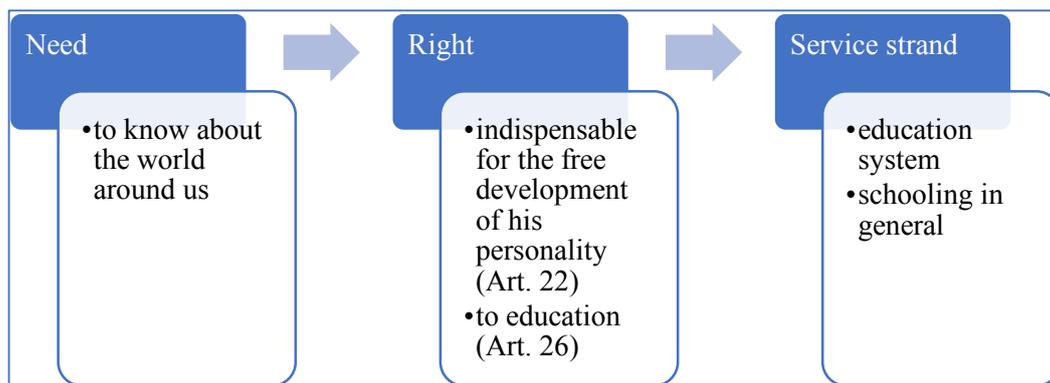


Figure 2. Pathway of the need to know about the world around us

These rights have found their way into primary legislation such as treaties and charters that register and formulate general principles. One such treaty is the *International Covenant on Economic, Social and Cultural Rights* (1966), a UN Treaty ratified by over 150 countries worldwide. The signatory states commit themselves to ensuring a broad range of rights such as the right to work, to social security, to education, to health care, etc. Its Article 12, for example, states that:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (...) (d) The creation of conditions which would assure to all medical service and medical attention in event of sickness.

Articles 2.2. and 3 of the Covenant proscribe any form of discrimination in access to the rights enshrined in the document on the grounds of race, color, sex, language, etc. (see also:

Committee on Economic, Social and Cultural Rights, 2000). Importantly, language, or not speaking the dominant or official language of a region or state, should not be a ground for exclusion of exercising these rights. The *Charter of Fundamental Rights* of the European Union also prohibits any discrimination based on any grounds, including language (European Union, 2000, Art. 21).

However, primary legislation only becomes effective when it is translated into secondary legislation – ‘hard’ law that can actually be enforced – impacting actual practice. One example of such secondary legislation in the field of the right to access to public services through language support is, on a European level, *Directive 2010/64/EU of the European Parliament and Council on the Right to Interpretation and Translation in Criminal Proceedings* (2010) has been considered a hallmark in enforcing the right to fair criminal proceedings through support by interpreters and translators. As a directive, EU Member States are obliged to devise national legislation to achieve the result set forward in the directive, but this legal framework does not dictate the way in which Member States should pursue this. A recent report by the European Commission (2018) in which the application of the Directive across the EU is evaluated, concludes that, almost a decade after the directive was adopted, much work remains to be done:

The extent of the Directive’s impact on Member States varies according to the national criminal justice systems in place. The evaluation highlights that there are still difficulties on key provisions of the Directive in some Member States. This is particularly the case for communication between suspected or accused persons and their legal counsel, the translation of essential documents and the costs of interpretation and translation. (European Commission, 2018: 14).

The *Directive* is, in other words, unevenly enforced and some Member States have opted for procedures and systems that may not offer the best guarantee that the Directive’s results are indeed obtained. The Directive also leaves much leeway for the services involved to make judgement calls in specific situations, such as to determine at what proficiency level a person of interest in an investigation does not have a sufficiently strong command of the language of the procedure, or to assess which (parts of) documents are essential to the proceedings so that they are to be translated (see e.g. European Union Agency for Fundamental Rights, 2016: 31-61).

On a local level, the 2013 Flemish Integration Decree (Vlaamse Regering, 2013), which defines Public Service Interpreting (“sociaal tolken” in Dutch) as “social interpreting”, is an example of an “instrument that enables users [i.e. public service providers, LB/PR] to communicate orally with clients who speak a different language, by completely and accurately converting a message from a source language into a target language.” (our translation). The Decree also establishes a quality register for certified public service interpreters and stipulates that non-certified interpreters can only be hired when certified interpreters in specific languages are not available yet.

The EU Directive is binding, in that each Member State has the obligation to devise national legislation to achieve the result set forward in the Directive. In spite of the Flemish Decree’s significance for defining social interpreting (and translation) and stipulating some essential prerequisites, it does not state that there is a *right* to the use of an interpreter in this or other service context.

