

CHSSN

Community Health
And Social Services Network
Réseau communautaire de santé
et de services sociaux

English-language interpretation services to improve language access to health and social services for members of English- speaking Communities in Quebec

Status Report

Report prepared for the
Community Health and Social Services Network (CHSSN)

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INTERPRETATION

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The views expressed herein do not necessarily represent the views of Health Canada.

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Key messages

Language barriers pose risks and have a negative impact on the quality of the health and social services for members of linguistic minorities. Therefore, it is important that members of linguistic minorities receive health and social services in their language.

Many access programs cite interpretation as a means of language access but this strategy has not been implemented consistently across the network.

There is little accurate data available from establishments that would assist in assessing the needs and the effectiveness and efficiency of measures implemented in terms of access to health and social services in English.

There are four banks of interpreters in Quebec, but formal interpretation is rarely used to offer health and social services in English. The use of formal interpreters is mainly limited to contentious cases.

Interpretation in English is done informally and in the absence of policies governing it. Staff and English-speaking users are often left on their own to determine how to communicate with one another, which may pose risks and reduce efficiency.

Informal interpretation is currently performed by bilingual employees, loved ones, or individuals accompanying users. According to the literature and promising practices, loved ones should not be called upon to interpret, and especially not minors.

Planning and evaluation related to access to services in English, including interpretation, should be based on the consistent use of accurate and reliable information.

The systematic use of standardized tools for evaluating language skills must be an integral part of planning and monitoring plans for access to health and social services in English.

In addition to having the requisite language skills, formal and informal interpreters (employees, individuals accompanying users, and designated volunteers) should receive training in interpretation techniques and in ethics in the context of interpretation.

Establishing a centralized bank of formal English-language interpreters offering services to all regions would ensure equitable access to these services. Communications technologies should facilitate access to them.

Provincial guidelines on interpretation as a means of access to services in English would optimize the judicious use of current resources.

An awareness-raising program (regarding language barriers and the use of interpretation services) is needed for both management and staff.

Report summary

Introduction

Language barriers may have adverse effects on the health and social services provided at all levels. They compromise the achievement of objectives for individuals, they compromise organizational efficiency and they create inequalities between the health and well-being of the population of the linguistic majority and that of the linguistic minority.

The Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population provides guidelines for establishments regarding the development of access programs. It seeks to provide a structure for the delivery of services in English and ensure a common understanding of the obligations of establishments in terms of access to services in English.

Establishments may use several methods to ensure English-speaking persons have access to services in their language, including but not limited to: providing translated or bilingual documents, identifying bilingual employees, improving the language skills of staff, and providing interpretation services.

This study aims to document the current situation regarding the use of formal interpreters as a means of language access to health and social services for English-speaking persons and to propose possible improvements to the Ministère de la Santé et des Services sociaux.

Methodology

A logic model was designed based on the literature on promising practices in the use of interpretation services as a means of language access, and to be used as a road map for this project. Based on the logic model, surveys and focus group questions were developed for several stakeholders, notably: access program managers (excluding designated establishments), service providers, community network coordinators, banks of interpreters, interpreters, and members of the English-speaking community. The surveys were deployed sequentially between January and November 2015. While the 2015 reorganization of the network made it impossible to administer the survey to service providers, the data gathered from other sources is consistent and deemed to be representative of the current situation.

Results

Access to health and social services in English varies between regions and remains a challenge for many English-speaking persons. According to establishment respondents, service providers are not always aware of the presence and impact of the language barriers faced by English-speaking persons, thus making service providers less likely to recognize the need to address these barriers. Yet, language barriers pose risks and have a negative impact on the quality of the health and social services for members of linguistic minorities. Therefore, it is important for members of linguistic minorities to receive health and social services in their language.

Many access programs cite interpretation as a means of language access but this strategy is very rarely implemented across the network in terms of access to services in English.

There is little accurate data available to assess the needs and the effectiveness of measures implemented regarding access to health and social services in English. However, the planning of services, management of complaints, and improvements to the quality of services in relation to access to services in English should be based on accurate and reliable linguistic data.

