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COMMUNITY INTERPRETING IN CANADA

April 2007

Canada

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INTRODUCTION

Under the federal government's Action Plan for Official Languages, Industry Canada and the Language Industry Association (AILIA) undertook to design, implement and support initiatives that will help the language industry address the issues associated with replenishing the workforce and skills development. Community interpreting is an integral segment of the language industry. However, it is largely unknown and unstructured. There is no overall picture of this field that is comparable to the one that is associated with other fields, such as translation of official languages and conference interpreting. As part of its human resources strategy, AILIA is currently developing a profile of the principal language industry professions with the help of HRSDC. Incidentally, this study considers court interpreting, community interpreting and sign language interpreting.

The mandate

This project, sponsored by Industry Canada, considers both this human resources strategy and the study on language industry professions. The mandate called for taking a closer look at community interpreting. It was assumed that this study would foster greater awareness of this field and provide an opportunity to more accurately define the opportunities for the stakeholders as well as the support that Industry Canada might provide. Research results would be presented in the form of a document painting a picture of community interpreting in Canada. In particular, this picture would focus on the individuals who are active in this field. It would attempt to answer a number of questions:

- What areas of activity are involved in community interpreting (court proceedings, health services, etc.)?
- Who are the recipients of interpreting services (newcomers, older immigrants, Aboriginal people, persons with hearing loss, etc.)?
- Where (cities, provinces, etc.) are interpreting services offered?
- Are there intermediaries between those who request interpreting services (departments, ministries, organizations, etc.) and the interpreters? Who are they (draw up a list and identify key contacts)?
- Do any companies or organizations stand out as models in Canada or elsewhere?
- Who are the interpreters (origin, languages, etc.)?
- How many interpreters are there?
- What are their qualifications?
- What are their working conditions (salaried employees, self-employed workers, working hours, work venue, remuneration, technologies and tools used)?
- What schools offer training in community interpreting?
- What organizations or associations are involved in community interpreting (draw up a list and identify key contacts)?
- How does the community interpreting situation in Canada compare with the situation in other countries?

These are the questions this report attempts to answer.

Chapter 1 OVERVIEW OF COMMUNITY INTERPRETING

“Interpreting consists in establishing simultaneous or consecutive communication between two or more persons who are unable to use the same symbols, using speech or sign language.”¹

According to the author of a study on language barriers in access to health care, “Interpretation refers to the process by which a spoken or signed message in one language is relayed, with the same meaning, in another language.”²

These two definitions, in more or less similar terms, emphasize the means to facilitate communication between two or more persons who want to communicate using speech or signs, but who cannot do so because they are unfamiliar with the same symbols or do not speak the same language.

Communication through signs refers to the use of sign languages. In Quebec, the deaf generally use the Quebec Sign Language, but elsewhere in Canada and in the United States, the American Sign Language is more commonly used.

Community interpreting refers to the sector or type of activity in which interpreting occurs. At some point, all citizens must request various types of public services. These include health, education, social and legal services, or any other government services. The community interpreter is the intermediary who facilitates communication between citizens and service providers.

The terms *medical interpreting* and *court interpreting* are used to refer to interpreting in a health care or courtroom setting. Court interpreting, however, could be considered separately in the field of community interpreting. It is nonetheless included in this study because of the similarities between the two and the fact that, in many instances, the same interpreters provide services in these two settings.

Furthermore, in Europe, the term *interprétariat*, rather than *interprétation*, is used to designate the interpreting profession. According to Michel Sauvêtre, this is the act of interpreting in the context of everyday life, generally in the consecutive mode, between two persons of different mother tongues.³ In this report, the terms community interpreting and community interpreter will be used. According to Sauvêtre, the term interpreting is reserved for interpreting in an economic or international context, hence the term conference interpreting.

1. Language Marketplace, Mississauga, Ontario Web site.

² Sarah Bowen, *Language Barriers in Access to Health Care*, prepared for Health Canada, 2002, Section 2.1.2. See http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2001-lang-access/gen_e.html

3. Michel Sauvêtre, “De l’interprétariat au dialogue à trois. Pratiques européennes de l’interprétariat en milieu social”, in Roda P. Roberts, ed., et al), [The critical link 2](#), Oxford, John Benjamins, 1998, page 36.

The role of the community interpreter

The role the community interpreter is expected to play varies. For some, this role consists in accurately restating the message, but others broaden the role to include support, mediating or conciliatory functions.

The Agence des services de santé et de services sociaux de Montréal describes the interpreter's role as follows: "Community interpreters are qualified professionals who transfer all of the information expressed in verbal and non-verbal communication in the strictest confidence, using appropriate language. They follow a professional code of ethics and strive, from a neutral position, to assist clients and professionals in understanding each other's cultural values, concepts and practices. Indeed, the greatest assets interpreters possess are their vast knowledge and their ability to act as a bridge between two cultures."⁴

This definition appears to be widely used in Canada, although certain models may emphasize the support function, as we will see later.

Community interpreting differs from interpreting in a commercial setting and conference interpreting. As agencies who provide community interpreting services usually offer the service in more than a hundred languages or dialects, interpreters are expected to master a greater number of languages. In conference interpreting, individuals interact as equals. That is not the case in community interpreting. The relationship between a service provider and a patient or client frequently involves the notion of expertise: one is deemed to possess the knowledge and power, whereas the other depends on the services that will be provided. Community interpreting is frequently conducted in a tense climate. This is usually due to a client's predicament or a sense of urgency on the part of the service provider who must strive to meet the needs of several clients.

Language barriers

According to a Health Canada study,⁵ it is difficult to demonstrate the impact of language barriers between a patient and a caregiver, but research identifies some effects on individuals who cannot express themselves in the language in which services are provided or who do not understand the language:

- They have less access to education and prevention programs than the general population;
- They face significant obstacles in obtaining their first appointment with a health care professional;
- Many tend to overuse specialist and diagnostic services;
- They experience greater difficulty in obtaining mental health services than the general population;
- They are more likely to be hospitalized, to experience adverse reactions to medication and are less likely to use pain-killing drugs than the general population;
- Their satisfaction is lower than that of other groups;

4. [Interregional Interpreters Bank, 2003-2004 Report](#)

5. Sarah Bowen, *Language Barriers in Access to Health Care*, 2001, Executive Summary.

- They lack a full understanding of their illness and this leads to treatment non-compliance.

The following indirect impacts must also be taken into consideration:

- under-representation of the members of these groups in health research activities;
- the dissatisfaction of health care providers who find it increasingly difficult to respect professional standards;
- the increasing cost and reduced effectiveness of health care services overall.

With respect to legal services, if defendants lack understanding of the language in which a trial or legal proceedings may be conducted,

- they may be unable to understand the nature and extent of the proceedings;
- they may not adequately understand the evidence against them and, as a result, may be unable to mount a full and complete defence.

This would run afoul of the recognized principle that all individuals have the right to a just and fair hearing.

In short, it appears that citizens who do not speak the language in which proceedings are conducted, or in which health care and services are provided, can suffer harm.

The right to an interpreter

With some exceptions, Canadian legislation does not ensure the right to an interpreter.

In Canada, health legislation and the charters of rights and freedoms stipulate that all citizens must have access to services, regardless of their ethnic origin or race and that citizens must be helped to overcome obstacles in this respect. Although laws acknowledge these rights, they do not necessarily ensure that service providers have the requisite resources to respond to high demand.

In the health care field, a 1997 British Columbia court ruling found that, under the *Canadian Charter of Rights and Freedoms*, failure to provide sign language interpreting services, when such services are deemed to be necessary for effective communication, would be illegal. Deafness, however, is a disability that constitutes ground for discrimination under the Charter, whereas language is not.

With respect to public services in general, the *Multiculturalism Policy of Canada* specifies that it shall be the policy of the Government of Canada to:

3. (1) (c) promote the full and equitable participation of individuals and communities of all origins in the continuing evolution and shaping of all aspects of Canadian society and assist them in the elimination of any barrier to that participation.

This statement should encourage the various government organizations to provide interpreters to the members of the various ethnic communities in order to facilitate access to services, but they are not required to do so.

However, legislation specifies that Francophone and Anglophone minorities can be served in their own language.

Legislation is more specific with respect to the use of interpreters in a court setting. Certain legislative provisions clearly specify that defendants or witnesses are entitled to an interpreter in various situations, such as those described by Gilles Bergeron in an article on court interpreting.⁶

For example, the 1975 Quebec *Charter of Human Rights and Freedoms*, R.S.Q., C-12, section 36, stipulates that:

36. Every accused person has a right to be assisted free of charge by an interpreter if he does not understand the language used at the hearing or if he is deaf.

Similarly, in 1982, the *Canadian Charter of Rights and Freedoms* stipulated that:

14. A party or witness in any proceeding who does not understand or speak the language in which the proceedings are conducted or who is deaf has the right to the assistance of an interpreter.

Clearly, there are increasingly specific requirements in the area of legal services, but that is not the case in various public service settings such as health care and social services.

6. Gilles Bergeron, "L'interprétation en milieu judiciaire", *Meta*, XLVII, 2, 2002.

Chapter 2 THE DEMAND FOR COMMUNITY INTERPRETING

Characteristics of the Canadian population who face language barriers

Who are the persons who, at some point in their life, will require the services of an interpreter to obtain public services? Simply stated: any person who is unable to communicate effectively in the language in which the public services are offered. Of course, effective communication is not required in all cases and we leave to investigators and government managers and others the task of determining when interpreting assistance is required. Since most services to the population of Canada are offered in one or the other of Canada's two official languages, or both, the people who are the most at risk will be found in groups who cannot express themselves in either of these two languages or in the official language in which services are offered. That is the case for a proportion of immigrants and refugees, Aboriginal people, the deaf and hearing-impaired people who live in certain areas of the country.

The immigrant population

In 2001, immigrants represented 19% of the population of Canada.⁷ This is a significant increase with respect to 1971, when immigrants represented 15% of the population. Previously, immigrants came from Europe for the most part, but over the last few years, their countries of origin are much more diversified.

Although a large majority of immigrants speak one or the other of Canada's two official languages, many newcomers and elderly people do not.

An interesting indicator of the Canadian language composition is the language spoken at home. In 2001, for example, one in ten individuals routinely spoke a language other than French or English. Specifically, this represents 9.75% of the population (Table 1). This percentage varied quite a lot in different regions of the country. In the Atlantic provinces, for example, it was below 1%, whereas it stood at 13% in Ontario and British Columbia. In the majority of the provinces, the languages spoken at home are "foreign languages." In the Northwest Territories and Nunavut, however, the situation is different because aboriginal languages are spoken at home. In Nunavut, 57% of the population spoke an aboriginal language at home more often than not, but the percentage was significantly lower than in the Northwest Territories (8%) and in the Yukon (2%).

7. For the purpose of this report, the term immigrants includes landed immigrants as well as non-permanent residents with a permit and claimants to refugee status.

Table 1

Proportion of the population who usually spoke a non-official language at home in 2001			
	Total	Number of persons	Percentage
Canada	29,639,035	2,888,540	9.75
Newfoundland and Labrador	508,075	2,890	0.57
Prince Edward Island	133,385	565	0.42
Nova Scotia	897,570	12,820	1.43
New Brunswick	719,710	4,840	0.67
Atlantic Provinces	2,258,740	21,115	0.93
Quebec	7,125,580	421,475	5.91
Ontario	11,285,545	1,537,615	13.62
Manitoba	1,103,700	90,855	8.23
Saskatchewan	963,150	37,525	3.90
Alberta	2,941,150	220,085	7.48
Western Provinces	5,008,000	348,465	6.96
British Columbia	3,868,870	540,740	13.98
Yukon	28,520	700	2.45
Northwest Territories	37,105	3,135	8.45
Nunavut	26,665	15,295	57.36
Territories	92,290	19,130	20.73

Source: Statistics Canada, 2001 Census, tables on the language composition of Canada.

Furthermore, the answers to another census question indicate that, in 2001, 446,290 persons were unable to sustain a conversation in French or in English. This represents 1.51% of the population (Table 2). Clearly, when such persons must receive public services, not knowing the language in which the services are provided constitutes a significant barrier. For other immigrants, newcomers and refugee status claimants, we can assume that a certain proportion cannot express themselves in English or in French, but that an approximate knowledge of these languages may constitute for some a barrier to effective communication in particular circumstances. The percentage of the population who spoke neither English nor French nonetheless dropped significantly since 1996, when it stood at 1.66%.

In absolute terms, there were at least 232,780 persons in Ontario, 104,020 in British Columbia and 59,485 in Quebec who could not obtain the least complex services in either French or English. This represents 396,285 persons or 89% of the total for Canada.

Table 2

Proportion of the population unable to speak either French or English in 2001			
	Total	Number of persons	Percentage
Canada	29,639,035	446,290	1.51
Newfoundland and Labrador	508,075	650	0.13
Prince Edward Island	133,385	55	0.04
Nova Scotia	897,570	965	0.11
New Brunswick	719,710	435	0.06
Atlantic Provinces	2,258,740	2,105	0.09
Quebec	7,125,580	59,485	0.83
Ontario	11,285,545	232,780	2.06
Manitoba	1,103,700	9,330	0.85
Saskatchewan	963,150	3,150	0.33
Alberta	2,941,150	31,455	1.07
Western Provinces	5,008,000	43,935	0.88
British Columbia	3,868,870	104,020	2.69
Yukon	28,520	75	0.26
Northwest Territories	37,105	365	0.98
Nunavut	26,665	3,505	13.14
Territories	92,290	3,945	4.27

Source: Statistics Canada, 2001 Census, tables on the language composition of Canada.