A related matter is that of cost. *Directive 2010/64/EU* clearly indicates that interpreting and translation services have to be rendered free of charge within the remit of the *Directive*. Governments, in search of ways to balance their budgets, have been tempted to streamline their procedures and cut costs by publishing tenders for court and police interpreting and translation so that often a single company can provide these services at a low rate. Where such systems have been introduced, these have sparked not only concerns among T&I professionals about

working conditions (see e.g. Marking (2019) on a recent tender awarded to a single provider in Denmark) but also concerns about the quality of the services (see e.g. Webb and Rabadán-Gómez (2016) and Goymer (2019) on hiccoughs in the British tender). In other public service areas those looking for language support often have no legalistic arguments to enforce their right to T&I support, so if it is provided, they may be charged for this service (e.g. the charge being imposed in Denmark for healthcare interpreting for patients living in the country for over three years; see Gadd, 2018).

There are many examples of how theory and practice do not always match. Sánchez-Pérez (this issue), for example, describes how interpreters are rarely used in Valencian hospitals in spite of a legal framework being firmly in place. Based on her survey, she attributes this to a lack of awareness among these hospitals of the need for, and the potentially beneficial effects of, public service interpreters in their specific setting. Similarly, Felberg and Sagli (this issue) outline how the (non-EU country of) Norway has many provisions for PSIT but how these are often not applied adequately. They, therefore, stress the need to train interpreter-users and to standardise such trainings.

The legislative frameworks that exist are clearly valuable sources of inspiration but the principles that are enshrined in them are often unenforceable unless they are turned into secondary legislation. The latter step seems to be taken only rarely, and even if it is, the ensuing legal instrument is often noncommittal, enforced inconsistently and there is a tension between the cost and quality of the services rendered. The ways in which PSIT services are organised and structured can differ greatly between countries, as Štefková and Bossaert (this issue) show in their juxtaposition of the Flemish (Belgian) and Slovak situation. In her comparison of PSIT services in Montreal (Canada) and Barcelona (Spain), Burdeus Domingo (this issue) even asserts that the way in which PSIT services are implemented in a country hinges on the way in which countries deal with immigration. This would all the more appear to be the case when the government controls the entire setting, as is definitely the case in immigration detention centres. Maniar (this issue) reflects on interpreting provision in this system in the UK, and observes a striking discrepancy between interpreting policies in asylum procedures and those behind the closed doors of (immigration) detention centres.

A complicating factor in the development of legal instruments in this domain is that many policy competencies are involved, and these are scattered across various levels of government within the EU. The EU holds exclusive competencies like the Customs Union, and the establishment of the competition rules for the internal market and monetary policy (for the Member States whose currency is the euro). None of the ‘social’ policies, however, pertain (solely) to the exclusive EU competencies. Social cohesion, public healthcare, education, vocational training, civil protection, integration and employment are competencies at Member State level, shared by the EU or for which the EU has the competency to support, coordinate or complement Member State actions or for which the EU has the competency to provide arrangements within which EU Member States must coordinate policies (Articles 3-6 of the Treaty on the Functioning of the European Union; European Union, 2012).

Public service interpreting and translation are omnipresent in a plethora of service domains, such as the social, healthcare, education, employment, housing, and welfare domains. It is, therefore, difficult to know what EU Policy ‘desk(s)’ can be referred to in order to raise awareness within the EU that access to public services through language support is a ‘must have’ feature in terms of service practice and access to rights in today’s superdiverse and multilingual Europe. This is further complicated by the fact that some of these domains are full-fledged EU competencies, others are shared between the EU and the Member States and still others solely pertain to the Member State Competencies.

It is clear that any initiative towards PSIT-legislation will have to be active on both the EU level and on that of the Member States. In such an effort the EU could play a vital role in

its coordinating capacity. In this respect, the European Commission's Action Plan of Third Country Nationals (European Commission, 2016) is worthy of exploration. Through the Action Plan, the EU can take action to coordinate and support best practices for actions to promote early integration into the labour market and migrant entrepreneurship, to facilitate access to basic services (reception, housing, healthcare and social infrastructures), to support care provision for vulnerable third country nationals and refugees under the Health Programme, to promote social inclusion; and to foster better understanding between communities.