In cases involving the English language, formal interpreters from the four regional banks are only called upon rarely, and only for contentious cases. Communications technologies are almost never used for distance formal interpretation services in English or for emergency cases in remote areas.

The current practice in establishments is to use informal English-language interpretation, which is mainly performed by caregivers, bilingual employees, or individuals accompanying users. Interpretation practices are not governed by policies or guidelines, which makes access to services in English unpredictable and of variable quality, from one health care establishment to another or from one visit to the next within the same establishment. Establishment respondents recognize the importance of standardizing training, language proficiency, and impartiality among those acting as interpreters, while for all intents and purposes, there is no such standardization other than that of the formal interpreters associated with the regional banks of interpreters. It should be noted that each bank establishes its own criteria, and training and certification program.

Service providers are often left to assess their own ability to offer services in English. Some establishments have adopted tools for evaluating language proficiency and some compare proficiency against the language skills required for certain positions, especially where there is a significant risk associated with language barriers.

Members of the English-speaking community often rely on the presence of loved ones who are more or less bilingual to help interpret when they receive health and social services. Those who provide this support have indicated to us that they are very uncomfortable taking on this role. On the one hand, they do not feel qualified to act as an interpreter, and on the other hand, the situation is often very difficult emotionally, particularly when they have to be the ones to convey a grim diagnosis, such as that of a terminal illness, to their loved one. Furthermore, according to the literature and promising practices, loved ones should not be called upon to interpret, and especially not minors. Moreover, members of the English-speaking community have noted the burden of having to bear the cost of having a family member accompany them to act as an interpreter.

While most respondents indicated that the bilingual staff at their establishment could act as interpreters, only 50% of the members of the English-speaking community surveyed indicated that these services have been offered to them. Their perception is that members of other linguistic minority communities are better served in their languages. The access plans emphasize that there are directories of bilingual employees who are capable of acting as interpreters, whereas users rarely mentioned having had recourse to this type of linguistic support.

Recommendations

The majority of respondents believed that the judicious use of formal and informal interpretation services would improve access to health and social services in English. This approach to language access could receive greater support.

The planning, evaluation, and monitoring of interpretation services should be based on accurate data, systematically collected across the network. Therefore, it would be appropriate to review the data collection methods used by establishments to collect data on needs in terms of access to services in English to ensure consistency as well as the accuracy of the data.

The decision to call upon an interpreter should be based on an objective assessment, through policies and standardized tools for evaluating the language skills of formal and informal interpreters. Should it be determined that a formal or informal interpreter must be called upon, the interpreter must have been trained in interpretation techniques and in ethics. Designated volunteers, individuals accompanying users, and employees may act as interpreters, provided that they have been trained and that they are managed. Loved ones should not be called upon to interpret, and especially not minors.

Establishing a centralized bank of interpreters would ensure equitable access to consistent, high-quality interpretation services. The means of accessing interpretation services should be structured, with clear indications. Communications technologies could be used to increase access to professional interpreters, especially in remote areas.

Provincial guidelines would facilitate the standardization of practices related to interpretation. It would, of course, be preferable to optimize the use of existing interpretation resources. It is also important to properly structure and standardize these resources to enhance the quality, safety, and efficiency and effectiveness of interpretation services.

Service providers, managers, and users should be fully informed and educated about language barriers, the appropriate means of language access, and the impact that language barriers can have on the quality of services, risk management, and the effectiveness and efficiency of health and social services.

Introduction

The literature illustrates that language barriers to health and social services have significant consequences.^{1,2,3,4,5}

- From an individual perspective, these barriers compromise the achievement of clinical intervention objectives (wrong diagnoses, users' non-compliance with the treatment plan, failed interventions).
- From an organizational perspective, they compromise organizational efficiency (ineffective and inefficient use of human, material, and financial resources; additional costs; lower productivity).
- From a systemic perspective, they create inequalities between the health and well-being of the population of the linguistic majority and that of the linguistic minority.

