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# Unveiling public service interpreting in Hungary: insights from NGO perspectives / Descubriendo la interpretación en los servicios públicos en Hungría: perspectivas de las ONG

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**Abstract:** In the face of challenges confronting migrants and refugees, public service interpreters and translators play a vital role in facilitating their access to rights, essential information, and services. This study examines the landscape of public service interpreters and translators (PSITs) in Hungary, where, despite the absence of official PSITs, refugees and migrants are present and require language assistance. The research's focus is restricted to the practices of non-governmental organizations (NGOs), recognizing their valuable role in helping migrants assert their rights and navigate the complexities of the Hungarian administration. Through semi-structured interviews, the research extensively surveys six NGOs to explore the qualifications, language skills, and duties of the interpreters they collaborate with. Additionally, it investigates the vital documents within the NGO context, whether they are available in foreign languages, and identifying those responsible for translations. Beyond these aspects, the research extends its inquiry to include the perspectives of NGOs on language boundaries in health care, seeking to understand the way non-Hungarian speakers access health services. By examining these dimensions, the findings also aim to contribute valuable insights and serve as a foundational step toward enhancing language services in Hungary.

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**Keywords:** Public service interpreting; Language assistance; Non-governmental organization; Hungary

**Resumen:** A la vista de los numerosos retos a los que se enfrentan los inmigrantes y refugiados, los intérpretes y traductores de los servicios públicos desempeñan un papel fundamental a la hora de facilitar su acceso a los derechos, la información esencial y los servicios. Este estudio examina el panorama de los intérpretes y traductores de los servicios públicos (ISP) en Hungría, donde, a falta de ISP oficiales, los refugiados y migrantes están presentes y necesitan asistencia lingüística. La investigación se centra en las prácticas de las organizaciones no gubernamentales (ONG), reconociendo su importante contribución a la hora de ayudar a los inmigrantes a hacer valer sus derechos y sortear las dificultades de la administración húngara. Mediante entrevistas semiestructuradas, la investigación sondea exhaustivamente a seis ONG para explorar las cualificaciones, conocimientos lingüísticos y deberes de los intérpretes con los que colaboran. Además, investiga los documentos vitales en el contexto de las ONG, si están disponibles en lenguas extranjeras, e identifica a los responsables de las traducciones. Más allá de estos aspectos, la investigación amplía su estudio para incluir las perspectivas de las ONG sobre los límites lingüísticos en la atención sanitaria, tratando de comprender la forma en que los no hablantes de húngaro acceden a los servicios sanitarios. Al examinar estas dimensiones, los resultados pretenden aportar valiosas ideas y servir de paso fundacional hacia la mejora de los servicios lingüísticos en Hungría.

**Palabras clave:** Interpretación en los servicios públicos; Asistencia lingüística; Organización no gubernamental, Hungría

**Information on author contribution:** Ágnes Horváth initiated the study concept and contributed to its development. She designed the research methods, ensuring their alignment with the study's objectives. She was responsible for gathering the data and conducting the data analysis. She provided overall guidance during the research project. Réka Rebeka Gabányi helped with transcribing audio files by using the Alrite application. During the writing phase, she assessed international and Hungarian literature and wrote the related parts in this article. The authors co-reviewed the chapter together and checked each other's work.

## 1. Introduction

History is now in an era when “the world we live in is shrinking. [...] Literally and figuratively, the walls that separate us are tumbling down” (Spitzberg, 1997, p. 379). Hungary, like many Central European countries, is considered either a destination or more likely a transit country between East and West, between Europe and other parts of the world (Gray Meral & Kumar, 2025). The historical and geopolitical shifts, especially after 1990, have transformed Hungary into a crucial location for migration. The years 2004, 2015, and 2022 emerged as pivotal moments in Hungary's recent history, coinciding with the accession to the EU, the European refugee crisis, and the onset of the Russian invasion of Ukraine, respectively (Gödri, 2019). This period saw a substantial influx of foreign citizens, exceeding 226,000 individuals by the beginning of 2023 (KSH, 2023a), constituting 2.3% of Hungary's total population (KSH, 2023b). This demographic does not include individuals without official residence status.

As part of the European Union, Hungary, like other member states, is bound by Article 21 of the EU Charter of Fundamental Rights, prohibiting discrimination based on various grounds. In Hungary, this principle is enshrined under Article XV (Freedom and Responsibility) of the Fundamental Law. The regulations concerning asylum-seeking are outlined in the Cardinal Act as per the Fundamental Law. Non-governmental organizations (NGOs) play a vital role in assisting migrants and refugees with their rights, education, health care, housing, and employment. Effective communication, hindered by language and cultural barriers, necessitates the inclusion of language and cultural mediation during migrants' and refugees' entry into foreign countries. Public service interpreters (PSITs) become crucial in facilitating interlingual and intercultural communication in various sectors, including legal, medical, social, and educational domains (Lázaro-Gutiérrez & Tejero-González, 2022).

In contrast, Hungary does not have an official designation for *public service interpreters* and lacks both a legal framework and extensive research specifically focused on this aspect of interpretation. While legal interpreting in courthouses adheres to EU directives (EU Directive 2012/13/EU), other branches of the field, particularly in health care, lack regulatory guidelines. Moreover, there is currently no formal training specifically designated for public service interpreting in Hungary. Nevertheless, local universities offer a wide range of language mediation programs, such as consecutive, simultaneous, or conference interpreting, literary translation, translation for special purposes, or audio-visual translation. These programs are available in many fields, for example, medicine, law, technology, agriculture, or economics. One exception is sign language interpreting, which does have a legal framework and is recognized as one of the most utilized languages in community interpreting (SINOSZ, n.d.).