Moreover, individuals who speak neither French nor English were concentrated in large urban centres. They accounted for 4.70% of the population in Vancouver, 3.90% of the population in Toronto, 1.69% of the population in Calgary and 1.48% of the population in Montreal (Table 3). Together, these four metropolitan areas included 77.4% of all Canadians who did not speak either of Canada's two official languages.

Table 3

Proportion of the population unable to speak either French or English in 2001			
	Total	Number of persons	Percentage
Montreal CMA	3,380,645	49,975	1.48
Toronto CMA	4,647,955	181,455	3.90
Winnipeg CMA	661,725	5,600	0.85
Calgary CMA	943,310	15,955	1.69
Vancouver CMA	1,967,475	92,505	4.70
Canada	29,639,035	446,290	1.51

Source: Statistics Canada, 2001 Census, tables on the language composition of Canada.

At home, immigrants speak a large number of foreign languages. In Toronto, for example, 40 languages are spoken at home by at least 1,000 persons who do not use any other language. In Montreal, the number amounts to 28 languages; in Vancouver, 22. Table 4 lists the single language spoken at home by the largest number of persons in the three large immigration areas of Canada. It should be noted, however, that not all immigrant communities require interpreting services. The majority of Italian immigrants, for example, who arrived in Canada more than 30 years ago can express themselves in either English or French.

Table 4

Foreign languages used as the sole language of communication at home in 2001					
Montreal CMA	Number of persons	Toronto CMA	Number of persons	Vancouver CMA	Number of persons
Italian	32,845	Cantonese	88,970	Cantonese	73,180
Chinese omc	18,470	Chinese omc	81,945	Chinese omc	55,750
Arabic	18,005	Italian	51,805	Punjabi	42,970
Spanish	17,860	Punjabi	49,180	Mandarin	26,665
Greek	15,635	Portuguese	37,060	Korean	14,740

omc: Chinese dialects other than Mandarin and Cantonese

Aboriginal populations

First, one of the concerns of Aboriginal peoples (Inuit and First Nations) is the decline in the use of their languages. In 1951, an Aboriginal language was the mother tongue of 87.4% of Canada's Aboriginal persons. In 1991, this was the case for only 36% of adults and 21% of children.⁸ Territorial governments are working to protect and preserve Aboriginal languages. In fact, a Canada/Territory agreement supports any initiative by the governments of the three territories (Nunavut, Yukon and Northwest Territories) to preserve, promote and revitalize Aboriginal languages within their territorial limits by encouraging and facilitating their use at home, at school and in the communities.⁹

If governments are working to protect Aboriginal languages, a resulting priority should focus on the need to ensure that persons who only speak an Aboriginal language are not hampered by language barriers in their attempts to obtain health care services. Consequently, access to interpreting services should be a priority.

Table 1 shows that in 2001, 19,130 persons in the three territories used a language other than French or English on a daily basis at home. However, 3,945 persons did not have the ability to converse in either of Canada's official languages, including 90% of the population of Nunavut (Table 2).

Overall, in the provinces and territories, 13 Aboriginal languages are spoken respectively by more than 1,000 persons. Of this subset of the population, 131,740 persons spoke one or another of these languages at home and 51,865 declared that they spoke only these languages (Table 5).

8. First Nations Confederacy of Cultural Educational Centres.

9. Heritage Canada, Canada/Territory Cooperation Agreements for Aboriginal Languages.

The two Aboriginal languages spoken in most of the homes are Cree and Inuktitut. Some 51,335 persons speak Cree (31%) and 15,960 persons speak only this language at home. Most of the communities in which this is the case are located in Saskatchewan, in Alberta, in Quebec and in Ontario. Inuktitut is spoken at home by 28,295 persons, half of which (14,210) speak only this language. They live in Nunavut and Nunavik communities.

Table 5

Aboriginal languages most commonly spoken at home in 2001			
Languages spoken by at least 1,000 persons			
	Languages	Spoken at home (number)	Sole language spoken (number)
Newfoundland and Labrador	Montagnais-Naskapi	1,510	1,120
	(note 1)		
Prince Edward Island	Micmac	3,955	1,265
Nova Scotia	Micmac	2,205	635
New Brunswick	Algonquin	1,435	235
Quebec	Attikamekw	4,625	3,215
	Cree	12,090	5,980
	Montagnais-Naskapi	8,345	3,650
	Inuktitut	8,805	6,655
Ontario	Cree	3,790	1,525
	Ojibway	8,650	2,540
	Oji-Cree	4,520	2,165
Saskatchewan	Cree	21,025	5,305
	Dene	6,880	3,435
Alberta	Blackfoot	2,845	705
	Cree	14,430	3,150
	Dene	1,400	390
	Dakota-Sioux	2,760	1,665
British Columbia	(note 2)		
Yukon	(note 1)		
Northwest Territories	Dogrib	1,900	500
	Slavey	1,080	175
Nunavut	Inuktitut	19,490	7,555
		131,740	51,865

(note 1) Few persons speak Aboriginal languages.

(note 2) A dozen First Nations languages are spoken, but by fewer than 1,000 persons.

Source: 2001 Census of Canada.

The hearing-impaired

There is a third category of persons who can encounter language barriers in their attempts to obtain health care and general public services. These are the hearing-impaired. The Canadian Association of the Deaf estimates that 310,000 Canadians can be considered profoundly deaf.¹⁰

Deafness is first and foremost considered to be a handicap. Accordingly, census data on deafness are collected via the Health and Activity Limitation Survey. The Association of the Deaf denounces Statistics Canada's results, claiming that the data are underestimated as a result of the relatively high level of functional illiteracy within the deaf community (65%). The Association's estimate takes this survey, as well as data from the United States, into consideration.

The users of sign language are, for the most part, the deaf, who use this language to communicate with each other or with a person who knows the language. The interpreter acts as an intermediary between a deaf person and another who speaks French or English. It is believed that the deaf tend to live in large cities in order to receive a broader range of services, but there is no information on their numbers from one region or province to another.

Francophone and Anglophone minorities

Francophones outside Quebec and Quebec Anglophones are likely to encounter language barriers in their attempts to obtain public services. According to 2001 data, French was the language mostly spoken at home by 574,735 persons outside of Quebec. This represents 2.6% of this population segment. There were also 115,170 persons outside Quebec who spoke only French at home (0.5 %). In Quebec, some 700,890 persons spoke English at home most of the time, whereas 327,040 persons spoke only English. This represents 9.84% and 4.59% of this segment of the population, respectively (Tables 6 and 7).

The situation is different for other groups, because in Quebec, the vast majority of Anglophones can obtain public services in their own language and New Brunswick, where a significant proportion of Francophones outside Quebec can be found, is officially a bilingual province.

10. Canadian Association of the Deaf Web site,
http://www.cad.ca/fr/issues/statistics_on_deaf_canadians.asp.

Table 6

Proportion of the population who spoke English or French at home most of the time in 2001					
	Total	French	Percentage	English	Percentage
Canada	29,639,035				
Newfoundland and Labrador	508,075	895	0.18		
Prince Edward Island	133,385	2,710	2.03		
Nova Scotia	897,570	19,000	2.12		
New Brunswick	719,710	215,055	29.88		
Atlantic Provinces	2,258,740	237,660	10.52		
Quebec	7,125,580			700,890	9.84
Ontario	11,285,545	289,530	2.57		
Manitoba	1,103,700	8,960	0.81		
Saskatchewan	963,150	4,405	0.46		
Alberta	2,941,150	18,700	0.64		
Western Provinces	5,008,000	32,065	0.64		
British Columbia	3,868,870	14,485	0.37		
Yukon	28,520	415	1.46		
Northwest Territories	37,105	360	0.97		
Nunavut	26,665	220	0.83		
Territories	92,290	995	1.08		

Table 7

Proportion of the population who spoke only English and only French in 2001					
	Total	French	Percentage	English	Percentage
Canada	29,639,035				
Newfoundland and Labrador	508,075	145	0.03		
Prince Edward Island	133,385	95	0.07		
Nova Scotia	897,570	790	0.09		
New Brunswick	719,710	66,415	9.23		
Atlantic Provinces	2,258,740	67,445	2.99		
Quebec	7,125,580			327,040	4.59
Ontario	11,285,545	42,305	0.37		
Manitoba	1,103,700	1,250	0.11		
Saskatchewan	963,150	355	0.04		
Alberta	2,941,150	1,895	0.06		
Western Provinces	5,008,000	3,500	0.07		
British Columbia	3,868,870	1,810	0.05		
Yukon	28,520	45			
Northwest Territories	37,105	40			
Nunavut	26,665	25			
Territories	92,290	110	0.12		

The major fields in which interpreting services are required

On the whole, it is estimated that approximately one million persons are likely to require interpreting services. These are usually members of immigrant communities, the deaf community, official language minority communities and Aboriginal communities, in that order. They represent a market that is more or less structured. In some cases, like the provision of legal services, the use of an interpreter is mandated by legislation. This is an exception, however. In most other areas, the use of an interpreter depends on the willingness of the client, administrators or practitioners who offer services as well as on the availability of interpreters.

Immigrants and refugee status claimants

The Immigration and Refugee Board (IRB) is Canada's most important administrative tribunal. This tribunal rules on immigration and refugee files. In order to reach equitable and consistent decisions in accordance with Canadian legislation, Canada's international

obligations and its human rights tradition, the Board provides interpreting services to any person who does not speak or understand French or English, or who is deaf.¹¹

In 2005-06, the IRB required more than 100,000 hours of interpreting services. For this period, fees paid to interpreters amounted to \$2,745,000. The geographic distribution of interpreting activities is similar to that noted during the analysis of the language composition of Canada. Most were concentrated in the three aforementioned large metropolitan areas. Toronto accounts for 57.9% of the fees, but Montreal (26.8%) is ahead of Vancouver (10.9%), even though the latter city received a greater number of immigrants than Montreal over the last few years. The likely explanation probably stems from the fact that the inverse situation holds true with respect to the number of non-permanent residents, which includes claimants to refugee status. Montreal has a greater number of these than Vancouver.

Federal government services

Several federal departments offer direct services to the population. These departments constantly wonder about the quality of the services they provide. Service Canada, the federal government's largest provider of direct services to the public, reviews various approaches to enhance service delivery, especially in the context of the government's multiculturalism and bilingualism policies. The Department is currently implementing a multilingual services initiative to improve service for newcomers and Aboriginal populations. It is also implementing a service strategy for official language minority communities.¹²

Although these initiatives are just getting underway, an RFP for interpreting services of over \$1million was issued in November 2006. The Department is proceeding cautiously with these projects and is consulting the government's central agencies and other departments on the strategic issues associated with the decision to generalize the offer of multilingual services.

Health services

In Canada, health services are organized and provided by health establishments, which come under provincial jurisdiction. These include hospitals, clinics, long-term care establishments, physicians' offices, etc.

Canada's health policy, as stated in the 1984 *Canada Health Act*, specifies:

3. The primary objective of Canadian health policy is to protect, promote and restore the physical and mental well-being of residents of Canada, and to facilitate reasonable access to health services without financial or other barriers.

While the debate on financial barriers has made headlines everywhere, discussion on the "other barriers" is of particular interest to organizations such as Health Canada,

11. IRB, *Review of the Procurement Process of the IRB's Interpreter Program*, November 2006.

12. Services Canada, slide presentation on the Multilingual Initiative and support document describing the 2006 RFP for Interpreting services for the Multilingual Services Initiative, 2006.

provincial health departments and Critical Link Canada/Maillon essentiel Canada. On the issue of knowing at what point the lack of knowledge of official languages constitutes a barrier to satisfactory access to health care services is the subject of research and various health networks have set up their own multilingual interpreting service. In fact, Health Canada and Critical Link Canada have joined efforts in a major project entitled Health Care Interpreter Services—Strengthening Access to Primary Care.¹³

Most health care institutions, especially in large metropolitan areas, have access to multilingual and sign language interpreting services. The demand for interpreting services, however, depends on the supply of services, which differs from one region to another, as we will see. However, it ranges from tens of thousands if not hundreds of thousands of hours at this time.

Social services

Social services also come under provincial jurisdiction. In certain provinces and territories, social services are amalgamated with health services within a single department, whereas in others, they are separate. Social services include, for example, child protection, welfare, community programs to fight against family violence and substance abuse, services to the intellectually and physically handicapped, the fight against homelessness, etc. Generally speaking, the demand for interpreting services comes from professionals working within such programs. Certain community organizations also have the capacity to provide their own interpreting service.

Legal services

The legal system is vast and includes federal, provincial and municipal jurisdictions, police services, administrative services and detention services. Furthermore, different types of law must be taken into consideration: criminal law, insolvency law, divorce and alimony law, etc.