While the availability of bilingual service providers would be the preferred approach to ensure language access to health and social services, it is not always possible to ensure this availability. In the absence of a sufficient number of bilingual service providers, using interpreters has proven to be an alternative means of reducing language barriers to high-quality health and social services.⁶

As part of the Official Languages Health Contribution Program, the federal government created a 2014-2016 Strategic Investment Fund to support projects aimed at addressing the priorities and emerging needs of Canada's official language minority communities.

After having submitted a funding application, prepared jointly by the Ministère de la Santé et des Services sociaux and the Community Health and Social Services Network⁷ (CHSSN), the CHSSN received funding from Health Canada in 2014, ending in March 2016. Led by the CHSSN, in collaboration with the Secrétariat à l'accès aux services en langue anglaise and with the official support of the Provincial Committee for the delivery of health and social services in the English

¹ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

² Bowen, S. (2004). *Language Barriers within the Winnipeg Regional Health Authority, Evidence and Implications*. Winnipeg Regional Health Authority.

³ Bowen, S. (2011). *Language Barriers in Access to Health Care - État des connaissances et pratiques exemplaires, CHSSN, Rencontre d'échanges, 15 mars 2011*

⁴ Bowen, S. (2001). *Language Barriers in Access to Health Care*. Health Canada.

⁵ Aucoin, L. (2008). *Compétences linguistiques et culturelles des organisations de santé*, analyse critique de la littérature pour la Société Santé en français.

⁶ Bowen, S. (2001). *Language Barriers in Access to Health Care*. Health Canada.

⁷ The Community Health and Social Services Network (CHSSN) was established to support English-speaking communities in the province of Quebec in their efforts to ensure access to health and social services in their language. The CHSSN's approach favours the development of partnerships between community resources, organizations, public institutions, regional planning bodies, and the government, to ensure that the policies, programs, and services respond to the needs of the English-speaking population. <http://chssn.org/about-us/>. Website accessed on August 20, 2015.

language, this project aimed to evaluate English-language interpretation services to improve access to health and social services for people from Quebec’s English-speaking communities.

More specifically, through this project the Ministère and the CHSSN intended to pursue two objectives:

1. Conduct an in-depth analysis of the situation surrounding the use of formal and informal interpreters in the context of the delivery of services in English, resulting from the implementation of the access programs; and
2. Submit a report to the Ministère with recommendations on improvements to be made to the current situation (use of both informal and formal interpretation) to better respond to the needs of English-speaking users and to ensure that they receive quality interpretation services.

Access programs

The *Act Respecting Health Services and Social Services* upholds the right of English-speaking persons to receive health and social services in English:

English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the establishments providing such services and to the extent provided by an access program referred to in section 348. (CQLR, c S-4.2, s. 15)

For the purposes of this project, the definition of an “English-speaking person” provided by the frame of reference was applied:⁸

An English-speaking person is one who, in his relations with an establishment dispensing health services or social services, feels more comfortable in expressing his needs in the English language and receiving the services in that language.

The programs of access to health and social services in the English language were developed regionally by the Agences de la santé et des services sociaux on the recommendation of their regional committees for programs of access to health services and social services in the English language, and were subsequently approved by the Quebec government upon recommendation by the Provincial Committee for the delivery of health and social services in the English language.

Since Bill 10, which abolished the Agences de santé et de services sociaux, came into force on April 1, 2015, it is the responsibility of the integrated health and social services centres to maintain their region’s program of access to health and social services in the English language.

Access programs identify the services that must be made available in English, the establishments responsible for providing these services, and the measures they intend to employ to provide them. Interpretation is mentioned in some access programs as a means of responding to the needs of English-speaking persons. Certain institutions create lists of names of members of their

⁸ Quebec (Government of). (2006). Ministère de la Santé et des Services sociaux. *Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population*. Quebec. p. 37.

staff (professionals and others), who are capable of speaking English and who, on a voluntary basis, agree to act as informal interpreters for English-speaking users. Few programs stress the use of formal interpreters, through banks of interpreters or other means. The quality of the interpretation services as well as the method used by the interpreter, i.e. face-to-face contact, telephone, Skype[®], videoconference, etc., are not addressed in the access programs. In addition, the training and certification of formal and informal interpreters are not described in the vast majority of access programs.