Given the fact that PSIT in Hungary operates in a largely unregulated and underresearched landscape, this study uses semi-structured interviews and content analysis to assess who interprets and translates for NGOs working with migrants and refugees in Hungary. In the present research, six organizations participated actively. It is important to stress that this study does not present a comprehensive overview of PSIT in the entire country, as it excludes institutions with a different approach, such as law enforcement agencies. Furthermore, this research is intended to show the day-to-day operations of organizations rather than crisis situations. The research questions are:

- What qualifications and language skills do translators and interpreters, fulfilling the role of PSITs, possess while working with NGOs in Hungary?
- What duties do these interpreters typically perform in the context of assisting migrants and refugees?
- What is the availability of key documents within the NGO context in Hungary, and what languages are they provided in?
- Who is responsible for preparing translations of these key documents?
- What are the perspectives of NGOs regarding language barriers in health care for migrants and refugees in Hungary?

## 2 Literature review

In Hungary, PSIT is interpreted somewhat differently from the international literature. This section briefly reviews the international literature before delving into the Hungarian context.

### 2.1. Brief review of international literature

Wadensjö (2009) defines community interpreting (CI) as mediating language between officials and laypeople in various settings be that at a police station, immigration department, medical center, or social services. It includes methods like whispering (*chuchotage*) or short consecutive interpreting. Synonyms, such as *dialogue interpreting*, *liaison interpreting*, and *public service interpreting* (PSI) are interchangeable. The first two denominations refer to the type of interpreting, so a bi-directional, A-B; B-A language interpreting, and the third refers to the social setting. The expression *community interpreting* also includes the possibility of the language mediation being carried out by ad-hoc (or non-professional) interpreters, who have little or no training in interpreting (it may be staff members, friends, family members, or even children). PSI is divided into areas like legal, healthcare, and educational interpreting, each with specific fields, such as court, police, asylum, or medical interpreting. Interestingly, PSIT or community interpreting is strongly linked to the political climate of the country, as funds and the need for it vary as different events are taking place (Wadensjö, 2009).

Hale (2015) notes that the status of community interpreting as a profession varies globally. Where immigration has a long history, those countries have formal training, degrees, accreditation, and certification. Recent immigration-focused countries lack these structures but operate with ad-hoc interpreters regularly. Utilizing ad-hoc interpreters can negatively impact accuracy, user expectations, and communicative goals. Ethics also plays a significant role in community interpreting.

Valero-Garcés (2007) explains that in countries where immigration is a more recent matter, it is usually up to local councils to deal with foreigners, sometimes cooperating with ministries or with NGOs. She also highlights two critical roles in immigration proceedings: the language mediator and the cultural mediator. PSITs perform language and cultural mediation and might have to perform other related tasks (filling out forms, giving reports, offering phone help, accompanying the refugee or immigrant to other public services) making them more visible than interpreters in other fields. Creeze (2021) points out that interpreting in settings where PSITs are needed requires special training. This can be extrapolated to all community interpreting fields, as all present their specific roles and needs when it comes to mediation.

Analyzing the reasons for the lack of official PSITs in Hungary, Tužinská (2011) stresses that, in many cases, the countries of the Visegrad Group countries (V4) consisting of the Czech Republic, Hungary, Poland, and Slovakia do not provide adequate interpretation for foreigners. The lack of official PSIT regulation can lead to issues such as participants' unfamiliarity with formal procedures, imprecise language definitions, insufficient attention to procedural details, inadequate minute preparation, limited vocabulary of interpreters, lack of interpreters, ethical violations, interpreters taking on additional tasks, and the consequences of inaccurate interpretation borne by foreigners. Tužinská (2011) concludes that the cost of using a professional interpreter will return, contributing to procedural efficiency, conflict prevention, and a fair procedure.

Closely tied to PSIT work, there are two terms often used interchangeably but incorrectly: *ad hoc* and *non-professional* interpreters. *Ad hoc* refers to anyone stepping up to assist a person who does not speak the local language in situations requiring PSIT, even if they

lack training or prior experience (e.g., family members, including children, friends, or acquaintances) (Wadenjö, 2009; Hale, 2015). On the other hand, a *non-professional* interpreter is an individual who regularly undertakes interpreting and translating tasks, often voluntarily, without holding a certificate or diploma in interpreting or translation (Lázaro-Gutiérrez & Tejero-González, 2022). It is crucial to discern these distinctions to accurately characterize individuals involved in ad hoc or non-professional interpreting within the broader context of PSIT.

## 22 Review of Hungarian literature on PSIT

As mentioned above, immigration, thus PSIT is a more recent topic in the V4 countries, including Hungary. The existing literature by Hungarian researchers that depicts public service interpreting and translation are mostly international literature reviews and definitions with a few examples of case studies that contextualize the Hungarian setting (Jancsi, 2003; Szabari, 2005; Valóczy, 2010; Gellér 2012; Horváth I., 2015; Horváth I. & Szendi, 2017; Bakti & Szabó, 2022; Beták, 2022; Horváth Á., 2022, 2023a, 2023b). The publication of Beták (2022) is very popular among Hungarian readers, as it is a complete summary of international literature on PSITs in Hungarian. The turning point came when the Russo-Ukrainian War started in 2022 and a year later, the book *Language Mediation in Armed Conflicts and Other Crisis Situations* by Seresi et al. (2023) was published, showcasing the importance of PSIT work in crises.