None of these proposed actions deal with language support or PSIT. Nevertheless, all of them seem to provide a context and a possible way into the heart of the matter: access to rights through public service provision. If these services are to be provided to people unable to speak the dominant language in the public service setting at hand, then policy makers ought to be convinced of the potential calamities that might occur if language is indeed a threshold to this service provision, as is depicted in case (3):

(3) Two Russian sisters go to the gynaecologist. One of them is 'interpreting'. She says that her sister wants an abortion. The patient is referred to an abortion clinic and is given an abortion. Afterwards, it becomes clear that she had wanted to keep the child. The acting 'interpreter' – her sister – was suffering from depression: she was undergoing treatment for infertility problems. (case reported in personal communication)⁴

7. PSI and Quality

Public service interpreting and translation are, like the 19th and early 20th century urban planning and engineering (clean streets, efficient drainage and sewage systems), devices or methods to help solve one of the main issues we are dealing with in the countries of Europe today: the communication gap due to the superdiversity and multilingualism emerging through migration.

In order to function, however, solutions must live up to quality standards. The latter can be defined as measures of excellence or, phrased more negatively, a state of being free from defects, deficiencies and significant variations. It is brought about by strict and consistent commitment to certain standards that achieve uniformity of a product or service in order to satisfy stated or implied needs.

The cornerstone for quality PSI, for example, is the competency profile for public service interpreters: a profile that determines what public service interpreters need to know and be able to do in order to perform their assignments in the best way possible. It is on the basis of such a clear profile that structured standards can be developed coherently in terms of language proficiency levels, (accuracy and completeness of) message transfer and interpreting techniques, ethics and a professional code of conduct (confidentiality, impartiality and transparency).

Whereas training and testing (certification testing and ensuing national registration) can leave room for variation, depending on specific local or national approaches, the competency profile is best developed at a macrolevel (e.g. at EU level) because that should serve as the benchmark that guarantees adequate PSIT provision. Such a profile can, moreover, help create a shared identity for PSIT practitioners as well as one for the entire PSIT sector. ENPSIT, the

⁴ Between September 2011 and January 2015 one of the authors, Pascal Rillof, became familiar with a broad series of cases in his capacity as Coordinator of the Sector of Public Service Interpreting and Translation Providers in Flanders and Brussels (Belgium), reported by service providers. This particular case was reported by a doctor and nurse at a hospital in Flanders, Belgium.

European Network for Public Service Interpreting and Translation, proposes such an EU-wide competency profile defining PSI competencies in terms of knowledge, skills and attitudes (see Remael et al., s.a.).

A competency profile recognised at the European level does not preclude variation within the PSIT sector, as the public sector itself is hugely varied in terms of its domains and settings, which may call for different approaches to cater for diverging needs. Some have, consequently, argued for PSIT services to adapt to this different (as well as ever-changing) realities. Bruwier et al. (this issue), for example, describe how public service interpreters can take on additional roles in broader initiatives for the civic integration of immigrants, such as teaching citizenship courses in newcomers' native language, thereby also capitalising on these interpreters' (inter)cultural competences. Such initiatives, as Bruwier et al. indicate, can pose a challenge to extant definitions of the role and code of ethics of public service interpreters and translators.

To safeguard the quality of PSIT provision, it is vital for professionals in the field to be aware of all aspects of and new developments in their profession. Kerremans et al.'s study (this issue) yields a mixed picture of how novel technologies are used by PSIT professionals, which tends to be related to the attention that was paid to such tools in the training these individuals received. Havnen (this issue), on the other hand, deplores the lack of attention paid (both in training and research) to specific interpreting modes, such as sight translation that are particularly relevant in PSIT settings.

Vermeiren (this issue) touches upon another often overlooked aspect in the training of PSIT professionals, viz. the knowledge of legal frameworks with which they ought to be equipped in order to launch their careers in the sector as freelance interpreters. Improvement in this respect can only add to the attraction and professionalisation of the profession.

8. Cost-effectiveness: an exploration

Recognition of and guarantees to PSIT come through legislation, but they only subsist through sufficient and structural funding. For funding to become structurally embedded, expenditure must be cost-effective. Cost-effectiveness can be defined as the relation between monetary inputs and the desired outcome, or more specifically, between the expenditure on quality service on the one hand and the consistency and absence of defects of products or services thanks to the commitment to certain standards on the other hand.

The potential cost-effectiveness of PSIT has been studied in the medical field. One example that maps the field in the medical realm (albeit only until 2008), is PASS International's 2008 critical review of the literature on whether the use of interpreters in medical settings is justified (Ribera et al., 2008). In the study we find that the intervention of professional interpreters contributes:

1. To improved patient and health professional satisfaction
2. To the guarantee of medical ethics in relation to informed consent and confidentiality
3. To the improvement of treatment comprehension and adherence
4. To the improvement of health education and information
5. To the increase of efficacy and efficiency of time used during consultation, although the time in absolute terms is unlikely to be reduced
6. To the improvement of access to care, above all to preventive medicine and mental health – which in turn contributes to equity in health care
7. To the reduction of the risk of medical errors
8. To the improvement of efficacy and efficiency of referrals to specialists
9. To the reduction of unnecessary costs due to:
 - a. Diagnostic tests
 - b. Treatments

- c. Length of stay
- d. Repeated visits to different health care providers (Ribera et al., 2008: 23).