The field of legal services is likely the one in which the language rights of persons are the most rigorously defined. We have seen that, under the legislation on rights and freedoms, defendants and witnesses who speak neither English nor French, or who are deaf, are entitled to the services of an interpreter. Moreover, since 1990, section 530 of the *Criminal Code* stipulates that, “The accused and his council have the right to use either official language for all purposes during the preliminary inquiry and trial of the accused; any witness may give evidence in either official language during the preliminary inquiry or trial; the accused has a right to have a justice presiding over the preliminary inquiry who speaks the language of the accused; the court shall make

¹³ The project was funded by Health Canada through the Primary Health Care Transition Fund. The Vancouver, Montreal and Toronto health networks worked closely with Health Canada in the implementation of the project. See the first national report at <http://www.accessalliance.ca/media/MASSPRapportNational.pdf>.

interpreters available to assist the accused, his counsel or any witness during the preliminary inquiry trial.”¹⁴

As a result, the demand for interpreting services will be steadiest in this field. This does not mean that the number of cases requiring interpreting is higher in the legal field than in the fields of health care and social services, because the number of interventions is greater in these two fields.

The education community

The education field includes teaching children, young people and adults. In this field, the need for interpreter services by immigrants, Aboriginal persons and members of official minority language communities is less than in the aforementioned fields. From time to time, parents with school-aged children may require the services of an interpreter to communicate with a teacher or school authorities.

Interpreting for the deaf in a school environment, however, is quite in demand. The interpreter then becomes an essential intermediary in the literacy process of children and young people and in their pursuit of a college or university education. Thus, interpreting in sign language in an educational environment attracts more than half of the sign language interpreters in Quebec.¹⁵ This interpreting service is probably as structured as conference interpreting.

Other fields

In everyday life, persons who are unable to communicate in either French or English will frequently use the services of an interpreter or find themselves in situations where they would have been well advised to do so. This could involve looking for work, conducting financial transactions, practicing a sport or performing any other activity. There is little information on the demand for interpreting services in such cases. It is known, however, that when the supply of services is structured, as is the supply of the Quebec sign language, the level of activity in the “other fields is just as high as the level of activity in the health care and social services field.”¹⁶

Growth factors of the demand for community interpreting services

Several factors have contributed to the increasing use of community interpreting services in the health care and social services fields.

14. Jacques Leclerc, « Canada » in *L'aménagement linguistique dans le monde*, Québec, TLFQ, Université Laval, http://www.tfq.ulaval.ca/AXL/amnord/cnd-code_criminel-1990.htm, February 16, 2007.

15. Suzanne Villeneuve, *La langue comme outil de prévention des troubles musculo-squelettiques chez des interprètes français/langue des signes québécoise*, Montreal, Université du Québec à Montréal, 2006.

16. Groupe de travail sur les services d'interprétariat, *État de situation et orientations au regard des services régionaux d'interprétation pour les personnes présentant une déficience auditive*, Québec, 2002.

Increase in the number of citizens who speak neither of Canada's two official languages

Despite the efforts to provide training in Canada's official languages, it is clear that the number of residents who speak neither official language is increasing. This trend, however, seems to have stabilized or even reversed between 1996 and 2001. The increasing number of immigrants from Asia, Africa and Latin America has contributed to a greater cultural and linguistic diversity.¹⁷

Acknowledgement that language barriers have a negative impact on the health and quality of services in general

One of the major findings from research on barriers to access to health care is that "language barriers have been demonstrated to have adverse effects on access to health care, quality of care, rights of patients, patient and provider satisfaction, and most importantly, on patient health outcomes."¹⁸

The organizational quest for service quality

The public organizations that provide services to the population continually evaluate the quality of the services they provide as well as their service delivery standards. The very existence of language barriers to effective communication with a significant proportion of the population is sufficient to encourage them to find solutions. Interpreting services represents one such solution.

Legislation

The charters of human rights, health and social services legislation, legislation on official languages and Canada's multiculturalism policy stipulate that all citizens are entitled to services regardless of ancestry as well as to help in overcoming barriers likely to hinder access to services. Although laws acknowledge these rights, they do not necessarily ensure that service providers have the financial resources to respond to high demand. The risk of legal proceedings for professional misconduct is another factor that contributes to the use of interpreting services. This is more evident in the United States, although concern about lawsuits is increasing in Canada.

The technological evolution of interpreting services

Technology facilitates the management of interpreter banks and provides new and more effective forms of service delivery, such as language-based telephone services.

17. Sarah Bowen, *Language Barriers in Access to Health Care*, Chapter 6.

18. *Idem*, Summary.

Competition between health care providers

Competition in the health care field is more evident in the United States, where hospitals and clinics offer interpreting services in order to attract new clients.

In summary

In the area of public services other than commercial activities, interpreting services are intended to facilitate effective communication between service providers and citizens who are unable to express themselves in a service provider's language in order to ensure the quality of the services provided. Estimates suggest that more than one million Canadian citizens are likely to require interpreting services. This represents more than 3% of the population. Immigrants (especially newcomers and refugee status claimants), the deaf and hard-of-hearing, Aboriginal persons (First Nation members and Inuit) and members of official language minorities are the four groups that are likely to encounter barriers to effective communication.

It should be noted that, in all areas of activity, interpreters may be required by both service providers and citizens. The impact of non-communication, however, is greater in certain areas of activity, such as health care, and social and legal services. In general, requests for interpreting services are filed by a service provider within organizations, the policies and procedures of which provide for such services. Citizens who want to be understood, will usually be accompanied by a friend or a relative who will act as an interpreter.

Chapter 3 THE SUPPLY OF INTERPRETING SERVICES

We have briefly discussed the groups of persons who are likely to require interpreting services and under what. This chapter focuses on issues impacting the supply of interpreting services. What do we mean by “interpreting service”? When can an activity be considered to fit within the framework of an interpreting service? When can a person be considered as an interpreter? The clear definition of an interpreting service provider calls for answers to these questions. These questions come up for several reasons. First, the professional status of the community interpreter is not always recognized. Second, several persons can act as an intermediary between a provider of public services and a client who does not speak the same language without necessarily performing a professional interpreting role.

In our opinion, as far as their professional life is concerned, friends or relatives who provide services in an intermediary role cannot hold out to be interpreters. The same goes for employees of an organization who perform various functions and who may, from time to time, be called upon to facilitate understanding of a client’s needs. Such activities do not constitute an interpreting service, nor can the persons providing the services be considered as interpreters. Establishments and organizations that employ bilingual or polyglot employees capable of directly providing services to clients and ensuring effective communication in various languages are considered to provide multi-language services.

Therefore, in order to be considered as a provider of interpreting services, an organization must call on the services of persons who are professionally qualified as interpreters.

Community interpreting models

Given the foregoing, who is offering interpreting services and in what form are the various community interpreting services across Canada provided?

There are four generally accepted models:

- salaried interpreters
- interpreting departments of companies providing translation and interpreting services
- banks of government interpreters
- community agency interpreting services

Salaried interpreters

Salaried community interpreters are few in number. In contrast with the commercial translation sector, where major companies have their own translation department or service, the community interpreting sector rarely involves a volume of work that justifies

hiring interpreters in a specific language on a regular and permanent basis. Furthermore, the country of origin of newcomers varies from one year to the next. This complicates the forecasting of requirements in the short and long term.

In order to justify hiring salaried interpreters, the volume of work must be predictable and sufficient to offer fixed work schedules and working conditions. These conditions are present in the Quebec school system, where school boards or educational institutions hire sign language interpreters.¹⁹ The greater the concentration of certain languages, the more this model makes sense. This could be the case in various regions of the United States where the concentration of Spanish-speaking persons is very high, or in Vancouver and Toronto, where Cantonese and Chinese are spoken by a significant proportion of the population.

Interpreting departments of companies providing translation and interpreting services

In Canada, there are more than 800 active translation companies. Of these, one quarter offer interpreting services.²⁰ In British Columbia and Ontario, this proportion increases to two thirds and one third, respectively. Generally speaking, the industry focuses mostly on Canada's two official languages and commercial contracts. A significant number of companies offer interpreting services in other languages and advertise interpreting services in various fields of economic activity, such as finance, justice or health. As a result, these companies offer both commercial and community interpreting services.

Furthermore, an increasing number of private-sector companies are specializing in telephone interpreting and videoconference interpreting. This calls for investing in advanced technologies, but it allows companies to serve clients they could not otherwise serve, such as clients in remote areas where demand is weak or in emergency situations.

For interpreting services in foreign languages, translation and interpreting companies use freelancers.

Banks of government interpreters

One of the models developed by various public organizations involves the creation of their own banks of interpreters. Until recently, the Immigration and Refugee Board of Canada had its own national bank of interpreters;²¹ similarly, the Agence de santé et des services sociaux de Montréal created its own interregional bank of interpreters. The interpreters are freelancers who must meet the specific training and skill requirements set out by these agencies and organizations. An interpreter may work for more than one agency. This ensures a greater volume of work and provides greater professional stability. The use of such interpreter banks can increase demand for interpreting services as a result of the greater confidence of member institutions in their central organization.

19. Suzanne Villeneuve, *ibid.*

20. Industry Canada, *Survey of Canada's Language Industries*, 2006.

21. IRB, *Review of the Procurement Process of the IRB's Interpreter Program*, November 2006.

Community agency interpreting services

In many regions, community agencies were among the first to provide interpreting services to defend the interests of community members and their causes. Thus, the Multilingual Community Interpreter Services (MCIS)²² was among the first community agencies to provide interpreting services in Ontario, more specifically, in the Scarborough, York and Durham regions, to victims of conjugal violence who turned to existing community services for support. Many of these organizations are now able to provide training to interpreters and to evaluate their skills.

Providers of interpreting services

The next section of this report presents a Canada-wide and regional picture of the main interpreting services providers we were able to identify through our research, contacts and readings.

Canada

The Government of Canada's two major providers of interpreting services are the Translation Bureau (TB) and the Immigration and the Interpreter's Unit of the Refugee Board's (IRB).

Translation Bureau

The TB's interpreting services uses mostly salaried or contract conference interpreters. It is the sole provider of interpreting services for Parliament. The TB also provides interpreting services in various foreign languages, in sign language and in Aboriginal languages.²³ In November 2006, the TB undertook a study of the community interpreting needs of various departments and government agencies. The report is expected in the spring of 2007.

Immigration and Refugee Board Interpreter's Unit

The IRB has its own bank of approximately 1,200 interpreters. The Board can provide services in more than 260 languages and dialects. Consecutive interpretation is used, and interpreters are required to be objective and unbiased. Interpreters are required to sign the Interpreter's Code of Ethics.

At present, the Board only contracts individual interpreters.²⁴ Contracts are issued for one year and cannot exceed \$25,000. They are issued through three regional offices located in Montreal, Toronto and Vancouver. The Board uses a national directory of

22. Health Care Interpreter Services, *Strengthening Access to Primary Health Care*, Toronto Region Report, 2006.

23. Translation Bureau Web site.

24. Changes to the current contract allocation approach could be made following the review of the interpreter procurement process currently under way.

interpreters. If need be, it could call on the services of an interpreter from another region for telephone or videoconference interpreting.

Interpreters must:

- obtain the IRB's professional accreditation;
- obtain the Government of Canada's security reliability clearance;
- be Canadian citizens or hold permanent resident status.

The IRB's accreditation exam includes:

- an English or a French exam;
- an oral interpreting exam (in the interpreter's language);
- a sight translation exam.

The going rate is \$24 an hour. Work schedules specify whether interpreters will work half-days or full days. In all regions of the country, the most frequently used language to date has been Spanish. Fees for services in this language represent 28% of the total amount in fees paid by the Board.

It has been estimated that the fees paid in fiscal 2005–06 are equal to the full-time use of 70 interpreters.

Service Canada interpreting services

Service Canada does not have interpreting services for the time being. Services expected to be delivered this year and next will take the form of pilot projects implemented through:

- telephone interpreting services delivered by a private-sector firm; services will be offered in a dozen Service Canada centres in the Toronto area, in 40 foreign languages and 8 Aboriginal languages;
- mobile interpreting services in the Vancouver area, in Nunavut and in the Northwest Territories;
- interpreting services in the Calgary area through the Calgary Centre for Newcomers.

In Quebec

In Quebec, most of the community interpreting services are offered by government agencies. They are generally organized by client type: immigrants, the deaf and hard-of-hearing, and Aboriginal people (First Nations and Inuit).

Interpreting services for immigrants

At the end of the 1980s, the ministère de la Santé et des Services sociaux du Québec asked four of its regional agencies (Montréal, Québec, Sherbrooke and Gatineau) to create banks of interpreters in order to improve access to health care and social services by various cultural communities. The banks of interpreters created by these agencies constitute the most significant supply of interpreters for the delivery of health care and social services. The decision to use interpreters, however, lies with each health care

establishment, which also chooses which interpreters it will use. Moreover, a few hospitals have created their own interpreting service. These include the Montreal Children's Hospital, a unit of the McGill University Health Centre.²⁵

The immigrant population is largely concentrated in the Montreal metropolitan area where, in 2001, 84% of the persons who spoke neither French nor English in Quebec lived.

— The Montreal Interregional Interpreters Bank

The Montreal Interregional Interpreters Bank, created in 1993, is by far the most important provider of interpreting services in the health care and social services fields in the Montreal area and across the province. The Bank serves Montreal, Montérégie and Laval health establishments on the basis of the user pay principle.