### 22.1 Denomination of PSI in Hungarian literature

Although the PSIT topic is less researched in Hungary, we felt the need to provide a terminological summary of the different denominations of PSI mentioned in Hungarian and international literature by showing the corresponding terms in both English and Hungarian. The categorization in *Table 1.* is done by Szabari's (2005) criteria.

	HU	EN
The type of interpreting	összekötő tolmácsolás jelyelvi tolmácsolás kulturális tolmácsolás (not used in Hungarian)	liaison interpreting; bilateral interpreting sign language interpreting cultural interpreting
The relationship between communication partners	közösségi tolmácsolás	community interpreting
The topic of the event	szociális tolmácsolás egészségügyi tolmácsolás bírósi tolmácsolás	social interpreting medical / healthcare interpreting legal interpreting (courthouse in Hungarian)
The type of text spoken	dialógus tolmácsolás	dialogue interpreting
The spatial and temporal context of the interpreting event	közszolgálati tolmácsolás hatósági tolmácsolás bírósi tolmácsolás ad hoc tolmácsolás	public service interpreting interpreting for public authorities courthouse interpreting ad hoc interpreting
The goal of the interpreting event	menekültügyi tolmácsolás szociális tolmácsolás szociális nyelvi közvetítés	asylum interpreting social interpreting social language mediation

Table 1. PSIT denomination in the Hungarian literature

The literature on PSIT in Hungary reflects varied perspectives and approaches. Different authors use different terms such as *közösségi tolmácsolás* (community interpreting) in Valóczy (2010), *közszolgálati tolmácsolás* (public service interpreting) in Beták (2022), and *szociális tolmácsolás* (social interpreting) in Jancsi (2003) to denote PSIT, providing insights into their specific focus. Some terms in *Table 1.* are used interchangeably, highlighting the lack of a standardized Hungarian equivalent.

Similarly to Wadensjö (2009), Szabari (2005) also categorizes community interpreting into court interpreting (*bírósági tolmácsolás*), interpreting for public authorities (*hatósági tolmácsolás*) and medical or healthcare interpreting (*egészségügyi tolmácsolás*). It can be seen that in Hungary, literature on PSIT adopts a topical approach due to the absence of regulations, with individual publications addressing specific fields like healthcare interpreting (Horváth I. & Szendi, 2017) and courthouse interpreting (Horváth I., 2017).

### 222 *The situation of public service interpreters in Hungary*

The Hungarian literature addressing PSIT primarily comprises reviews of international literature. Despite the predominant focus on international perspectives, a handful of case studies shed light on the Hungarian context. This chapter presents these publications in chronological order, offering insights into the practices of Hungarian interpreters and translators engaged in PSIT, particularly within healthcare and legal fields, despite the absence of an official PSIT status.

More than a decade ago, Gellér (2012) conducted a study on access to health services for third-country nationals in Hungary, emphasizing the minimal language assistance available due to the absence of interpreters and translations. The communication challenge was exacerbated when dealing with individuals from cultures where both language and numbering systems differ, such as in Chinese culture. Patients often resorted to pointing, and hand signals. Bringing family members or friends with them to interpret or translate documents was a common procedure for non-Hungarian-speaking patients; however, this practice raises the question of the quality of language mediation, as ad-hoc interpreters do not have the necessary training and/or experience to perform PSIT tasks. Gellér (2012) reports that while some private clinics provided translations and interpreters, public facilities generally lacked such resources.

In a related study, Horváth I. and Szendi (2017) explored PSIT services in health care during a music festival, involving non-professional volunteers. Their findings highlighted those private discussions between interpreters and patients. These tilted the emotional balance in favor of the interpreter, establishing a stronger connection between the patient and the interpreter than with the doctor. This phenomenon was particularly pronounced when providing PSIT services for refugees, where interpreters served as the primary link between the individual and Hungarian language, bureaucracy, and health care. This study marked a significant contribution to Hungarian PSIT literature, being the first assessment of PSIT services in health care.

The next study (Horváth I., 2017) examined PSI work in Hungarian courthouses, emphasizing the prevalence of retour interpreting (A-B; B-A). Presently, interpreters can work in court without specific qualifications, as there is no obligatory register of court interpreters or PSIT professionals in Hungary. Horváth I. (2017) points out that courthouse interpreters may be vulnerable due to the lack of information they receive about cases. They often only know the type of proceedings (civil or criminal) and the broader subject matter of the case (unless he or she manages to take a case all the way through), outside the time and place of the hearing (Tóth, 2017).



Similarly, Beták (2022) pointed out the possibility of interpreting in Hungary without specific training, covering the entire field of PSIT. Professionals with a general interpreting certificate or non-professional language mediators proficient in both languages can offer PSI services. In her conclusion, she proposed a possible training course in Hungary, emphasizing the importance of establishing cultural mediator training in the country next to the many translation and interpreter trainings available, as well as quality assessment from the institutions needing PSIT services (Beták, 2022).

A decade after Gellér's publication, Horváth Á., (2022, 2023a, 2023b) conducted a study revealing a persisting lack of professional interpreters and translators in health care. Ad hoc interpreters, including healthcare professionals and relatives, still play a crucial role in language mediation. Additionally, vital documents related to patient safety and patients' rights remain largely untranslated, posing risks to healthcare outcomes and hindering the right of patients who do not speak the local language to access information for making informed decisions about their health.

The most recent Hungarian publication on language mediation explores PSIT work in armed conflicts and other crises (Seresi *et al.*, 2023). This publication was a turning point in PSIT literature in the country. The book was published after the start of the Russo-Ukrainian War, highlighting the vital role of interpreters and translators both professional and non-professional. It specifically cites two recent events underscoring the significance of PSIT. Notably, during the COVID-19 pandemic, volunteers played a crucial role in translating vast amounts of information into Hungarian. The second event involves the Russo-Ukrainian War, where ad hoc interpreters volunteered at transportation hubs to assist refugees from Ukraine.

