Community interpreting at the 2007 AILIA Showcase: A strong plea to professionalize an all-important occupation in Canada

By Effrossyni Fragkou[1]

The 2007 AILIA Showcase held November 30, 2007 proved a milestone for Community Interpreting stakeholders as, for the first time in the short history of the Language Industry Association, the topic of Community Interpreting (CI) attracted the attention of organizers and attendees alike.

The CI panel, facilitated by Lola Bendana[2], known for her active involvement in promoting CI in Ontario, brought together an interesting group of presenters: Suzanne Barclay, Elba de Leon, Axelle Janczur, and Effrossyni Fragkou. With in-depth experience in CI, each presenter covered different vantage points, including basic issues related to CI within the Canadian context, such as definitions, current practices, common challenges, and on-going initiatives, as well as a theoretical framework for professionalizing the practice.

The panel's presenters were faced with a two-fold challenge: first, address a diverse audience (ranging from politicians and policy makers, translators, localizers and sign-language interpreters, to academics and business people), with varying expectations and vested interests; and, second, deal with a subject, which, even today, is viewed with a certain degree of skepticism by other professionals and the "profane" general public.

Suzanne Barclay[3], opened the session. Her presentation, entitled "Upcoming challenges for Interpretation: Community Interpreting in Canada", started with a brief definition of CI as a bi-directional communication —mainly performed in consecutive mode— between speakers of different languages: on the one hand, speakers with Limited English Proficiency (LEP) or Limited French Proficiency (LFP) and, on the other hand, providers of public services. Barclay underlined the increasing importance of CI, which she attributed, among other things, to Canada's evolving demographics, in ensuring service equity for clients and effectiveness for service providers.

Barclay stressed that "CI has become an issue of national importance as the challenges of serving multilingual clients cannot be limited to any one province". Many organizations (AILIA, CLC, HIN, CTTIC, AVLIC, ACCTI, etc.)[4] have either focused on CI or are in the

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[2] Lola Bendana is Director of Multi-Languages Corporation, Member of the AILIA Board of Director, Member of the HIN Board of Directors.
[3] Suzanne Barclay is President of Critical Link Canada and Director of Provincial Language Services of the British Colombia Provincial Health Services Authority.
[4] Language Industry Association (AILIA), Critical Link Canada (CLC), Healthcare Interpretation Network (HIN), Canadian Interpreters, Terminologists and Interpreters Council (CTTIC), Association of Visual Language Interpreters of Language (AVLIC), Association of Canadian Corporations in Translation and Interpretation (ACCTI).

process of doing so to better serve the increasingly linguistically diverse public; more and more provincial governments, along with public and private services, understand the importance of CI and the need to bring competent community interpreters into the market. Recent initiatives, such as the National Standard Guide for Community Interpreting, have created public awareness of CI, its role, its practice and the pressing need for regulation.

However, as Barclay pointed, CI faces serious problems: its main challenge lies with the industry's fragmentation which, in turn, accounts for the lack of a unifying body and infrastructure support to address regulations, standards, and human resource issues. Limited recognition of the role and importance of community interpreters can contribute to, and also be attributed to, the lack of a regulatory framework and recognition by professional associations. Finally, fragmentation is also a direct consequence of divergent ideas about training that result from differences in theories about best practices and in language constituencies, a situation that leads to duplication of training initiatives at provincial and regional levels. The absence of professional standards is directly related to lack of professional recognition of the practice, which explains the absence of a cohesive and collective vision as to what CI is, how it should be performed, and what participants' obligations and rights are. Consequently, service providers have a hard time attracting and retaining professionals, and find it difficult to convince public services to use competent interpreters rather than bilingual volunteers.

To remedy this situation, Barclay identified two main strategies: first, to endorse and support a national unifying body to address and advance the issues of CI at a national level; and, second, to establish a Human Resources Development Plan to increase the number of adequately trained community interpreters across Canada.

In the first case, Barclay stressed the need to rally various bodies to work together in order to establish common ground, common language, and common vision; to coordinate separate activities occurring locally or regionally; to lobby various levels of government so as to endorse mandatory provision of interpreting services offered by recognized, qualified interpreters in key-sectors; and, finally, to allocate resources to community interpreting services.

In the second case, Barclay recommended the following: (a) development of consensus around issues related to adequate training of community interpreters; (b) creation of training programs that are *geographically* and *financially* accessible, therefore attractive to potential interpreters; (c) and, last but not least, establishment of guidelines on interpreter remuneration to make CI a viable profession.