In fiscal 2005–06²⁶, the Bank used 108 interpreters and translators who provided their services in 55 languages. The Bank received 28,967 calls for interpreting services and responded to more than 16,000 Allophone clients. In 2005–06 also, it logged 27,327 hours of interpreting, an increase of 13% over the year before and of 79% over fiscal 1999–2000. This could increase enormously according to the *Régie de l'assurance maladie du Québec*, which estimates that in 2003, 99,630 medical procedures in outpatient clinics and emergency rooms could have required an interpreter.²⁷

The Bank's major clients have been the local community service centres (43%), hospitals (19%, half of which are children's hospitals) and youth centres (17%). The Bank also provides services to schools (9%) and community agencies (7%), where it works with clients suffering from mental health problems or victims of family violence.

Most of the local community service centres and hospitals use the Bank's services. Medical clinics, however, seldom do.²⁸

The Bank uses freelance interpreters and pays an hourly fee of \$30. Of the 108 contract interpreters used in 2005–06, 25 earned more than \$10,000. Together, they earned fees amounting to \$755,080. The highest demand is for interpreting in Punjabi, Spanish and Chinese. As for languages with the lowest demand, 34 languages accounted for 5% of the demand for services.

Interpreters used by the Bank have a bachelor's degree. Many, however also have a master's degree. Some are members of the *Ordre des traducteurs, terminologues et interprètes agréés du Québec* (OTTIAQ). Training, initially provided by the Bank, has been offered by Université de Montréal since 2001. The program focuses on preparing interpreters to work in the health care and social services fields.²⁹

25. Health Care Interpreter Services – Strengthening Access to Primary Care, Montreal report, 2005.

26. Isabelle Hemlin, Activities of the Interregional Interpreters Bank, 2005–06.

27. Health Care Interpreter Services – Strengthening Access to Primary Care, Montreal report, 2005.

28. *Idem*, p. 9.

29. Isabelle Hemlin, *Communication at the Heart of Care: an Integrated Approach*, 2005.

— The Quebec City Regional Bank of Linguistic and Cultural Interpreters (RBLCI)³⁰

This bank of interpreters comes under the authority of the *Centre international des femmes de Québec*. Its interventions in the health care and social services fields is funded by the *Agence de la santé et des services sociaux de la Capitale-Nationale*.

— Service d'aide aux Néo-Québécois et immigrants³¹

This organization provides interpreting services to Neo-Quebeckers and immigrants in the Eastern Townships and the Sherbrooke area.

— The Montreal Courthouse bank of interpreters

In 2000–01, the Quebec ministère de la Justice spent nearly \$1 million (\$930,400) in fees for interpreting services and their travel costs.³² According to the manager of the ministère de la Justice's bank of interpreters, Mrs. Moreau, expenditures should be of the same order of magnitude in 2005–06.

The Montreal Courthouse bank of interpreters serves all of the province of Quebec. There a few exceptions where French or English interpreters are available at other courts of justice.

Municipal courts also use court interpreting agencies.

The evaluation of court interpreters involves:

- an achievement test;
- a court interpreting competency test;
- an interview.

Training is provided by the regional coordinator with the help of a court interpreting guide which is based, in large part, on the guide developed by the Ontario Ministry of the Attorney General.

Interpreting services for the deaf and hard-of-hearing

Interpreters for the deaf and hard-of-hearing fall into two broad categories: community interpreting and interpreting services in educational establishments. The volume of work is much the same in both categories.

30. Web site of the Centre international des femmes du Québec, <http://www.cifgfemmes.qc.ca/brilc.php>.

31. Web site, Service d'aide aux Néo-Québécois et immigrants, <http://www.sanqi.qc.ca/index.html>.

32. Roselyne Moreau et al., « L'accréditation des interprètes judiciaires au Palais de justice de Montréal », *Meta*, XLVII, 2, 2002.

— Community interpreting

In Quebec, six regional interpreting organizations provide sign Quebec Sign Language (LSQ) interpreting services in the delivery of social services:

- SIVET, Service d'interprétation visuelle et tactile du Montréal métropolitain;
- SRIQ, Service régional d'interprétation de Québec;
- SIPSE, Service d'interprétation pour personnes sourdes de l'Estrie;
- SRIVO, Service régional d'interprétation visuelle de l'Outaouais;
- SRIL, Service régional d'interprétation de Lanaudière;
- RASPHAT, Ressource d'aides et de services aux personnes handicapées de l'Abitibi-Témiscaminque.

From 1998-99 to 2000-01, the two years for which data were available,³³ the volume of interpreting services remained fairly steady at approximately 15,000 interventions. These organizations hire approximately 170 interpreters, most of whom are salaried employees, but many work on a part-time basis. The Montreal region accounts for 40% of interpreting activities, followed by the Quebec City region (37%), which serves Eastern Quebec (Table 8). It should be noted that the *Office des personnes handicapées du Québec* is currently piloting a project to develop a list of interpreters for the deaf, their training and qualifications and their professional development needs. It is estimated that project results will be available in the spring or summer of 2007.

33. Groupe de travail sur les services d'interprétariat, *État de la situation et orientations au regard des services régionaux d'interprétation pour les personnes présentant une déficience auditive*, MSSQ, Québec, 2002.

Table 8

Services by agency, 2000–01		
	(Number)	Percentage
SRIEQ - Quebec	5,298	37.2
SIPSE - Eastern Townships	406	2.8
SIVET - Montreal	5,816	40.8
SRIVO - Outaouais	1,929	13.5
SRIL - Lanaudière	650	4.6
RASPHAT - Abitibi-Témiscamingue	150	1.1
	14,249	100

Just under 50% of the activities of the six agencies are classified under the heading of health care and social services (Table 9).

Table 9

Services provided in the field of social services in 1999-00		
	(Number)	Percentage
Health and social services	7,145	45.4
Work	2,134	13.6
Training and education	2,059	13.1
Family support	432	2.7
Goods and services	1,287	8.2
Community life	1,240	7.9
Unclassified	1,434	9.1
	15,731	100

At task force is currently at work and is expected to produce a new report on the status of sign language interpreting in the province of Quebec.

— In the field of education³⁴

At the elementary school and secondary school levels, interpreting services are provided by school boards (except in the field of vocational education). A job grade was created for vocational education establishments: technician-interpreter. Some interpreters are hired on a permanent basis; others are on contract. It is estimated that approximately 175 interpreters currently work in the province on a full- or part-time basis.

At the college level, the Cégep du Vieux-Montréal and the Cégep de Sainte-Foy provide services for students with hearing problems through teams of interpreters. The Cégep de Sainte-Foy is the designated establishment for the 30 CEGEPs located across eastern Quebec. It uses a team of 12 to 15 interpreters who describe their role as follows: “Our work involves interpreting courses for deaf or hard-of-hearing students.

34. Source: Suzanne Villeneuve, master’s thesis in linguistics, Université du Québec à Montréal, 2006.

This includes group work, conferences and all that is relevant to student life.”³⁵ The Cégep du Vieux-Montréal hires 50 visual language interpreters and serves colleges located west of Trois-Rivières, as well as several universities.

Individuals enrolled in adult education programs receive a grant and must hire an interpreter.

The Université du Québec à Montréal is the main establishment offering training in the Quebec Sign Language. It offers a certificate program in visual language interpreting. UQAM aims to train interpreters to work in the education, social services, leisure and recreation and government services fields.

It is estimated that there are approximately 265 visual language interpreters in Quebec. Working conditions vary from one field to another.

Interpreting services for Aboriginal people

In the field of health care, the needs of the Inuit of Nunavik in northern Quebec are met by the Montreal-based Module du Nord. It meets the needs of the Inuit who receive health care services in the South. The Module currently falls under the Puvirnituk health centre in Nunavik. It has four Inuktitut interpreters.

The other First Nation communities, where Algonquin, Atikamekw, Cree and Montagnais-Naskapi are the predominant spoken languages, also use local interpreters, as evidenced by statistics on expenditures for Aboriginal peoples by the ministère de la Santé et des Services sociaux. The statistics show that hospital and health centres near reservations sign interpreting contracts with band councils.³⁶

With respect to legal services, the Amos Courthouse in the Abitibi region, the Roberval Courthouse and the Sept-Îles Courthouse provide interpreting services to the Inuit and First Nations populations. Altogether, the services provided represent approximately three person-years of work.

Ontario

In Ontario, community interpreting services are very diversified and include:

- establishment-based interpreting services;
- interpreter services in non-profit community health centres;
- immigrant services organizations;
- private-sector interpreting services (in-person or by telephone).

In other words, the four models listed above are used in the health care, social services and legal fields in addition to other forms of service or support provided by family members, friends and establishment staff.

35. Cégep de Sainte-Foy Web site.

36. *Déboursés, aide et dépenses destinées aux autochtones pour l'année 2004–2005*, ministère de la Santé et des Services sociaux du Québec.

There is no overall government policy supporting health care establishments or the legal community. “Health care providers set their own policies and procedures regarding interpreting without the benefit of an external legislative or policy framework.”³⁷ It behooves each institution, clinic or establishment to decide not only when it will provide interpreting services, but also the types of services it will provide.

That said, the government is not completely absent from the scene. In fact, it has been supporting interpreting services for violence against women programs since the mid-1980s. In this area, the Ontario Ministry of Citizenship and Immigration and the Ministry of Health have supported several initiatives. These include:

- the creation of the Health Interpreting Network (HIN);
- the development training programs for hospital employees who serve as interpreters in cases of violence against women;
- the implementation and funding of interpreting services in a dozen community health centres;
- the development of evaluation instruments, such as the Cultural Interpreter Language and Interpreting Skills Assessment Tool (CILISAT) and the Interpreter Language and Skills Assessment Tool (ILSAT).

Furthermore, the government has supported and funded several forums and conferences to promote interpreting services and the development of training programs.

Given the current diversity and fragmentation of interpreting services providers in Ontario, it is difficult to collect data on the number of hours of interpreting performed in the various fields (health, social services, legal services), the number of clients who benefited from such services, the client establishments and institutions or, in short, the overall volume of interpreting activities. One thing is sure: the demand for interpreting services is higher in Ontario than elsewhere in the country.

Interpreting services provided by immigrant service agencies

Through the Ministry of Citizenship and Immigration, the Government of Ontario supports (\$2.1 million) a dozen agencies that provide free interpreting services to victims of family violence.

Women use interpreting services when they have to deal with police officers, Crown prosecutors, the Victim/Witness Assistance Program, the Violent Partners Intervention Program, and probation and parole officers. Services are provided at no cost to agencies and to women in cases of family violence. When these agencies provide services to other clients, hourly fees range from \$30 to \$40.

The *Barbara Schlifer Commemorative Clinic* is a Toronto agency dedicated to helping women who are victims of violence. The agency provides interpreting services through 86 service agencies and 4 courts of justice. It relies on 200 interpreters and can provide services in 53 languages.

37. Health Care Interpreter Services – Strengthening Access to Primary Care, National Report, 2006.

Multicultural Community Interpreter Services (MCIS) is a non-profit organization based in Toronto. It provides interpreting services in the Scarborough, York and Durham regions.

Immigrants Women Services Ottawa is a non-profit organization that helps immigrant women to integrate into society. It provides interpreting services in the justice, health care and social services fields.

Information Niagara Hamilton/Interpreters Niagara Hamilton is a charitable, non-profit organization that provides interpreting services, among others. Services are provided in person, by telephone or through intermediaries.

Across Language, located in London, Ontario, specializes in health, law, community services and legal interpreting. In 2005, the organization logged 10,849 hours of interpreting. This is double the 4,000 hours recorded in 2000. The health care field accounts for 43% of its services, community services for 20%, victims of family violence 8% and legal services 6%.

The *Kitchener Waterloo Multicultural Centre* is a non-profit organization that provides a wide range of services, including interpreting services.

Language Link Ontario is a non-profit organization providing interpreting services in Eastern Ontario, from Peterborough to Cornwall. Services are provided from the organization's head office in Kingston and three other offices, in Peterborough, Belleville and Cornwall.

Quinte United Immigrant Services is a non-profit organization providing interpreting services through Central Eastern Ontario Translation and Interpretation Services.

The *Multicultural Association of Kenora and District* is a non-profit organization providing an interpreting service, The Community Interpreter Access Services, in the Kenora and Rainy River region.

Multicultural Council of Windsor and Essex County is a non-profit organization providing translation and interpreting services.

Thunder Bay Multicultural Association, a non-profit organization, provides interpreting services in Northern Ontario.

COSTI Immigrants Services, founded to support the Toronto Italian community, is funded by various government agencies and departments and provides services to the immigrant community. The COSTI language bureau provides interpreting services in all major languages.

The *Cultural Interpretation Services for our Community (CISOC)* is a charitable organization operating in the Ottawa region. It provides interpreting services to certain client bases (social services agencies, hospitals, health clinics, government, legal services and even private-sector firms). It has a bank of 160 interpreters and provides services in 60 languages.

Community health centre interpreting services

In the early 1990s, various community health centres, working with newcomers to Canada, developed interpreting services and training.

Access Alliance Interpreter Service, a non-profit community health centre located in Toronto, serves the multicultural community. It provides telephone or in-person interpreting services to organizations and professionals.

Riverdale Interpreters offers interpreting services for a fee to health professionals in the Toronto and Greater Toronto areas, to hospitals, and to public or private clinics.

Le *Centre médico-social communautaire* de Toronto provides services to Francophone clients, regardless of their origin.