As there is no regulation regarding PSIT services in Hungary, gathering information on every professional and non-professional interpreter and translator performing PSIT work is considered quite difficult. To aid us in this task we turn to NGOs, as they are the ones closest to the minority groups in need of these services. Moreover, suggestions for involving NGOs in PSIT work, which is a frequent procedure in Hungary today, have been present for two decades now (Jancsi, 2003).

### 3. Methodology

This research employs qualitative semi-structured interviews to explore the roles of interpreters and translators in NGOs aiding migrants and refugees in Hungary (Dörnyei, 2007). The study's focus is on obtaining insights into the professional background and responsibilities of these language professionals. The research investigates six NGOs and examines their approach to language assistance without utilizing statistical sampling due to the study's design.

During the design of the data collection, ten NGOs were identified as relevant for the research. Despite encountering capacity constraints with two organizations and receiving no response from one, we successfully conducted interviews with six organizations. The remaining one organization clarified its focus on assisting refugees from Transcarpathia who spoke Hungarian, so they did not need language mediation. The participating NGOs are well-known for their work with migrants and refugees, along with smaller organizations in contact with them. Participant anonymity is maintained in this study, while their profiles are detailed in *Table 2.*, organized based on their foundation.

	Year of foundation	Number of staff members	Their mission
NGO1	1989	44 permanent staff members in 2022	This NGO is a civil rights organization, functioning as a non-profit association dedicated to upholding human dignity through legal avenues and public awareness efforts. Their mission involves providing support to refugees, detainees, and victims of institutional violence.
NGO2	1994	25–30 staff members	The NGO builds a resilient Hungarian Jewish community, actively contributing to a diverse, unified society, and redefining the European Jewish community. After recent events, they expanded their mission and are now one of the major NGOs helping out Ukrainian refugees.
NGO3	1995	24 permanent staff members in 2022	Through its social, educational, and cultural initiatives, this NGO advocates for the integration of Hungarian and foreign citizens migrating to and from Hungary.
NGO4	1996	15–17 permanent staff members	This NGO provides comprehensive mental health support, including psychiatric, psychotherapeutic, and psychological treatment, as well as psycho-social counselling, to asylum seekers, refugees, and their families who have experienced torture or serious trauma upon their arrival in Hungary.
NGO5	1998	8 permanent staff members in 2021	This NGO prioritizes integrating socially disadvantaged groups, including immigrants, the unemployed, Roma, and rural residents, to promote equal opportunities, combat exclusion, and ensure successful integration for the benefit of the entire community.
NGO6	2015	20 staff members	This NGO provides humanitarian assistance and support in refugee crises and seeks solutions to build a more inclusive society based on solidarity. They believe in the power of community and that they are all shapers of their world.

*Table 2. Participant characteristics*

The participants volunteered to be interviewed after being informed in advance about the research's purpose and focus. The interviews, recorded with participants' consent, were conducted in Hungarian using Zoom meetings and one face-to-face session. We generated transcripts using the Alrite application, which we manually corrected and edited to ensure accuracy for content analysis. We set the interview duration at 60 minutes, guided by two main goals: 1) exploring interpreting roles, qualifications, and responsibilities, and 2) examining key documents and their translation. The research questionnaire, available in the appendix, was used as a guide during the interviews. The quotations in this study are the authors' own translations.

By accident, one Zoom meeting was not recorded. We received the answers of the NGO concerned in writing before the interview, only clarifications were made during the meeting, and the notes taken during the meeting were prospectively corrected by the interviewee. Ethical considerations were prioritized, with participants providing written consent and a commitment to confidentiality and responsible data use. The research process demonstrated transparency and integrity, ensuring the quality and reliability of the gathered information.



## 4. Results

In the following, we discuss the results by major question areas, exploring PSIT activities in Hungarian NGOs in relation to interpreter skills and duties, translation practices, and language boundaries within health care. It is worth noting that the prevalent languages among the migrants and refugees assisted by the interviewed NGOs include Pashto, Dari, Farsi, Arabic, Urdu, Ethiopian, Somali, Ukrainian, Russian, and Romani.

### 4.1 Qualifications, language skills, and duties of the interpreters

In the exploration of the multifaceted world of PSIT, this chapter explores various working arrangements interpreters can take, like in-house, contracted, and voluntary positions. It shows the extent to which interpretation is provided by professional or non-professional persons. This chapter explores the key attributes and language skills of PSIs, examines quality control practices, and lastly dissects the many responsibilities handled by interpreters.

*Table 3.* starts by showing the working arrangements of interpreters. It distinguishes between those externally hired by NGOs and those who are staff members working in alternative positions. The headings in the first column of the table represent frequently used phrases extracted from our dataset, which is constructed from the answers provided during the interviews.

	NGO1	NGO2	NGO3	NGO4	NGO5	NGO6
INTERPRETER						
in-house	-	-	-	-	-	-
contracted	X	-	X	X	-	-
voluntary	-	X	X	X	X	-
STAFF						
multilingual	X	-	X	-	X	X
minority language speaker	-	-	X	-	X	X
intercultural mediator	-	-	X	-	X	-
interpreter	-	X*	-	-	-	X*

\* minority language speaker

*Table 3. Deployment of interpreters based on externally hired vs. internal staff allocation*

The breakdown of working arrangements categorizes interpreters into three groups. *In-house interpreters* are integral members of an organization's staff, functioning as regular employees. *Contracted interpreters*, in contrast, are engaged on a contractual basis, providing services as needed. *Voluntary interpreters* contribute their services altruistically, aligning with specific causes such as community support or charitable work. Notably, all but one NGO reported working with designated interpreters, either external hires or volunteers. The absence of designated interpreters in NGO6 indicates a reliance on the organization's staff for mediation.