Finally, Barclay suggested that AILIA and Critical Link Canada could work together and with other national and provincial interpreting organizations and or associations to lead this process. To be successful, this endeavour would require dedicated funding and support.

Elba de Leon[5] provided an overview of CI in Ontario as seen from the healthcare point of view.

"Toronto is reportedly the most diverse city in the world", de Leon reminded the audience, "with more than 100,000 new immigrants arriving every year in Ontario alone". Thirty per cent of these immigrants speak a language other than English or French, hence the need for language services. In Ontario, community interpreters work in various settings, including the healthcare and legal systems, social services, the Immigration and Refugee Board, NGOs, and government agencies.

Most community interpreters in Ontario work as independent contractors; this line of work does not guarantee steady employment, despite a sharp increase in the demand for interpretation services in the GTA and throughout Ontario. Hourly rates for interpreters range from $14 to $35 an hour, with or without minimum time, and work schedules are calculated in blocks of 1 to 4 hours. Additionally, community interpreters incur business-related expenses (cell phone, car expenses such as mileage and parking fees, etc.), which in most cases are not reimbursed. At the same time, practitioners' income is not substantial enough for them to afford work-related liability insurance coverage. This adds to the precarious nature of their business and discourages people from entering the profession.

De Leon also touched upon the issue of training for community interpreters in Ontario, which she qualified as extremely fragmented, therefore joining Barclay's point of view from another perspective. She stated that several hospitals have undertaken some training, aimed mainly at staff and/or volunteers, with varying degrees of focus on interpretation. The only CI-specific training initiative has been undertaken by Collect Connect, which was commissioned to develop a training program for colleges across Ontario (see below).

Drawing upon experience from her work within the Ontario hospital system, de Leon paid special attention to interpretation in the healthcare sector. She focused on three components, central to the delivery of healthcare services: *cultural competence, quality of care*, and *equity and access.*

Cultural competence is "the ability to interact effectively with people of different cultures" and presupposes awareness of one's own cultural view, the interpreter's and the service provider's attitude toward cultural differences, their knowledge of cultural practices and worldviews and, finally, an array of cross-cultural skills. (cf. Martin et al 2007: 31-36)

Quality of care is a complex issue and must be viewed from a number of aspects: (a) the patient/client perspective; (b) the provider's perspective; (c) the administrator's perspective; and (d) the health system's perspective.

In the absence of interpretation or in the case of inadequate interpretation, one or all of the following scenarios are possible:

[5] Elba de Leon is Manager of Interpreter Services at St. Joseph's Health Centre in Toronto.

Patient/client perspective	Provider's perspective	Administrator's perspective	Health System perspective
Increased chance of misdiagnosis	Decreased patient compliance	Increased liability	Less appropriate use of services
Unnecessary interventions	Increased risk of malpractice	Decreased efficiency	Poorer health outcomes
More testing Decreased likelihood of screening tools	More medical errors	Decreased patient safety	Decreased likelihood of preventive screening measures
Worst health outcomes	More conservative treatment		
Decreased compliance and satisfaction	Increased frustration		

Finally, equity and access to healthcare refer to fundamental human rights as defined by the Universal Declaration of Human Rights. Equity is related to the quality of care: it needs to be "active, [non-discriminatory and founded on the premises that] all citizens must receive the same level of attention and, ideally, a comparable outcome. Adherence to access, the dovetail concept, requires that any citizen will be provided the resources and treatment required for equitable and effective care". (Lacuna, 2000:211)[6]

De Leon lamented today's interpretation reality in Ontario hospitals which allows CI to be viewed and treated as an *ad hoc* profession. Despite calls for caution, a great number of interpreters are still recruited among family members (children, relatives, etc.) or volunteers who receive, at best, some basic interpretation training and, at worst, few orientation sessions on hospital services. Interpretation service providers from the private sector are also called upon to offer freelance interpretation services; some hospitals have created Interpreting Services Departments and, more often than not, telephone interpreting is used to accommodate complicated situations, rare languages, or to compensate for the absence of a locally available interpreter. In all cases, the issue of adequate training arises and needs to be addressed.

De Leon confirmed that one of the main challenges of CI in Ontario in general and in the healthcare sector in particular is the lack of policy, i.e. legislation or a regulatory framework mandating hospitals to provide interpreters when medical information is being transmitted through oral languages. However, the Eldridge vs. BC decision created a legal precedent and established a different standard for deaf patients who communicate in ASL[7].

The lack of provincial policy prevents hospitals from obtaining adequate funding for interpretation services. As a result, hospitals have to find "creative" ways to finance basic interpretation needs that are often looked upon as a frill, therefore, non-essential.