Private-sector interpreting services

Several private-sector firms also provide interpreting services in the health care, social services and legal services fields. Some specialize in these fields and recruit their clients among hospitals, government departments and private companies. Others, however, offer various language services in different sectors of the economy. The smallest firms log between 200 and 500 hours of interpreting a year, medium-sized firms between 500 and 4,000 hours, while the major firms do more than 4,000 hours a year. The following are a sample of private-sector firms providing community interpreting services in the Toronto area:

- Able Translation, Mississauga;
- Accents Languages Services Inc., Mississauga;
- LANGU-EDGE Solutions Inc., Toronto and business centre in Ottawa;
- Language Market Place Ltd., Mississauga;
- All languages Ltd., Toronto;
- Multi-Languages Corporation, Toronto.

Interpreting services for the deaf and hard-of-hearing

Interpreting services for deaf and hard-of-hearing persons in Ontario³⁸ are organized by Ontario Interpreting Services, an organization that falls under the Canadian Hearing Society. Services are provided by English-American Sign Language (ASL) interpreters in the most common fields: health care, social services, work, business, etc.

Interpreting services are provided in 17 centres of the Canadian Hearing Society located in: Belleville, Chatham, Durham, Hamilton, Kingston, London, Ottawa, Peel, Peterborough, Sarnia, Sault Ste-Marie, Simcoe York, Sudbury, Thunder Bay, Toronto, Waterloo and Windsor. The hourly fee for ASL interpreters ranges from \$50 to \$55.

A dozen regional centres of the Canadian Hearing Society teach American Sign Language. To become an English-ASL interpreter, the Association of Visual Language Interpreters of Canada recommends two programs, which are offered at St. Clair College

38. Visit the Canadian Hearing Society Web site at <http://www.chs.ca/services/ois.html>.

in Windsor and George Brown College in Toronto. Courses are made up of six sessions over a period of three years.

British Columbia and the Territories

As is the case in Ontario, the various models of interpreting services for immigrants operate side-by-side:

- hospital-based interpreting services;
- interpreting services provided by immigrant service agencies;
- government interpreting services;
- private-sector interpreting services.

A significant milestone marking the expansion of interpreting services in the health care and social services fields was reached in 1994 with the creation of the Health Care Interpreter Partnership (HCIP) network. At the outset, the HCIP worked on standards and training programs for volunteer interpreters, health care institution employees serving as interpreters and organized interpreting services. Over time, interpreting by volunteers gave way to a government interpreting service, hospital-based interpreting services and interpreting services organized by immigrant service agencies.

Government interpreting services

The *Provincial Language Service*³⁹ (PLS) falls under the Provincial Health Services Authority (PHSA). It provides interpreting services to the population in all parts of the province. The Service, which has experienced significant growth over the past few years, received nearly 20,000 requests in 2005–06. Services are provided in nearly 100 languages by 250 interpreters. Most of the interpreters work in the health care, social services and legal services fields. Services are provided in person or over the telephone. The spoken languages in which interpreting is most frequently requested include Mandarin, Cantonese, Punjabi, Vietnamese, Korean, Farsi, French, Japanese and Spanish.

Hospital interpreter services

Mount St. Joseph's Hospital was a founding member of the Health Care Interpreter Partnership (HCIP) network. Whereas it used to rely on volunteers, it now recruits its own interpreters.

The *Vancouver Hospital* has created an interpreting service to serve the needs of acute care patients in the Vancouver coastal region (Vancouver Coastal Health Authority). It also provides services to the UBC Teaching Hospital, the GF Strong Rehabilitation Centre and the George Pearson Centre.

39. Source: Susan Barclay and *Health Care Interpreter Services – Strengthening Access to Primary Care*, Vancouver report, 2006.

The *Richmond Hospital* interpreting service supports most of the health care institutions in the Vancouver area in the mental health, community health, long term care, home care and acute care fields.

The *Surrey Memorial Hospital* and the *Fraser Valley Cancer Centre* have joined efforts to hire a coordinator for their respective interpreting services, which they merged in 1996. In the new service, as with others in BC, professional interpreters and bilingual employees have replaced volunteers.

The *Fraser Valley Health Region* also created a centralized interpreting service in 1999 using both employees and the interpreters of an immigrant service organization: *Abbotsford Community Resources*.

Interpreting services provided by immigrant service agencies

The Provincial Language Service and hospital interpreting services may call on the services of interpreters who work for immigrant service organizations. Of these, the following are the most widely known.

The *Multilingual Orientation, Services Association for Immigrant Communities (MOSAIC)* is a non-profit organization offering interpreting services in the Vancouver area. It calls on 120 interpreters who can work in 50 languages. The Association provides telephone, in-person and videoconference interpreting services in the legal and health care fields.

DIVERSEcity community resources society is a non-profit organization offering various services to immigrants and refugees, including interpreting services in Surrey, Delta, White Rock and Langley. At the outset, this organization relied on volunteer interpreters. Now, it uses only interpreters certified with the STIBC or the Vancouver Community College.

Abbotsford Community Resources is a non-profit organization offering interpreting services in 26 languages and various fields (health, justice, education, etc.). Interpreters are paid at an hourly rate of \$40.

Interpreting services in the legal field

According to the report of the Interpreters Working Group to the Law Society of British Columbia's Equity and Diversity Committee, there are anywhere from 400 to 500 certified legal interpreters in the province.⁴⁰ This includes interpreters in the various languages spoken by immigrants and American Sign Language interpreters. The Working Group is concerned about the confusion surrounding the various professional designations used by interpreters. The directory of the Society of Translators and Interpreters of British Columbia lists only 18 certified legal interpreters. Others use the designation granted by the Vancouver Community College to graduates of its legal interpreting program and the designation granted to members of the Association of Visual Language Interpreters of Canada. The Ministry of the Attorney General publishes

40. The Law Society of British Columbia, *Report of the Interpreters Working Group, at the Benchers meeting of July 14, 2006*.

an online directory of court interpreters. According to the aforementioned report, certified interpreters are paid an hourly rate of \$35. Uncertified interpreters earn \$20 an hour, while ASL interpreters make \$50 an hour.

Interpreting services for the deaf and hard-of-hearing

Interpreting services for the deaf and hard-of-hearing fall under the British Columbia Ministry of Health's Provincial Health Services Authority (PHSA). Two organizations are responsible for providing interpreting services. These are the *Western Institute for the Deaf and Hard of Hearing on the Mainland* and the *Island Deaf and Hard of Hearing Centre* on Vancouver Island. These two organizations provide interpreting services in various fields: health, justice, government services, employment assistance, education, etc. Services are provided on a cost-recovery basis by freelance interpreters.

To individuals who wish to become English-ASL interpreters in British Columbia, the Association of Visual Language Interpreters of Canada recommends the training program offered by Douglas College in New Westminster. This is a two-year course and graduates obtain a sign language interpreting diploma.

Western Canada

Western Canada has the largest number of immigrants after Ontario, British Columbia and Quebec. In Alberta, Manitoba and Saskatchewan, there 343,000 persons who do not usually speak one of Canada's official languages at home and 44,000 persons who speak neither English nor French. This is just under 25% of the numbers in Ontario and approximately 80% of those in Quebec. Alberta alone accounts for two-thirds of the persons who are likely to experience problems communicating in one of Canada's two official languages. It should be noted that there are high concentrations of such people in metropolitan areas like Toronto, Vancouver and Montreal, but they are more widely dispersed in the western provinces. Consequently, only half of those who speak neither English nor French in Alberta can be found in Calgary, and this proportion exceeds 80% in the country's three largest cities.

The main providers of interpreting services in Alberta are the *Calgary Health Region Diversity Service* and the *Calgary Immigrant Aid Society*.

The Calgary Health Region (CHR) Diversity Service provides interpreting services in a dozen languages. Together with the Bow Valley College, the Service has helped new immigrants to land their first jobs by training them to act as health interpreters. The Service currently employs 50 interpreters, some of whom work full time, while others work on a part-time or casual basis. Services are provided in person or by telephone. Last year, the Service responded to 8,387 requests. In 2006–07, the average number of requests for telephone and in-person interpreting requests amounted to 600 and 700, respectively. This represents an increase of 742% and 836% for each form of interpreting over the number of requests logged in 2001–02.⁴¹ The Diversity Service

41. Source: Delaine Johnson, Calgary Health Region, April 2007.

calls on Language Lines Services, a California service provider, which handled 7,212 requests for telephone interpreting in 2006–07.⁴²

The Calgary Health Region can also count on the interpreters of the *Calgary Immigrant Aid Society (CIAS)* when its resources are stretched too thinly. The CIAS relies on a bank of 335 volunteer interpreters who can work in 73 languages.

Calgary also has a 211 Service where callers can obtain information on various community and government services. This service has access to a bank of interpreters who can work in 150 languages or dialects.

Until recently, in Manitoba, only a few programs were available to persons who do not speak English. Such programs include a French-language service unit for Francophones, Aboriginal Health Services' interpreting services and the Nunavut interpreters' service, whose members accompany Inuit patients who come to Winnipeg for treatment. Services for immigrants and refugees are virtually nonexistent. This is the context in which the Winnipeg Region Health Authority is attempting to create a bank of government services interpreters. WRHA Language Access expects to launch its interpreting services in May 2007, in accordance with the model outlined in Sarah Bowen's study.⁴³

The WRHA is planning on providing interpreting services by interpreters trained to work in the health care field. It estimates that it will need 150 interpreters. It also estimates that demand will be weak at the outset, but that it will increase rapidly thereafter.⁴⁴ The WRHA will train its interpreters through a 70-hour training program that will set the stage for training in various fields of specialization, such as mental health. Training of program recruits began on March 8. Admission requirements include passing the Ontario ILSAT and CILISAT assessment tests. Candidates must have a high school diploma, a clean record and a flexible work schedule. The WRHA plans on providing in-person interpreting services and, eventually, telephone and videoconference interpreting (especially when rare language skills are required). The minimum hourly rate for candidates who meet hiring criteria will be \$20.

People in Western Canada and English-speaking Canada can rely on the major language services provider *CanTalk*, a private-sector firm based in Winnipeg offering various language services including telephone interpreting services. The firm recruits its clients in the health care and government services fields and in private-sector activities such as finance, real estate and tourism.

Interpreting services for the deaf and hard-of-hearing

Interpreting services for the deaf and hard-of-hearing exist in each province, as in the case in other regions of the country.

42. Source: Delaine Johnson.

43. Sarah Bowen, Winnipeg Region Health Authority. *Development of a Coordinated Response to Addressing Language Barriers within the Winnipeg Region Health Authority*, 2005.

44. Source: Jeannine Roy, Winnipeg Region Health Authority.

In Alberta, the *Calgary Health Region Diversity Services* provides American Sign Language interpreting services to the deaf who are receiving medical treatment within the network. The *Edmonton Interpreting Services* also provides sign language interpreting services.

The University of Alberta employs some 50 sign language interpreters to meet the needs of its students.

In Manitoba, interpreting services are provided by the *Independent Interpreter Referral Service (IIRS)*, which is funded by Manitoba Health.

In Saskatchewan, services are provided by *Saskatchewan Deaf and Hard of Hearing Services Inc.* (SDHHS), which has offices in Saskatoon and Regina.

The education sector, as indicated in the Russel et Demko⁴⁵ report, lacks interpreters and intervenors who can work with deaf persons.

It should also be mentioned that the Sorenson Video Relay Service (VSR), a company based in Salt Lake City, is looking for interpreters and manager-trainers for its Edmonton, Winnipeg, Vancouver and Toronto offices.

In Western Canada, persons who want to become English-ASL interpreters can train in Manitoba. Two programs are offered in Winnipeg by Red River College and the University of Manitoba. Each program includes six sessions spread out over three years.

Northern Canada

The population base of Canada's three northern territories—the Northwest Territories, the Yukon and Nunavut—is very weak, with less than 100,000 inhabitants living in a vast area. The main language concern is the preservation of the First Nations languages. The population of Nunavut comprises mainly Inuit. This region has the highest proportion (57%) of persons who speak a non-official language at home, i.e., Inuktitut or Inuinnaqtun. Although half of the population of the Northwest Territories is of Aboriginal descent, 92% speak English at home. In the Yukon, only 20% of the population is of Aboriginal descent and 98% speak mostly English at home. Language barriers are significant in Nunavut, less significant in the Northwest Territories and virtually inexistent in the Yukon.

A Justice Canada study⁴⁶ confirmed the existence of unmet needs as a result of cultural and language barriers, especially in Nunavut and in the Northwest Territories, despite the use of paralegal advisors and interpreters. Paralegal advisors have the responsibility, among other duties, of bridging the gap between community members and the justice system.

45 Debra Russel et Robin Demko, *Accommodating Learners with Disabilities in Post-Secondary Education in Alberta: A Review of Policies, Programs, and Support Services*, 2004, page 26.

46. Pauline de Jong, *Legal Services Provision in Northern Canada. Summary of research in the Northwest Territories, Nunavut and the Yukon*, Justice Canada, January 2003.

From the standpoint of health care and social services, Health Canada's First Nations and Inuit Health Branch provides services on reservations to facilitate access to health care for members of First Nations and Inuit communities. Certain hospitals in Western Canada are also known to provide similar services. These include hospitals in Winnipeg, Brandon, Thompson and Regina. Furthermore, for the authors of the annual reports of the *Home and Community Care Nursing Handbook*, the communication problem stemming from language and cultural barriers appears to be less important than in the provinces and territories since it is raised only once: "many Inuit are unilingual Inuktitut speakers" (2000-02 report).