The second section of the table focuses on staff members who act as in-house 'interpreters' and categorizes them primarily based on their competencies and expertise. Categories include *multilingual* staff members proficient in popular Western European languages,

*minority language speakers* from minority communities, *intercultural mediators* with deep cultural understanding, and *interpreters* who, despite having qualifications, primarily engage in tasks beyond interpretation. The findings suggest a common practice of employing Hungarian colleagues with foreign language skills to overcome language barriers. However, for organizations assisting refugees and migrants, proficiency in the minority language is deemed essential for successful communication. Two organizations do not depend on colleagues with Western European language skills. This is understandable, as one provides psychological support, necessitating minority language interpreters for trauma survivors. The other focuses on the Hungarian Jewish community but aids Ukrainian refugees, requiring interpreters proficient in the minority language, Ukrainian.

*Table 3.* also highlights that organizations that could perhaps be collectively referred to as community development and integration NGOs (NGO2, NGO3, NGO5, NGO6) often rely on the language and interpretation skills of minority–language–speaking colleagues. In contrast, for organizations offering legal assistance and ensuring access to justice (NGO1) or providing comprehensive mental health support (NGO4) designated interpreters are required.

In the next phase, the focus shifts to the qualification, or lack thereof, of language mediators. *Table 4.* presents information on whether the six organizations generally engage professional or non–professional interpreters, with the headings in the first column reflecting interviewees’ responses.

	NGO1	NGO2	NGO3	NGO4	NGO5	NGO6
PROFESSIONAL						
main job	X	-	X	X	-	-
side job	-	X	-	-	-	X
NON-PROFESSIONAL						
migrant background	X	X	X	X	X	X
minority language skills	-	X	-	-	X	-
Hungarian staff	X	-	X	-	X	X

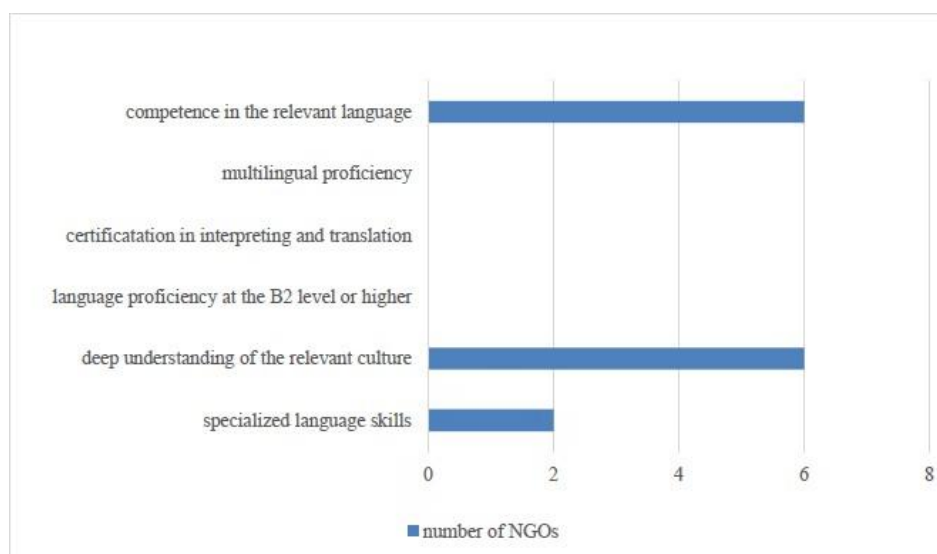
*Table 4. Deployment of interpreters based on their qualification*

All but one NGO works with professional translators to a greater or lesser extent. Discussing professional interpreters, it is important to note that some NGOs hire certified language experts whose primary responsibility or *main job* is translation and interpretation. However, a few NGOs also employ certified interpreters whose initial recruitment was for different roles. Interpreting then becomes a secondary role or a *side job* for them.

Moving to non–professional interpreters, common characteristics include a migrant background, language proficiency, and Hungarian staff. All six NGOs find it beneficial to work with interpreters who, though lacking formal qualifications, have a *migrant background*. These interpreters, speaking the required language as their mother tongue, bring cultural understanding and personal experience, making them valuable in multilingual situations. They also possess some Hungarian skills. Representatives from NGO1 and NGO4, specialized in legal and mental health support, highlight that, despite being considered non–professional, their designated interpreters possess extensive experience, especially crucial in their specialized fields.

In this aspect, the category of *minority language skills* only includes individuals who happen to speak the required language, such as Russian for Hungarian interpreters. This phenomenon traces back to Hungary's history, where Russian was mandatory in education until September 1989. Transcarpathian Hungarians, from the region now part of Ukraine, also act as interpreters. Additionally, individuals from migrant families born or raised in Hungary, fluent in both Hungarian and their native language, occasionally serve as interpreters. Their presence, however, is less frequent. The category of *Hungarian staff* encompasses Hungarian employees who speak any of the popular Western European languages. NGOs not falling into this category either support Hungarian communities assisting Ukrainian refugees or provide mental health support, requiring communication in the client's mother tongue.

Attention is now directed towards the main attributes of PSIs, with special attention on language skills. *Figure 1.* depicts interviewees' responses to the criteria for recruiting interpreters. The Y-axis shows the predefined answer options of the multiple-choice question.