[6] Lacuna, L. Williams, *Mixed Prognosis: Equity, Access, and Emerging Issues within British Columbia's Health Care System*, in Journal of Public Health Policy, 2000, vol. 21, n° 2, pp. 211-223.

[7] Eldridge v. British Columbia (Attorney General), [1997] 3 S.C.R. 624. Date: October 9, 1997. Docket: 24896

Interpreters are paid from hospitals' global budgets, since the government does not allocate funding for this purpose. This makes the provision of interpretation services even more precarious, especially when hospitals are faced with financial pressures.

Axelle Janczur[8] gave an overview of the current state of the CI sector. She concurred that CI is an unregulated industry, where various institutions administer their own admission tests to interpreters on the basis of inconsistent and unscientific criteria. Janczur also lamented the lack of a certification process specific to community interpreters, as opposed to the certification process used for conference and court interpreters.

Lately, some work has been done to identify and formulate minimum standards related to the role and responsibilities of community interpreters and the basic training necessary to ensure professional competence. However, as Janczur pointed out, application of these standards is insufficient and inconsistent. Academics and other stakeholders actively engaged in the process of improving CI practice and professionalizing the industry meet with resistance from policy makers and professional associations, who remain to be convinced of the importance of CI in modern societies.

At the same time, market tendencies show a rapid increase in demand for spoken language interpretation; various public agencies, such as municipalities and provincial and federal bodies, are issuing Requests for Proposals (RFP) to satisfy their needs for spoken language interpreters. The number of languages, the complexity of needs, and the variety of employment outlooks and business opportunities favour partnerships and business alliances.

Because CI is an unregulated practice, people directly involved in the provision and delivery of interpreting services have felt the need to identify strategies to professionalize the field. This plea for professionalization is also supported, as Janczur remarked, by the increasing sophistication of both service providers and purchasers of services. In light of these new developments, a Curriculum Advisory Committee, created in Ontario and representing the public and private sectors, developed the first Standard Language Interpreter Training Certificate (LITC) to be offered by community colleges across Ontario. LITC was launched in September 2006 and is successfully running in seven colleges across the province.

The LITC is a 180-hour program offering an introduction to spoken language interpreting techniques such as consecutive, simultaneous, whispering, sight translation, note taking, setting-specific interpreting etc., while also combining theory, principles and concepts with practical application. This is a non-language specific program with a general focus on interpretation.

Besides LITC, several organizations, namely HIN, AILIA, CLC, and ACCTI, with the help of a great number of specialists and academics, have created a National Standard Guide for Community Interpreting. According to Janczur, who contributed to its development, this guide provides a framework "on which to build the standards and competencies of spoken

[8] Axelle Janczur is Executive director of Access Alliance Multicultural Health and Community Services

language interpreters […]" The guide provides definitions of competencies and skills required to ensure consistency in the delivery of spoken language interpreting.

Finally, Janczur mentioned the Medical Terminology Database Project, a joint initiative of interpreters from HIN and the Research Group for Translation and Transcultural Contact at Glendon College, York University. This database will be used as a pedagogical and research tool in terminology, translation and transcultural research. It will assist language professionals directly involved in the healthcare community as well as translation and interpretation students. The concept of the database is simple: it is a compilation of technical and medical terminology commonly used by healthcare professionals followed by a definition and a corresponding term used in plain language for the same concept. The database currently supports English and French terms, but there is provision for the future addition of other frequently used languages.

Effrossyni Fragkou[9] dealt with the issue of professionalizing CI in Canada. She maintained that CI remains at the *craft* or *occupation* level (as opposed to a profession), insofar as many aspects of CI practice rely mainly on customary or *ad hoc* activities performed, to a large extent, by untrained agents.

Using the axiom of Freidson et al. that profession and professionalization are non-concepts because there is little consensus about their meaning, Fragkou presented a framework for the professionalization of CI in Canada. She claimed that conceptual shifting from the status of "profession" to "non-profession" has hindered efforts to come up with a universally accepted definition of profession. This reinforces the view of the profession being, above all, a cultural concept on the basis that culture is, among other things, a set of arrangements and customary practices acquired by persons living in a society.

Consequently, how *crafts* or *occupations* attain the status of profession depends on the society, its economic and cultural organization, its needs and levels of interaction with other societies. When people from various ethno-cultural backgrounds and all walks of life come together, there are bound to be differences in understanding, recognizing and appreciating the role of professions. In the case of occupations that have emerged to address certain social needs but have not attained the status of profession and, subsequently, a standardized framework of practice consistent with a pre-existing legal framework, there is a fundamental problem regarding their purpose, the role they fulfill and their actual societal contribution.