Moreover, documentation on primary health care for First Nations and Inuit on the Aboriginal Peoples of Canada portal rarely mentions the use of interpreters other than in the contexts of warnings to caregivers stating: "interpreters may not have knowledge of the health field to translate information and messages accurately."

The Nunavut Arctic College provides translation and interpreting training in Inuktitut. The two-year interpreting program focuses particularly on health and legal interpreting.

The Maritimes

In the Maritimes, the proportion of the population who speaks a non-official language at home is the lowest in the country is less than 1%. It is only 1.5% in Nova Scotia as opposed to 10% for all of Canada. The proportion of persons who say that they speak neither of Canada's two official languages is less than one-tenth of one percent.

Francophones make up 30% of New-Brunswick's population, but the province is officially bilingual and public services are provided in both official languages. In Nova Scotia and Prince Edward Island, slightly more than 2% of the population use French on a daily basis at home.

Two organizations provide interpreting services in Nova Scotia: the *Cultural Health Information and Interpreter Services* and the Halifax *IWK Health Centre*.

In terms of interpreting services for the deaf, the annual report of the Atlantic Provinces Authority for 2005–05⁴⁷ indicates that there were 53 school-based interpreters in all the Maritimes, and that some twenty of these did not have all the requisite training as a result of a shortage of fully qualified candidates. This represents a significant increase since there were only 11 in 1994–95. Interpreting services at the secondary school level are provided directly by the Nova Scotia Department of Education.

In the health, social services, legal and other fields, interpreting services are provided by the *Society of Deaf and Hard of Hearing Nova Scotians*.

To those wishing to become English-ASL interpreters, the Association of Visual Language Interpreters of Canada recommends the two-year program offered by the Nova Scotia Community College.

47. Atlantic Provinces Special Education Authority, *Annual Report 2004–2005*.

In summary

Interpreting services have been developed in all the regions of Canada based on various factors, including government policy, funding and, naturally, the type of clients for these services. The more the use of a language is widespread, the easier it is to provide interpreting services. Conversely, rare languages or certain dialects raise significant problems with respect to the organization of interpreting services. Certain regions rely on banks of government interpreters; others on the private sector and community agencies. The use of volunteer interpreters has significantly diminished over the years. They have been replaced by career interpreters. The increase in demand for interpreting services and the limitations of services provided by volunteers are most likely the two main contributing factors of the aforementioned changes. Finally, the low utilization of community interpreting services from French to English or from English to French should be noted. It would seem that the preferred solution to meeting the needs of official language minorities involves relying on the bilingualism of employees and institutions. In most of the interpreting services that have compiled data on the main languages used, French or English rarely figure in the top ten.

Chapter 4 **COMMUNITY INTERPRETERS**

Community interpreters provide interpreting services in a large number of languages and dialects. The Immigration and Refugee Board provides services in 260 languages and dialects. Dozens of Aboriginal languages are spoken in Canada. Services for communication with the deaf are usually provided to Francophones in the Quebec Sign Language (LSQ) and to Anglophones in the American Sign Language (ASL). As a result, approximately one million persons can communicate with providers of public services.

General working conditions for interpreters

The working conditions in which interpreters practice their profession vary enormously depending on various factors including the type of interpreting, the venue, the languages used, the level of demand and the field of interpreting.

From the interpreter's standpoint, there are two types of interpretation, namely, telephone or videoconference interpreting, or in-person interpreting. In the first case, interpreters can work from home or from a given venue. When in-person interpreting is required, interpreters usually have to make their way to a given location, unless they work for a school board. This is frequently the case for sign language interpreters or interpreters hired by major hospitals.

The need for interpreters is greatest in large cities where immigrants come together, but services are also provided in remote areas, for example, to members of Aboriginal or northern communities. Interpreting services are also provided in health care institutions, social services centres, the courts and government offices.

Interpreters who work in the languages for which there is a great demand—Spanish, Cantonese, Mandarin, Punjabi and Arabic—have a better chance of building a full-time career, whereas the vast majority of those who work in rare languages or dialects will only be able to work on part-time basis. To work on a full-time basis, however, interpreters must not only be able to work in a high-demand language, but also in more than one field, such as the medical and legal fields.

One-third of the interpreters registered with the Montreal Bank of Interpreters work full-time by working in several fields. One-third do so by holding down other jobs (teacher, librarian, etc.) and one-third work on a part-time or casual basis. In general, the prospects for full-time work for sign language interpreters are very good. In fact, most of them do work full time. Moreover, according to various sources of information, there is a shortage of American Sign Language in Canada. Most community interpreters are freelancers, but some are full-time, casual or part-time employees. While certain organizations still call on volunteer interpreters, this practice is losing ground.

Remuneration

There is no study on the average remuneration for interpreters. However, the Immigration and Refugee Board pays \$24 an hour, the Montreal Interregional Interpreters Bank \$30 an hour, the British Columbia Department of Justice \$35 an hour for certified interpreters and \$20 an hour for uncertified interpreters. In the field of American Sign Language interpreting, rates can reach \$50 an hour in British Columbia. In Manitoba, where a new bank of interpreters is being developed, the minimum rate will be \$20 an hour. Interpreters who have to go to a particular venue for interpreting purposes are guaranteed to pay for a minimum of two hours or a half a day. When the rate is lower, the guaranteed period of work is usually longer and interpreters come out ahead.

Training and certification

First, it should be noted that certified conference interpreters, certified court interpreters and certified translators holding a designation granted by a provincial professional order or association can also practice in the various fields of community interpreting. Yet, there are less than 100 certified conference interpreters and only some 50 certified court interpreters in Canada. This is clearly not enough to meet the needs in the field of community interpreting.

Several organizations, such as the Immigration and Refugee Board, the Montreal Interregional Bank of Interpreters, the Montreal Courthouse Bank of Interpreters and private sector firms have their own health or court interpreter assessment system. In Ontario, however, the Ministry of Citizenship and Immigration worked with non-profit organizations to develop two assessment tools. These are the *Cultural Interpreter Language and Interpreting Skills Assessment Tool* (CILISAT) and the *Interpreter Language and Skills Assessment Tool* (ILSAT). These are widely used across Canada by both private and public-sector interpreting services and by community colleges. In fact, many require passing this test a prerequisite for admission to an interpreter training program.

In English Canada, community interpreting training is offered mainly by community colleges. In Québec, the Faculté de l'éducation permanente de l'Université de Montréal offers this type of training. In 1994, the Hull and Bois-de-Boulogne CEGEPs worked with the Agence de Montréal to develop a 500-hour college-level program, but the ministère de l'Enseignement supérieur and the Commission de formation professionnelle decided that the labour market did not offer a sufficient number of employment opportunities to justify this level of training.⁴⁸ In community colleges, the duration of interpreter training programs varies, but the norm seems to be approximately 180 hours (Table 10). Students can choose a diploma program in health or court interpreting. It should be noted that the level of prerequisite training or education for admission into an interpreter training program varies. This has an impact on program duration. Some programs include language training as part of the regular program; others, for example, insist on a good knowledge of Canadian institutions.

48. *Health Care Interpreter Services – Strengthening Access to Primary Care*, Montreal report, 2005.

Table 10

Community interpreting training and assessment institutions

Institution or organisation	Location	Services	Training
Vancouver Community College	Vancouver (British Columbia)	<ul style="list-style-type: none"> – Court Interpreting Certificate Program – Health Care and Community Service Interpreting Certificate Program 	<p>8 months, part-time</p> <p>7 months, part-time</p>
Bow Valley College	Calgary (Alberta)	<ul style="list-style-type: none"> – Justice Interpreter Certificate – Health Care Interpreter Certificate 	<p>261 hours</p> <p>180 hours</p>
Winnipeg Region Health Authority	Winnipeg (Manitoba)	Interpreter training	70 hours. Prerequisite: ILSAT or CILISAT passing grade
Nunavut Arctic Collège	Nunavut	Interpreter training	2 years
Kativik School Board	Inukjuak (Northern Quebec)	Inuktitut translation and interpreting training	1,440 hours; 1.5 year
Seneca College	Toronto (Ontario)	Language Interpreting Training Certificate	180 hours (6 30-hour sessions)
Multicultural Community Interpreter Service	North York (Ontario)	Interpreter training ILSAT ⁴⁹ and CILISAT ⁵⁰ assessment	165 hours of in-class and out-of-class training
Across Languages	London (Ontario)	ILSAT assessment	
Cultural Interpreter Services for Our Communities	Ottawa (Ontario)	CILISAT assessment	
Université de Montréal	Montréal (Quebec)	Community interpreting	45 hours

Many students who enrol in legal or medical interpreting programs—from a foreign language into English or French—are new immigrants who frequently have university degrees in various fields of study. At the University of Montreal, an increasing number of students enrolled in community interpreting programs come from the translation community.⁵¹ They subsequently offer their services to the Interregional Interpreters Bank or the Immigration and Refugee Board's Interpreting Service.

Moreover, two training institutions offer translation and interpreting programs in Inuktitut in Northern Quebec and Nunavut. These are the Kativik School Board and the Nunavut Arctic College.

49. Interpreter Language and Skills Assessment Tool (ILSAT).

50. Cultural Interpreter Language and Interpreting Skill Assessment Tool (CILISAT).

51. Source: Mrs. Renée Bourque, Director of community interpreting at the Université de Montréal.

In general, American Sign Language training is offered by community colleges in English Canada. In Quebec, Quebec Sign Language interpreting training is offered by the Université du Québec à Montréal. The duration of the training program is two years (Table 11).

Table 11

Sign language interpreter training		
Institution or organization	Location	Services
Douglas College	New Westminster (British Columbia)	Diploma in Sign Language Interpreting
Red River College	Winnipeg (Manitoba)	Bachelor of Arts in ASL-English Interpreting
Université du Manitoba	Winnipeg (Manitoba)	Bachelor of Arts in ASL-English Interpreting
St. Clair College	Windsor (Ontario)	Diploma in ASL-English Interpreting
George Brown College	Toronto (Ontario)	Diploma in ASL-English Interpreting
Université du Québec	Montreal (Quebec)	Certificate in Quebec sign language interpreting
Nova Scotia Community College	Nova Scotia	Diploma in ASL-English Interpreting

The community interpreting workforce

It is difficult to determine the number of community interpreters in Canada since this profession is lumped in with the 5125 Professional Group in the National Occupational Classification, which includes translators, interpreters and terminologists. According to 2000 Census figures, there were 14,220 translators, interpreters and terminologists in Canada. What proportion of this population do the social interpreters comprise? If asked to speculate, we might say between 3,000 and 4,000. Since the majority of the translators, interpreters and terminologists outside Quebec and Ontario are community interpreters and since their number is probably greater in these two provinces than in the rest of Canada, we estimate that there are more than 900 sign language interpreters based on the number reported in Quebec (265), a number that appears to be accurate, and the 650 interpreters in English Canada, who are represented by the Association of Visual Language Interpreters of Canada. The number of community interpreters seems a bit high. However, this would explain the differences noted between the low number of certified translators and the total number of translators as well as the high proportion of translators/interpreters who do not work full time (58%). Given the number, the diversity and the size of suppliers, it is difficult to collect uniform data that would make it easier to get an accurate picture of the number of interpreters, and the number of hours they work by field and by language.

The major associations

Two associations have played an important role in the development and recognition of community interpreters and they continue to do so. These are: Critical Link/Un maillon essentiel and the Association of Visual Language Interpreters of Canada (AVLIC/AILVC).

Critical Link/Un maillon essentiel

This is a network established in 1992 at the University of Ottawa by a group of service providers in the health, social services and justice fields for persons who did not speak the same language as they did. The network organized the first international conference on community interpreting, held in Toronto, in 1995. A second one was held in Vancouver in 1998, and a third in Montreal in 2001. In 2004, the conference was organized outside Canada for the first time, in Stockholm, Sweden. The next one will be held in Australia, in 2007.

Critical Link⁵² fulfills its mandate to promote community interpreting by:

- Promoting the establishment of standards that guide the practice of community interpreters;
- Encouraging and sharing research in the field of community interpreting;
- Adding to the discussion about the educational and training requirements for community interpreters;
- Advocating for the provision of professional community interpreting services by social, legal and health care institutions;
- Raising awareness about community interpreting as a profession.

Critical Link's primary focus is spoken language interpreting, but it works closely with those who work in the area of signed language interpreting.

Association of Visual Language Interpreters of Canada (AVLIC/AILVC)

The AVLIC brings together the provinces that use the American Sign Language ('Alberta, New Brunswick, Newfoundland-and-Labrador, Ontario, Western Canada and the National Capital). Quebec is not a member, because the Association of Quebec Sign Language Interpreters has ceased operations.⁵³

The AVLIC provides various services to its members. These include:

- Evaluation and certification in American Sign Language;
- Information and publications on interpreting;
- Advocacy for qualification standards for interpreters;
- Representation on issues of interest for interpreters with the provincial and federal governments.

52. Critical Link Web Site at <http://www.criticallink.org/English/index2.htm>.

53. School-based interpreters established their own association.

In summary

Community interpreting has become a profession over the last 20 years. Training programs and assessment tools have been developed and the demand for services has increased significantly. Large numbers of interpreters can now work full time in the languages most in demand. These include Spanish and, increasingly, Arabic and certain Asian languages (Cantonese, Mandarin, Punjabi, Vietnamese, Korean, etc.) as well as sign languages. In English Canada, there is a clear shortage of American Sign Language interpreters. The obligation to provide interpreting services to the deaf, reinforced by court decisions, has stimulated demand and, indirectly, the conditions of sign language interpreters. The situation is different with respect to languages and dialects that are not as widely spoken. The shortage of interpreters has not resulted in an increase in fees, and it is difficult to earn a living as an interpreter in these languages.