*Figure 1. Key criteria for recruiting interpreters*

NGOs prioritize language competence and cultural understanding as crucial when recruiting interpreters. All other factors are categorized as either “not a criterion,” “not important,” “not expected,” or “never asked for.” One NGO stressed practical skills over credentials, stating, “It is not the paper that matters, but the ability to do the job well!”

Specialized language skills are emphasized by two NGOs, especially for legal and psychological support. A third NGO highlighted the need for interpreters with specialized language skills, referring to an unsuccessful program launch for psychological help due to a shortage of language professionals. Multilingual proficiency is advantageous but not mandatory, and native speakers are preferred for language competence.

In response to the prompt, participants were invited to provide additional criteria. The identified factors include interpersonal and emotional intelligence skills, such as patience, acceptance, tolerance, high empathy, a willingness to help, cooperation skills (e.g., with social workers), and the ability to maintain boundaries. Furthermore, respondents emphasized the importance of an interpreter's compatibility with the target audience, such as in children's programs. Additionally, there's a consideration for gender specificity, for instance, preferring a female interpreter when accompanying a lady to a doctor's appointment.

Respondents unanimously agree that interpreters speaking a smaller language should have native-level proficiency, with four NGOs requiring good Hungarian skills as well. This requirement is practical, enabling effective communication with authorities, bank officials, doctors, schools, and kindergartens. For the NGO offering mental health support, Hungarian is explicitly preferred as a second language as it allows both the health professional and the client to express themselves in their mother tongue. Two NGOs specified that they do not require these interpreters to speak Hungarian; however, proficiency in English is essential.

For interpreters engaging with supported individuals through a *lingua franca*, an intermediate level of proficiency is anticipated, primarily in English, and potentially in French or Spanish. However, if they speak this language at a higher level, they are expected to simplify their language to ensure comprehension by those with lower proficiency. Only one NGO demands advanced proficiency in a popular Western language, emphasizing its focus on providing legal aid.

During the semi-structured interviews, participants were asked about the proof of language skills for interpreters. While the question is vital for professions like medical or legal interpreters, it did not reveal the selection criteria for interpreters in public services.

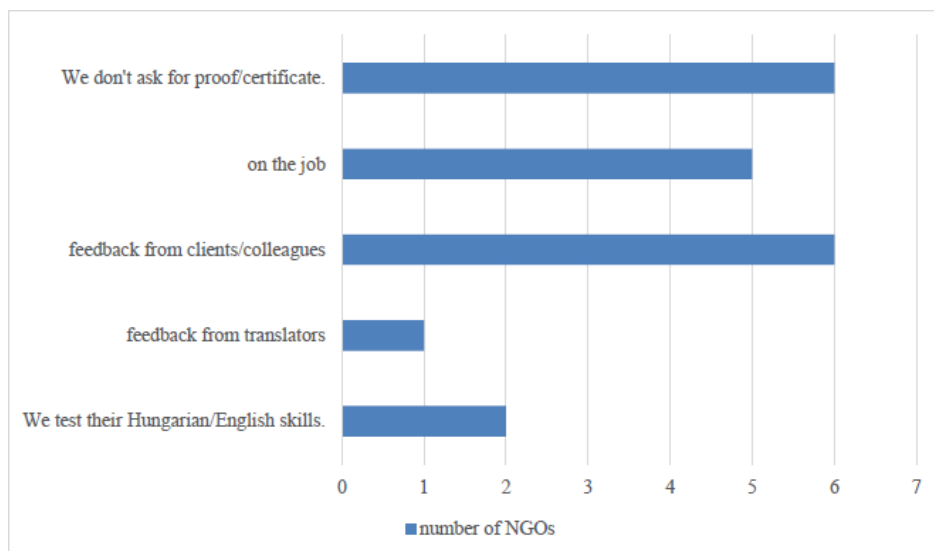


Figure 2. Approaches to validating language proficiency for minority language speakers

While the selection processes remained undisclosed, *Figure 2.* illustrates the validation procedures, indicating a lack of emphasis on formal certificates. All six NGOs responded with answers like “there is no need to prove it,” “there’s no point of it,” “[T]he language skills of the two foreign colleagues are native and require no demonstration,” “in this case the principle of good faith applies.” Instead of formal certificates, these NGOs place significant emphasis on feedback from their volunteers, clients, social workers, or patients. Five NGOs evaluate interpreters based on job performance and assess effectiveness through successful communication with refugees or migrants. Meeting criteria like accurate responses and no complaints validates collaboration. One NGO highlighted translators pointing out errors in a text. In the interviews, only two NGOs mentioned testing the knowledge of Hungarian and/or English for interpreters fluent in minority languages through oral interviews.

Though not explicitly asked, four interviewees mentioned factors leading to the discontinuation of collaboration, such as a lack of patience, acceptance, tolerance, insufficient language skills, and failure to maintain boundaries. For example, one interviewee noted, “[I]f someone is too helpful, they fall out of their role; they cannot remain neutral while interpreting, and their main goal is no longer to convey the information accurately.” Another issue arises if interpreters contact the patient outside of therapy and assist.

Finally, when asked what other tasks interpreters perform in addition to interpreting, most respondents said that interpreters very often participate in events as facilitators. They also bridge cultural gaps and accompany illiterate individuals to offices for various matters.

#### 4.2 Translators and translations

Having investigated interpreters’ main attributes and skills, this section aims to explore translation practices. *Table 5.* gives a detailed view of who does translation tasks at NGOs, what documents or information are available in foreign languages, and in which languages.