Delizeé, Milcent and Michaux's study (this issue) also explores the costs related to using interpreters in healthcare settings, and reaches a similar conclusion: the expenses can be considered negligible compared to most other costs in the medical sector but yield a wide range of advantages that can involve cost-reduction in other areas.

Future studies on the cost-effectiveness of PSI (and, from a broader perspective: language support in general) should also focus on other service domains in order to find out whether indeed the medical field serves as a *pars pro toto* to the question whether the use of PSI is overall cost-effective or not.

9. Beyond interpreting: communication matrix

In addition to PSIT, other communication or language support or facilitating devices, can complete the range of possibilities to bridge the communication gap between service providers and clients of "limited autochthonous language proficiency". Moreover, in today's and tomorrow's superdiverse and multilingual Europe, the communication gap in multilingual service encounters will only be bridged if all troops can be gathered and work side-by-side: PSIT, images, icons, videos, language and translation technology, clear and targeted use of the dominant language, etc. can be made available through a (conceptual) one-stop shop for guidance on and the use of the devices and strategies. This approach is called the Communication Matrix (Rillof, Van Praet and De Wilde, 2014, 2015).

One such possible alternative to using an interpreter is presented by De Wilde et al. (this issue) in the specific context of healthcare consultations. The service provider can revert to a multilingual website to explain fairly standardized procedures, prevention advice, etc. if the need for such a more technical explanation in the patient's language arises in a consultation that is otherwise conducted in a shared language of communication. Service providers should, however, realise that this is not necessarily a panacea, as the settings in which this can be used are rather restricted, implementation takes time (and money), and a different skills set is required of the service provider in order to be able to integrate such a tool adequately in a consultation.

10. Conclusion

The gist of this introductory article can be summed up in the following premises:

- As humans we all share the same basic needs. They are non-negotiable realities, as they are intrinsic to all human beings and therefore universal.
- There is a direct relation between basic needs and fundamental rights. Our fundamental rights stem from our basic needs.
- Basic human needs and rights are perfectly in tune with one another: they are inextricably intertwined and offered to the public through public service provision, shaping as it were evident pathways that take the form: needs \Rightarrow rights \Rightarrow service strands.
- A democratic society expects its institutions to be just and equitable.

- In order for a society to become just and equitable, it could establish or reform its institutions so as to draw an increasing number of its ‘stakeholders’ into ‘the system’, allowing everyone to benefit from and contribute to this system.
- Equity through access to Public Services can, in a superdiverse and multilingual society, only be guaranteed through formally recognised devices that provide high-quality language or communication support like PSIT but also, broader, through a communication matrix approach.
- Recognition and guarantees are not obtained lightly. They come through legislation, and they subsist only through ensuing, sufficient and structural funding.
- There are already some relevant legislative frameworks available on language and access to services, but too many of these are scattered and thus unevenly effective and in need of order and structure.
- Structural funding can only work on the basis of cost-effectiveness. Some research has shown that the use of interpreters is cost-effective in the medical field. Further scrutiny of this matter, also in other service fields, are to be invested in.
- Bearing all this in mind, we are in need of EU and national policies that pursue:
 - a) The recognition of PSIT and other communication support devices and strategies (language support), as a vital aspect of an EU integration policy that stands for equal rights and treatment;
 - b) The guarantee the (statutory) right to high-quality language assistance in a social context, including public service provision;
 - c) The implementation of quality standards for PSIT and language assistance in the EU;
 - d) The recognition and funding of PSIT services; and
 - e) Support of consultation and partnership structures at various levels (EU, national, regional) (ENPSIT, 2014).

The recommendations drawn up by ENPSIT clearly echo the findings of the SIGTIPS (2011) report, which called upon

supranational, national and local authorities, public service providers, higher education institutions, translators and interpreters, all of whom can help our societies to function while fostering the full enjoyment of rights by everyone, European citizens or not (SIGTIPS, 2011: 7).

In spite of the wide acclaim received by this report, the road to official recognition of PSIT services through legislative initiatives has been particularly slow and cumbersome. An exponentially expanding body of research on the wide array of aspects of the field, of which this special issue is an illustration, is one of the keys to buttressing proposals that can cause a sea change in the access to public services for those whose lives are often already challenged and challenging in many respects.

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