Chapter 5 COMMUNITY INTERPRETING IN OTHER PARTS OF THE WORLD

The United States

Nearly 47 million Americans (18% of the population) speak a language other than English at home. In certain states, such as California, New Mexico and Texas, allophones account for more than 30% of the population, whereas they account for more than 23% of the population of Arizona, Hawaii, Nevada, New Jersey and New York.

A significant proportion of Allophones have difficulty speaking English. In fact, it is estimated that in the United States, 21 million persons (8.1% of the population) do not speak English “very well,” while 11 million persons (4.2% of the population) do not speak English “at all” do not speak it “well.” In fact, 28% of the Americans of Hispanic origin, 23% of Asian origin and 14% of European origin speak little English or cannot speak it at all. We can expect that these proportions will increase over the coming years as a result of immigration trends. Between 1990 and 2000, for example, the number of Spanish speakers increased by 58%.

Such demographic changes have increased demand for quality linguistic services. On the whole, however, the situation of American community interpreters could be improved. According to a researcher at the Monterey Institute of International Studies, they are largely unrecognized and relatively poorly paid. As a result, training programs are rare and inadequately supported. Furthermore, interpreters who master languages that are not widely spoken have few opportunities to practice their occupation. They must do other work to earn a living. This means that they cannot improve their skills as much as they should.⁵⁴

The current situation in the field of health and court interpreting in the United States is outlined in the following pages.

Health interpreting⁵⁵

Background

American legislation has long recognized the importance of taking the special needs of newcomers to the United States into account. Thus, since 1964, section VI of the *Civil Rights Act* stipulates that no one can be prevented from participating in a program funded by the federal government because of race, colour or ethnic origin.

54. See <http://www.acebo.com/papers/profslzn.htm>.

55. Reference for this section: National Health Law Program and The Access Project (2004), *Language Services Action Kit, Legal Requirements for Quality Language Services in Health Care Settings in the United States*, consulted on February 5, 2007, on the following Web site: http://www.cmwf.org/usr_doc/LEP_actionkit_reprint_0204.pdf.

In 2000, the President signed Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency*. This executive order directs federal agencies to analyze the services they provide, determine the extent to which they are used by persons with “limited English proficiency” and take measures so that these persons can have meaningful access to the services in question.

Department of Health and Human Services (HHS) executives and judges have been liberal in their interpretation of section VI over the years. In their opinion, this section means that members of minorities with limited proficiency in English must be protected. In particular, recipients of federal funding must take reasonable measures to ensure that persons with limited proficiency in English enjoy satisfactory access to the programs and services they provide. Such recipients include hospitals, physicians’ offices, senior citizens’ homes, integrated health care management organizations and state departments of health.

in order to determine the extent of the measures that must be taken to serve Allophone persons, federal funding recipients must take into account the number or percentage of those with limited English proficiency, the frequency of their contacts with such persons, the nature or importance of their programs for the population (e.g., It is more important to meet the language needs of a sick person than those of a person who visits a zoo) and the resources available to them.

In order to comply with section VI and Executive Order 13166, suppliers of health and health care services may use interpreters, but they can also recruit bilingual staff or volunteers. If they use interpreters, these need not be “certified;” they must simply be deemed to be “competent.”

Demand for services

According to the Health Research and Educational Trust, approximately 80% of American hospitals frequently treat persons with limited proficiency in English (Spanish-speaking persons mostly, but also, in decreasing order of importance, persons who speak Chinese, Vietnamese, Japanese, Korean, Russian, German and French). In order to meet the needs of these persons, 68% of health care institutions employ salaried interpreters, 66% work with external interpreters agencies and 63% use freelance interpreters. By comparison, 82% of the hospitals use bilingual clinical staff. Finally, 18% have created banks of bilingual volunteers.⁵⁶

Federal funds received through Medicaid or the State’s Children Health Insurance Program (SCHIP) can be used by the states to reimburse interpreting fees paid by health services and health care providers. In any case, only ten states did so in 2004, namely, Hawaii, Idaho, Kansas, Maine, Massachusetts, Minnesota, Montana, New Hampshire, Utah and Washington. In 2004, the reimbursement paid out by the states for

56. **Source: Romana Hasnain-Wynia (2006), Hospital Language Services For Patients With Limited English Proficiency:** Results From A National Survey, Health Research and Educational Trust, consulted on February 1, 2007 on the following Web site: <http://www.hret.org/hret/languageservices/content/languageservicesfr.pdf>.

linguistic services covered under Medicaid or SCHIP ranged between US\$7 and US\$40 an hour.

Interpreter profile

There is no national study on the profile of health services interpreters in the United States. However, according to a survey conducted by the Massachusetts Medical Interpreters Association (MMIA), 88% of the medical interpreters in that state have received more than 40 hours of training in interpreting, 17% are certified interpreters, 71% speak mostly Spanish or Portuguese, and 43% have less than five years' experience. Some 40% of the salaried interpreters earned between US\$15 and US\$20 an hour⁵⁷ and 44% earned between US\$20 and US\$50 an hour. As for freelancers, 63% earned between \$20 and \$50 an hour.⁵⁸

Interpreter certification

In the United States, health care interpreters are not officially recognized on a national basis. Their recognition, in fact, is defined in *Certification Of Health Care Interpreters In the United States*,⁵⁹ a publication of the California Endowment foundation.

In January 2006, the following organizations had developed tests used more or less by health care institutions to determine whether an interpreter is competent or not. These organizations include: Connecting Worlds Partnership, CyraCom, Language Line University, the Massachusetts Medical Interpreter Association (under development), Oklahoma State University and the Oklahoma State Department of Health, the Registry of Interpreters for the Deaf, the University of Arizona, the National Center for Interpretation Testing and the Washington State Department of Social and Health Services.

It was also noted that some states have begun to implement a certification process, imitating the State of Washington's Department of Social and Health Services, which developed the Certification/Screening Process for Health Care Interpreters in 1994. The State Department of Health and Oklahoma State University recently certified a third group of interpreters in Oklahoma. Oregon was planning on training medical interpreters beginning in the fall of 2006. In Indiana, a committee recommended the implementation of a training program for medical interpreters leading to their certification. And in Iowa, the State Office of Latino Affairs developed an interpreter training plan in the summer of 2006.⁶⁰

57. Gregory Figaro, *MIMA 2006 Compensation Survey Summary Report*, Massachusetts Medical Interpreters Association.

58. A list of medical interpreters associations in the United States can be found on the following Web site: <http://www.ncihc.org/hciaus.aspx>.

59. See:

www.calendow.org/reference/publications/pdf/cultural/Certification%20of%20Health%20Care%20Interpreters%20in%20US.pdf.

60. In Texas, draft legislation requiring the certification of medical interpreters was defeated in 2005. See:

<http://www.calendow.org/reference/publications/pdf/cultural/Certification%20of%20Health%20Care%20Interpreters%20in%20US.pdf>.

Court interpreting

Background

The Constitution of the United States holds that all persons who tread its soil are equal under the law. The courts hold that this rule covers persons born in the United States as well as recent immigrants, whether or not they have the requisite documentation. The courts also hold that, under this rule, public organizations such as the courts, the police or providers of 911 services must provide translation and interpreting services to all those persons who do not speak English. All organizations, however, do not take this rule seriously. In certain cases, non-Anglophones must insist on obtaining the services of an interpreter.

Demand for services

In the United States, the number of interventions by court interpreters is increasing. According to the U.S. Courts Office of Public Affairs, the number of interventions in federal courts nearly doubled between 1996 and 2003 before increasing by 18% from 2003 to 2004. Of the 225,000 interventions in 2004, 95% were on behalf of Spanish-speaking persons. Mandarin and Arabic, the other two languages most commonly used, came far behind.⁶¹

Interpreter certification

In 1978, the government adopted the *Federal Court Interpreters Act*, which requires court interpreters who work in Spanish to pass a competency test. In July 1995, the National Center for State Courts (NCSC) established the National Consortium for State Court Interpreter Certification, an organization dedicated to the development, in partnership with other interested parties, of competency tests leading to certification. Today, 33 states are members of this alliance. Although the tests they use are standardized, their training programs differ both in terms of the structure and components.

At the request of its members, the National Association of Judiciary Interpreters and Translators also developed a certification program for court interpreters and legal translators. This program stands out in that it certifies the professionals who qualify in a wide range of different legal and judicial settings.⁶²

These actions contributed to the professionalization of the legal interpreting field, which now includes several associations, including the California Court Interpreters Association, the Court Interpreters Association of Oregon, the National Association of

61. See: <http://news4linguists.blogspot.com/2006/11/interpreters-keep-busy-in-courtrooms.html>.

62. Nataly Kelly, "Interpreter Certification in the U.S. Where Are We Headed?", *The ATA Chronicle*, January, consulted on February 1, 2007 on the following Web site: http://www.ataner.org/cronicle/feature_article_january2007.php.

Judiciary Interpreters and Translators (NAJIT) or the American Translators Association (whose membership includes a significant number of court and legal interpreters).⁶³

Recruiting interpreters

It should be noted that the NCSC manages the Federal Court Interpreter Certification Examination Program (FCICE)⁶⁴, which establishes the criteria that allow interpreters to work in a federal court. In order to work as an English-Spanish, English-Navajo or English-Haitian Creole interpreter in a federal court, professional interpreters must be certified, that is, they must have passed the test set by the Director of the Administrative Office of the U.S. Courts. In order to work in other language combinations, an interpreter can also be certified as a “professionally qualified interpreter” or as a “language-skilled interpreter.” A conference interpreter with UN experience, for example, would fall into the first category whereas a person, who simply demonstrates adequate language skills acceptable by a court, can be certified in the second category.⁶⁵ Certified or “professionally qualified” interpreters are clearly better paid (e.g., US\$192 for a half-day) than “language-skilled interpreters” (\$92 for the same period).

Community interpreting in Europe

In Europe, community interpreting evolved differently from one country to another. Michel Sauvêtre,⁶⁶ a specialist, has identified three major models, each corresponding to a specific integrative framework.

In countries, which emphasize multiculturalism, access to a community interpreter is considered a right rather than a privilege. This right is sometimes combined with significant means, according to Sauvêtre. At the end of the 1970s, for example, Sweden adopted measures (e.g., adoption of legislation, implementation of a certified procedure by the National Agency of Lands and Funds) needed to ensure that persons who need an interpreter can obtain the services of a competent interpreter when dealing with government administrations. Holland did the same and established half a dozen interpreting centres. In other instances, the means are more modest, in Sauvêtre’s opinion. In Great Britain, for example, non-Anglophones have a right to the services of an interpreter, but some organizations or hospitals may simply draw up a list of interpreters in order to fulfill their obligations “just in case in order to avoid any accusation of discrimination.”

In countries where integration is the goal, interpreting is not a right and services are organized accordingly. In France, for example, community interpreting is provided by solidarity associations in hospitals, employment assistance centres or other agencies.

63. A list of court and legal interpreter associations in the United States can be found on the following Web site : <http://www.acebo.com/papers/crossr~1.htm>.

64. See: http://www.ncsconline.org/d_research/Consort-interp/fcice_exam/index.htm.

65. See: <http://www.uscourts.gov/interpretprog/infosheet.html>.

66. Michel Sauvêtre, “De l’interprétariat au dialogue à trois. Pratiques européennes de l’interprétariat en milieu social”, in Roda P. Roberts, ed., et al), [The critical link 2](#), Oxford, John Benjamins, 1998.

Sauvêtre points out that it is the public service organization that decides to provide for effective communication or not. This model is also applied in Belgium, Spain and Italy.

In countries where national cultural values are not imposed on immigrants, but where their respective cultures are not officially recognized, government administrations frequently call upon what Sauvêtre refers to as “spontaneous domestic interpreting”, that is, linguistic services are provided by relatives, friends, etc. However, this does not exclude the use of community interpreters in certain situations. Thus, certain hospitals in Germany, Switzerland or Austria establish groups of interpreters that they call upon as needed.

Sauvêtre points out that these three models are not mutually exclusive and that the differences between them tend to fade over time. This can be seen in Switzerland, which falls into the last group. In 2002, the Office fédéral de la Santé publique indicated that it would be appropriate to make government authorities aware of the importance of quality community interpreting. In 2002, at the Office’s request, INTERPRET, the Association suisse pour l’interprétariat communautaire et la médiation culturelle, was charged with the certification of community interpreting programs in Switzerland. INTERPRET was also charged with establishing a Swiss certificate program for community interpreters. As of March 1, 2007, the INTERPRET directory included the names of 466 certified interpreters.

Community interpreting in Australia

Australia was a pioneer in the community interpreting sector (the expression was coined in that country). Revisiting Sauvêtre’s hypothesis, this should come as no surprise since Australia needed to develop a multiculturalism policy following the influx of massive numbers of immigrants after the Second World War.