	Translators	Documents and target languages
NGO1	contracted mainly non-professional MLS* interpreters	information material in minority language(s)
NGO2	MLS* staff member with qualification (side job)	program descriptions in Ukrainian
	translator agency	General Data Protection Regulation (GDPR) in Ukrainian
NGO3	contracted mainly non-professional MLS* interpreters	information material in minority language(s)
	translator agency	studies
NGO4	contracted mainly non-professional MLS* interpreters	information material in minority language(s)
NGO5	multilingual staff	information material in English
	voluntary non-professional translators	information material in Ukrainian
	voluntary professional translators	end-of-project documentation in multiple languages
NGO6	mainly non-professional MLS* staff members	information material in minority language(s)

\*MLS: Minority-Language Speaker

*Table 5. Translators, documents, and target languages in NGO translation overview*

The table outlines a varied approach, utilizing both professional and non-professional translators, both in-house and outsourced, to address diverse linguistic and contextual needs effectively. NGOs designate specific translators for specific tasks, with volunteers or staff handling simple information and agencies managing crucial documents like GDPR or studies. Notably, NGOs cover a broad spectrum of topics when providing essential general information for migrants and refugees, such as public administration, health care, and other aspects encountered upon arrival in the country. This includes details about the asylum procedure, guidance on accessing rights, understanding the asylum process, and information about rights, obligations, and basic benefits from a refugee perspective. They

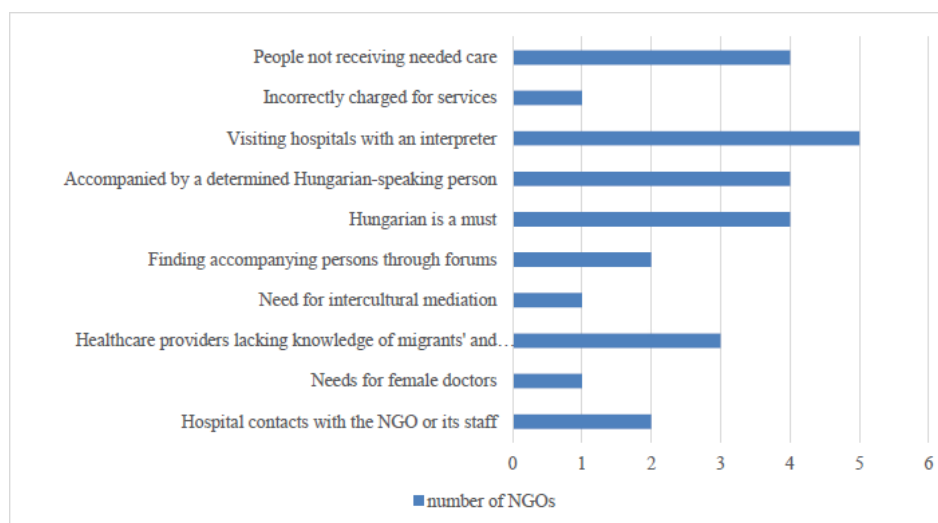
also translate program announcements, and updates on day-to-day changes, like shelter closures or alterations in free travel regulations. In terms of health care, translations include basic information on symptoms, emergency contacts, and where to seek help.

In response to the question about comprehensibility, every NGO expressed a commitment to simplicity in both primary and secondary text creation. Many respondents also stressed that the use of plain language applies not only to written documents but also to oral communication. Two NGOs highlighted the additional challenge of catering to illiterate individuals among refugees and migrants, stressing the value of oral information over written.

One NGO stressed the significance of delivering information in the mother tongue, stating about GDPR translation, “[T]here is no other choice ... I didn’t think it was fair to present any legal text in English, which someone will obviously accept because they want to come to this event, but the text is in a language that they can’t understand.” Another NGO representative explained, “[F]or example, we advise our clients not to sign anything they don’t understand, because they don’t know what they’re signing, and then who knows what the consequences will be.” These insights reveal challenges in language affecting clear communication and informed decision-making.

#### 4.3 Language boundaries in health care

The final question in the interviews explored NGOs’ perspectives on health care in Hungary, with five out of six interviewees having relevant experience. *Figure 3.* indicates the distribution of their responses and the frequency with which each perspective appeared during the NGO interviews.



*Figure 3. NGOs’ perspectives on the Hungarian health care*

Interpreters play a vital role in facilitating migrants’ access to health care, who are often recruited through various forums. Four interviewees stressed that the key to successful healthcare access lies in the determination, assertiveness, persistence, and persuasiveness of the accompanying interpreter or volunteer who speaks Hungarian. These qualities are crucial in ensuring that the person receives the right information and service and in preventing potential rejections that can jeopardize patient safety. As one interviewee said



[W]ithout an interpreter, even if someone manages to schedule a medical examination, health professionals will not be able to convey essential preparation instructions. For instance, for examinations like gastroenterology or abdominal ultrasound, or even for a basic blood test, proper preparation (such as fasting or specific water intake) is crucial. Failure to understand and follow these instructions can result in the inability to conduct the examination, leaving the patient with the impression that their care has been declined. This may discourage them from making future appointments.

Rejections are common, resulting from both the healthcare staff's lack of awareness of migrants' rights and the patients' lack of information about their own rights. As one interviewee put it,

[T]his [rejection] could be because of the language barrier, but also because their case is a grey area, their status is unclear because they don't always have the documents they are asked to provide ... or it could be because they themselves don't always know their rights and what they are entitled to.

This lack of clarity is also a factor contributing to potential instances of being incorrectly charged for medical treatments. Additionally, one NGO pointed out that, beyond language barriers, some situations require a female doctor, especially in gynecological and maternity cases. Intercultural mediation is highlighted as crucial for effective communication and support in sensitive health-related matters, such as diseases or death. Two NGOs reported that they or one of their colleagues had been approached by a hospital and asked to help them communicate with a patient who spoke only a minority language.