Fragkou used Freidson's model of professionalization in order to propose her own model for transforming CI into a "true profession". This model divides the professionalization process into three stages. The first is the ***potential*** for an occupation to attain the level of profession. The second is the ***formation*** of the profession and the degree of attainment of professional status. The third corresponds to the ***stabilization period***, during which a profession, both as a formal structure and as a group of individual practitioners, allows "professionals" to hold power in their exchanges with society and individual clients. Exerting

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power is a fundamental component of professional recognition that corresponds to an on-going image-building activity.

At the first stage, Fragkou explained, an occupation has the potential to claim professional status if the service it provides is ***essential*** to the client and ***exclusive***, in other words, if the practitioners have acquired special competences to perform the task that is exclusive to them. The task itself needs to be ***complex***, namely a non-routine practice, which requires the individual's discretionary application of a specified body of knowledge and some image-building activity. The latter involve efforts to display to the general public the service-task as essential, exclusive, and complex.

At the second stage, the public evaluates professional status claims and allows for a possible formation of professional autonomy. This is a two-fold evaluation: first, there must be a shared belief that the occupation performs an essential, exclusive and complex task; second, the public responds, positively or negatively, to the occupation's predisposing characteristics as portrayed by the practitioners' image-building activity. In the case of successful recognition, the occupation is granted "autonomy" status (cf. Forsyth et al, 1985).

Fragkou insisted greatly on the concept of autonomy. Autonomy refers both to the way people outside the profession view its practitioners and to the practitioners' attitude toward the profession. External autonomy presupposes ***autonomy from the client***. This is the profession's capacity to control the client rather than to respond to what clients perceive as "needs" (Freidson, 1970:369)[10]. Moreover, external autonomy entails ***autonomy from the employing organization***: this allows practitioners to work without constraints that may hinder or undermine their performance. ***Attitudinal autonomy***, according to Hall, refers to how "the individual reacts to his perception of the situation and his attitude reflects the manner in which he perceives his work" (Hall, 1969:81)[11]. Attitudinal autonomy is also the result of external forces at play to the extent that this autonomy stems from the power differential of practitioners of different professions, [the way they interact when working together], and the way society ranks professions according to its values, needs, and beliefs. (cf. Forsyth and Danisiewich, 1985:64-65)[12]

At the third stage, professional organizations undertake an essential role in reinforcing the position of a profession within the professional spectrum.

At this point, Fragkou made a special plea to representatives of professional associations among the audience to seriously consider the case of CI.

Based on the description above, CI in Canada is not yet a profession: it is mainly performed by *ad hoc* practitioners with little education or training and a limited knowledge of the set of specialized skills and competencies involved in the execution of their task. CI exhibits most of the traits necessary to define its professionalization potential: (1) it is an ***essential*** task, because it falls within the realm of the provision of public services that are crucial to the

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[10] Freidson, R (1970), *Profession of Medicine: A Study of the Sociology of Applied Knowledge,* New York: Harper & Row.
[11] Hall, R. H. (1969), *Occupations and Social Structure*, Englewood Cliffs, NJ: Prentice-Hall.
[12] Forsyth P. B. and Danisiewicz T. J. "Toward a Theory of Professionalization" in *Work and Occupations,* vol. 12, n° 1, February 1985, pp. 59-76.

community and to promoting social life; (2) it is a ***complex*** task, which requires enhanced cerebral activity and a set of multiple complex skills. It is ***not***, however, ***exclusive*** since it is most frequently performed based on a single criterion, i.e. bilingualism or multilingualism.

Finally, Fragkou identified a number of milestones that must be met in order to achieve professionalization of CI in Canada. She suggested the following:

- Make CI a full-time profession with practitioners dedicating their skills and competences exclusively to this task rather than regarding it as a transitory profession;
- Establish training programs to transmit a complex body of knowledge and skills;
- Create university programs to transform practice into discipline, produce research to enhance epistemological understanding of the practice, and create a theoretical background specific to CI;
- Create associations or incorporate CI into existing local and/or provincial associations;
- Establish national associations to promote comprehensive and standardized practices and a national dialogue and cooperation among practitioners;
- Create a code of ethics that will reflect a collective work, through a discussion forum where representatives of all stakeholders will contribute their expertise;
- Create a legal umbrella for the practice.

Fragkou's conclusion was not optimistic. She recognized that, while important initiatives are underway toward attributing a more professional status to CI, good intentions are not enough to create public awareness and mobilize political consensus. The involvement of official organizations and recognized institutions specializing in translation and interpretation is therefore paramount.

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