For 20 years, the use of interpreters in Australia was an ad hoc process. The situation changed in 1973, however, with the implementation of a genuine telephone interpreting system that triggered the creation of interpreter schools and training programs. In 1997, the sector took another step towards professionalization with the establishment of the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI), which ensures compliance with high standards of quality in the sector.⁶⁷

In the courts and legal sector, the right to an interpreter is guaranteed nationally. The Federal Magistrates Court Interpreter and Translator Policy stipulates that no federal court “client” should be put at a disadvantage during proceedings as a result of a lack of proficiency in English or deafness. Government policy identifies the specific situations in which an interpreter should be immediately requested and those situations in which other methods (e.g., use of a bilingual attendant) can be used. The policy also explicitly states that using non-interpreters should be avoided in certain situations and that, when in doubt, an interpreter should be requested.

Non-Anglophones also have a right to the services of an interpreter in the health care sector. In the province of New South Wales, for example, nearly 1.2 million persons speak a language other than English at home. According to the NSW Health Circular

67. See: http://irc.wfu.edu/community_interpreting/pages/history.htm.

Standard Procedures for the Use of Health Care Interpreters, all non-Anglophone patients must be informed of the existence of a provincial interpreting services in the health care sector (the Health Care Interpreter Service) and that they have access to the services of an interpreter.

As is the case in Canada, federal courts ensured that the deaf have a right to the services of a sign language interpreter. In a judgment rendered in 2005, the Federal Court of Australia noted that the province of Queensland had discriminated against a twelve-year old boy by not providing him with the sign language interpreting service he required at school.⁶⁸

Finally, community interpreting services were implemented to take into account the special needs of the Aboriginal peoples of Australia. The Northern Territory, in particular, where more than 60% of the 55,000 members of Australia's Aboriginal people live, conducted a field experiment indicating that the cost to the provincial government of not providing interpreting services to the Aboriginal peoples was greater than the cost of providing such services. This led to the creation, in 2000, of the Aboriginal Interpreter Service. With funding amounting to one million Australian dollars (approx. C\$900,000) from the federal government and the Northern Territory government, the Aboriginal Interpreter Service and its 277 interpreters work to ensure effective communication between members of Aboriginal peoples and provincial government agencies, especially hospitals, courts and police services. The Kimberley Interpreting Service plays a similar role in other regions of Western Australia.⁶⁹

In summary

This basic picture of the interpreting sector in the United States and other parts of the world suggests several similarities with Canada:

- Demand is growing (an increasing number of immigrants frequently have difficulty in speaking the language of the country);
- Rules and regulations in the community interpreting sector vary from one state or country to another;
- Although efforts have been made to recognize the importance of the work of community interpreters and their qualifications, much remains to be done in this area;
- It is hard to earn a living as a community interpreter, even in the United States, particularly when demand for foreign language expertise is relatively weak.

68. See: http://www.cis.gouv.fr/article.php3?id_article=685.

69. See:

http://www.dcita.gov.au/_data/assets/pdf_file/20450/Indigenous_language_interpreting_services.pdf.

Chapter 6 INFORMATION TECHNOLOGY AND COMMUNITY INTERPRETING

Interpreting services can be provided on-site, by an interpreter or remotely, by telephone or via the Internet, if the situation allows or requires this approach.

Each method has its advantages and its disadvantages. The on-site interpreter can more easily use non-verbal cues, support the speaker (guide or reassure the speaker) or receive or send important signals (a look or a glance can prompt the interpreter to intervene). On the other hand, it may be more difficult to obtain on-site interpreter services outside the large cities and in the more rarely used language combinations.

Remote interpreters are more easily available because they spend less time travelling from one venue to another. They can be hired for periods as short as a few minutes. They can also make a living by mastering rarely requested language combinations. However, they do not have access to the non-verbal information that could be useful in certain situations.

Although clients are sometimes equally satisfied with remote interpreting services and face-to-face interpreting,⁷⁰ the use of remote interpreting services varies from one country to another. Telephone interpreting, for example, is more popular in Australia, Great Britain, France, the Netherlands and the United States than in Switzerland.⁷¹ In fact, telephone and Web interpreting in a community setting are a thriving industry in the United States.

Common Sense Advisory, a Boston consulting firm, estimates that the North American remote interpreting market generates sales of a billion dollars a year. The major players in this field are Language Line, Network Omni, Tele-Interpreters, Lionbridge Interpretation, Pacific Interpreters and, in Canada, CanTalk.

Language Line, a company acquired in 2004 by Abry Partners, an investment firm, for more than US\$720 million, is the leader in this sector with annual sales of approximately \$150 million based mainly on the provision of interpreting services to Spanish-speaking clients.⁷² Language Line employs thousands of people, mainly non-wage earners from South America. Company management states that only one applicant out of twelve is hired as an interpreter.

Language Line is very active in the health care and government services sectors. In Canada, for example, the Toronto East General Hospital uses its services to ensure that

70. See:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15901441&dopt=Abstract.

71. Voir <http://inter-pret.ch/contenus/pdf/Presse/Telefondolmetschen-dt-fr.pdf>.

72. See: <http://www.secinfo.com/d14D5a.z2bNe.htm> and Steven Syre, « The Boston Globe Boston Capital column », *Knight Ridder Tribune Business News*, December 1, 2005, p. 1.

newcomers have access to services in their own language 24 hours a day, 7 days a week.⁷³ Access Toronto, the public information Web site of the City of Toronto, offers the same service. In the United States, Language Line provides interpreting services in 7,500 drug stores across the country, including chains like CVS and Supervalu (for example, a Chinese patient simply has to point to “Mandarin” on a chart and the pharmacist will put that person in contact with a remote interpreter who speaks that language⁷⁴).

The company is also active in commercial sectors, such as insurance and finance. In October 2008, it announced the launch of the “Your World, Your Language” program in the San Francisco area. This program provides immigrants or tourists who speak little English with free access to an interpreter when dealing with a bank, an insurance company, a telephone company and other service providers on the telephone. The program currently offers service in eight languages (Cantonese, Japanese, Korean, Mandarin, Russian, Spanish, Tagalog and Vietnamese. It will progressively include languages spoken in multiethnic areas in 2007.⁷⁵

The other providers of remote interpreting services generate less than US\$25 million a year.⁷⁶ NetworkOmni Multilingual Services is one of them. This company uses more than 2,500 interpreters in two Americas, particularly in Toronto. In 2005, it won a contract under which it intervenes when Californians with limited proficiency in English dial 911. NetworkOmni processes 40,000 calls a month. Interpreters intervene, on average, within 20 seconds. On average, calls last less than five minutes.⁷⁷ Other service providers include the companies listed below.

- *TeleInterpreters*. This California-based company uses more than 2,700 interpreters. Its clients currently include the Social Security Administration, the Department of Health and Human Services, the Department of Justice, various providers of 911 services, the IRS, municipal courts and military medical centres.
- *Lionbridge Interpretation*, a subsidiary of the language industry giant, Lionbridge, with annual sales exceeding US\$400 million a year.
- *Pacific Interpreters*. This Portland, Oregon, company specializes in medical interpreting services. It processes more than 3,000 calls a day.
- *CanTalk*. Based in Winnipeg, this company started out as a language services centre. Concurrently, its network comprises more than 1,200 telephone interpreters who serve the needs of government agencies, legal and business clients.

73. See: http://www.tegh.on.ca/bins/lang_page.asp?cid=292-303.

74. Anthony Vecchione, « Immigrants fueling demand for interpreters », *Drug Topics*, vol. 150, n° 23, 2006, p. HSE32.

75. See: <http://www.language.com/page/news/24/>.

76. See:

http://www.commonseadvisory.com/members/res.cgi.php/060301_QT_top_20.php#qt2.

77. Rick Brewer, “911 interpreters just a call away: Police-dispatch phone translation service shatters language barrier,” *Knight Ridder Tribune Business News*, November 20, 2006, p. 1.

In the past, remote interpreting relied mainly on the telephone. However, high speed video interpreting services are sprouting up. In Northern California, for example, three hospitals joined forces to create the Health Care Interpreter Network (HCIN) using a powerful and user-friendly video system that will eventually be able to handle some 3,000 requests per month. The initial project was supported by the U.S. Department of Commerce Technology Opportunities Program, which injected nearly \$450,000 in the project. Over the next few years, it will be expanded to include other regions of the state.⁷⁸

Remote sign language interpreting

The remote sign language interpreting sector is dominated by a single major player: Sorenson Communications. This Salt Lake City company has targeted the market comprising 28 million deaf and hard-of-hearing persons in the United States. When one of these persons wants to communicate with a friend, a colleague or a relative whose hearing is normal, the deaf or hard-of-hearing person can sit in front of a Webcam and call, toll-free, a Sorenson interpreter who will interpret the conversation in one direction or the other (naturally, the normal-hearing person can also initiate the call).⁷⁹

Each month, Sorenson responds to a million calls of this nature in the United States. In order to serve this market, the company built up a network of 2,000 sign language interpreters in the United States and, more recently, in various Canadian cities, such as Vancouver, Edmonton, Winnipeg and Toronto.⁸⁰ The demand for video interpreting services is growing by 100% each year.⁸¹

It should be noted that a project sponsored by Canarie, Canada's advanced Internet development organization, was undertaken in New-Brunswick in the early 2000s in order to test the effectiveness of high-speed video in the health and sign language interpreting fields. The project, which involved 40 to 50 deaf or hard-of-hearing persons demonstrated that the concept is workable and should be implemented across the province and the country.⁸²

Obviously, the penetration of companies like Language Line and Sorenson in Canada could have an impact on the supply of traditional services in this country's social interpreting sector. According to a representative of the Ontario Association of the Deaf, for example, sign language interpreters are already in short supply in Toronto and unmet needs remain. By hiring currently available interpreters to meet the needs of the US

78. See: <http://hcin.org/>.

79. Sorenson does not offer services in Canada at this time. The company has filed an application with the CRTC to provide video interpreting services in Canada. This application, along with applications filed by the Canadian Association of the Deaf and the Canadian Cultural Society of the Deaf, should be examined before the end of 2007. See: <http://www.deafontario.ca/updatesonvrs.htm>.

80. See:

<http://www.deafontario.ca/Sorenson%20Article%20for%20OASLI%20by%20Jeff%20Panasuik.htm>.

81. Bob Mims, "Expansion of services for the deaf announced", *Knight Ridder Tribune Business News*, August 16, 2006, p. 1.

82. Institute of Biomedical Engineering, Using Internet Video Technology to Improve Health Care Delivery to the Deaf and Non-Verbal Population in Canada, Fredericton, University of New Brunswick, 2004.

market, a company like Sorenson contributes to the scarcity of supply in the Toronto area. Faced with this worrisome situation, the Ontario Association of the Deaf is asking interpreters not to join Sorenson before the CRTC's decision regarding the company's application to offer video sign language interpreting services in Canada.

In summary

It is clear from the foregoing that the penetration of information technology in the community interpreting sector is sometimes advantageous for clients, that it is being more widely applied, that it has transformed a segment of the sector into an industry and that, in some ways, it could challenge current practices, particularly in English Canada.⁸³ Consequently, the government and language industry associations could help develop the capacity of local players to meet the virtual US competition and even to export their own services.

83. Given the size of the Quebec market and the major political, cultural and organizational differences that set Quebec apart from other Francophonie states, it is less likely that countries such as France or Belgium could penetrate its market with remote interpreting services (unless they were to use local interpreters).

Conclusion

From the standpoint of the Canadian occupational classification, community interpreting is an integral part of the language industry. Thus, a company offering community interpreting services belongs to the same North American Industry Classification System (NAICS) group (54193) as a translation service. The same goes for the following professions: the community interpreter (legal, judicial, health or sign language) belongs to the same National Occupational Classification (NOC) group (5125) as translators or conference interpreters.

Demand for interpreting services is increasing in Canada and elsewhere in the world. An increase in immigration, acknowledgement of the negative effects of language barriers on the delivery of public services and evolving legislation and jurisprudence are the main factors behind this increase in demand. In Canada, new initiatives (Service Canada multilingual services, the new interpreters bank in Manitoba and research projects on front line health care services funded by Health Canada) are proof that new voices have been added to those who promote community interpreting.

With respect to the supply of interpreters, efforts have been made to improve the requisite qualifications to practice and to assess candidates to the profession. Therefore, training programs in medical and court and legal interpreting have been developed, along with competency interpreting assessment tools. What used to be a volunteer market has become a professional interpreter market. Associations such as Critical Link Canada, the Canadian Association of the Deaf and the Association of Visual Language Interpreters of Canada have made significant contributions to the increasing professionalization in this sector.

In other respects, it should be noted that in terms of supply, there is no real distinction between the providers of conference and community interpreting services. Firms and organizations that provide interpreting services do so both to large companies operating in the various sectors of the economy and to hospitals and governments. Similarly, conference interpreters and translators will offer services to banks of community interpreters.

The implementation of information technology in interpreting set the stage for the development of important companies specializing in telephone and videoconference interpreting. This has contributed to reinforcing the language industry.

It is important to remember that although it may be difficult to earn a living as an interpreter of rarely-used languages, the vast majority of interpreting interventions are conducted in only a few languages. In the United States and Canada, Spanish is the dominant language, after the two official languages market. In the various markets, a few languages (three or four) are used in more than 50% of interpreting interventions.

Finally, it must be remembered that needs remain unmet. However, if US companies such as Language Line enters the Canadian market, why can Canadian firms not enter the US market? In North America, there are no companies capable of providing telephone interpreting services in French. Labour shortages are evident in the field of American Sign Language services for English-speaking Canadians.