To prevent rejections, NGOs employ various strategies. For example, one organization mentioned that "when our clients cannot access health care, we reach out to the hospital or the family doctor and tell them that they have to provide the necessary care. If they see that in a letter, they will provide the treatment." In a different approach, another NGO has launched a program whereby pushy Hungarian girls accompany women for gynecological examinations. One organization has put together information materials and sends their clients to doctors with the materials in hand. Finally, one of the NGOs collaborates with a private clinic that is well-informed and willing to take care of migrant or refugee patients.

## 5. Conclusion and recommendations

The aim of this study was to examine Public Service Interpreting and Translation in Hungary, specifically within NGOs aiding refugees and migrants, aiming to contribute to a broader understanding of this field. Six NGOs participated in semi-structured interviews, and their responses underwent content analysis. In the realm of PSIT within Hungarian NGOs, the study concludes that practical experience outweighs formal certificates. Ideal interpreters are minority-language speakers, with a strong emphasis on cultural understanding. The majority of tasks are handled by non-professionals. Particularly in NGOs offering legal and psychological support, specialized language skills are key. Additionally, the study highlights the importance of interpersonal and emotional intelligence skills alongside linguistic proficiency.

While the question about interpreters' duties received minimal discussion, it is noted that interpreters go beyond linguistic mediation, actively engaging in intercultural mediation and often accompanying individuals dealing with authorities. Although a specific list of key documents was not established, the interviews successfully collected key information. NGOs

prioritize making this information available in minority languages instead of a lingua franca, always aiming for simplicity in language use. Translations are predominantly undertaken by those who also serve as interpreters, typically non-professionals. While not the primary focus of the research, NGOs shared insights into healthcare access barriers for migrants. They highlighted several factors that hinder access to healthcare services, including a lack of Hungarian language proficiency, the absence of a determined and assertive interpreter, uninformed migrant and refugee patients, and health professionals unaware of these patients' rights.

Given the international literature on PSITs, we can conclude that the Hungarian public service interpreting and translation services align with international examples, despite the absence of official PSITs in the country. This can be attributed to the unique historical context of Hungary, particularly concerning recent migration trends. The roles and duties undertaken by PSITs in Hungary closely mirror those outlined in the international literature. Furthermore, our study not only reinforces the existing findings of Hungarian researchers on this topic but also contributes new insights by delving into the specifics of language mediation within NGOs dedicated to supporting refugees and migrants in the country.

This focused research enriches the broader understanding of PSIT practices, emphasizing their relevance and effectiveness in addressing the linguistic needs of vulnerable populations within Hungary. To continue, further research could involve interviews with the National Directorate-General for Aliens Policing or the Hungarian police about whom they work with. It would also be interesting to talk directly to interpreters and migrants about their experiences with language mediation. Also, a deeper investigation into access to health care and language assistance could provide more insights into these important aspects.

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## Appendix

### Questionnaire

1. Name of the organization:
2. What were the events in the organization's history when the need for interpreters and translators was the greatest?
3. Is language mediation for the organization carried out by contracted or volunteer interpreters and/or translators? Is it carried out by internal colleagues?
4. How common is it for colleagues in the organization who are not translators and/or interpreters to carry out language mediation?
5. Approximately what percentage of interpreters are professional interpreters and what percentage are not qualified?
6. Exactly what qualifications do professional interpreters have (community interpreters, legal interpreters, medical interpreters, some other interpreting qualifications)?
7. If a person is not a professional interpreter but does language mediation, what is their basic qualification (language teacher, andrologist, lawyer, sociologist, social worker, university student studying interpreting, etc. – to be specified.)
8. Is the organization required by law or regulation to employ translators and interpreters? If so, which one?

9. How many people do you work with who (also) provide interpreting services?
10. What languages do you typically need interpreters for?
11. Is there a need for professional language skills, and if so, which ones?
12. In what situations in the lives of the people concerned is an interpreter typically needed? (police, hospital, court, insurance company, banking, housing, work, school, etc.)
13. Besides language mediation, what other tasks do you expect interpreters to do?
14. If the interpreter is not physically present, how is the language mediation managed?
15. How/What bases are interpreters recruited on? Please indicate the importance of each of the criteria on the four-point scale.
  - have the necessary language skills,
  - be able to interpret from/into several foreign languages,
  - be a qualified interpreter,
  - have at least an intermediate level in the language sought,
  - a thorough knowledge of the relevant culture,
  - have a specialized vocabulary,
  - other
16. What are the criteria for interpreters' language skills?
  - be a native speaker (bilingual),
  - C1 – advanced,
  - B2 – intermediate,
  - A2 – elementary
17. How do they have to prove their language skills? (language exam certificate, diploma, oral interview, in-house assessment, recommendation)
18. How is the quality control of language mediation and the evaluation of interpretation carried out?
  - a. Have there been any examples of legal consequences for a foreign person resulting from inaccurate interpretation?
  - b. Have there been any examples of legal consequences for the interpreter resulting from inaccurate interpretation?
19. To what extent is English the lingua franca?
20. Does your organization have intercultural mediators? What is their role?
21. Which documents are key to providing effective information for refugees?
22. Which of these have been translated into a foreign language and into which language?
23. Who translated these documents? (e.g. professional translators, volunteers, in-house staff)
24. When creating texts, whether writing or translating, how important is their comprehensibility?
25. What is your overview of the healthcare system? How successful are migrants and refugees helped by the organization in accessing health services?