Interpretation as a means of language access

Health and social services establishments may use several methods to ensure English-speaking persons have access to services in their language, including: providing translated or bilingual documents, identifying bilingual employees, offering second-language courses to health care professionals, or even providing interpretation services.⁹

While bilingual forms may facilitate gathering accurate information from English-speaking users, this does not guarantee that service providers will understand the responses provided. Bilingual employees may ensure the quality of communication, provided that their English skills have been formally assessed. Second-language courses for health care professionals should be based on language skills assessments, as well as the critical mass of clients to be served, assuming that mastering a language is linked to the frequency of its use. An accurate portrait of the staff's language proficiency would assist in properly assessing the need to provide interpreters, among other things.

There are two types of interpreters available in the health and social services network: formal and informal.¹⁰

Formal interpreters have language skills in both languages and have been trained in interpretation, although they are not required to have obtained a diploma. Formal interpreters have committed to respecting a code of ethics, which includes ensuring confidentiality and acting with impartiality when they are rendering professional services. Using a formal interpreter may thus ensure accurate and reliable communication in the absence of bilingual employees.

Informal interpreters have not participated in any training or awareness-raising programs and have no recognized qualifications to assume this role. They may be friends, family members, members of a community organization, or bilingual members of the establishment's staff. Therefore, there are two types of informal interpreters, institutional interpreters and ad hoc interpreters:

Institutional interpreters are recruited for their language skills from within the establishment in which they work in a position other than that of an interpreter. Therefore they are employee volunteers who are capable of communicating in the user's language, but who have no training or recognized qualifications as interpreters. The use of these employees as interpreters may have

⁹ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

¹⁰ Battaglini, A., Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

an undesirable impact. First and foremost, reduced productivity in their sector may cause problems in managing human resources, and secondly, there is no assurance of accurate communication given the lack of training in interpretation techniques.

Ad hoc interpreters are individuals who have mastered the official language as well as at least one language of interpretation and who are called upon to translate conversations, without having received training in interpretation. These individuals are often from the user's surroundings or community (friend, family, acquaintance, etc.).

Using an informal interpreter may give the service provider and the client a false sense of confidence, despite a high frequency of errors in the accuracy of the communication.¹¹ Moreover, using an informal interpreter may result in major breaches of confidentiality and heavy emotional burdens for family members acting as interpreters.¹² Lastly, the literature often underscores limitations related to the use of informal interpreters, such as friends and family members. According to a literature review, studies cite error rates of 31% to 51% in informal interpretation.¹³

Resources permitting, establishments may retain the services of formal interpreters. In the absence of such resources, it is recommended that establishments use volunteers or staff who have received basic interpretation training.¹⁴

Despite growing literature supporting the use of formal interpreters in several public sectors, interpretation as a means of language access for English-speaking persons in the context of the access programs has not been studied to date.

This study aims to report on the current situation and to propose possible improvements to the Ministère.

¹¹ Bowen, S. (2004). *Language Barriers within the Winnipeg Regional Health Authority, Evidence and Implications*. Winnipeg Regional Health Authority.

¹² Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

¹³ Hoen, B., Nielsen, K. & Sasso, A. (2006). *Health Care Interpreter Services: Strengthening Access to Primary Health Care National Report: An overview of the accomplishments, outcomes and learnings of the SAPHC project*. Toronto.

¹⁴ Ibid.

Study of the current situation in Quebec

Methodology

Logic model

A logic model was developed based on a set of studies and literature reviews on promising practices within Quebec,¹⁵ elsewhere in Canada,¹⁶ and elsewhere in the world.¹⁷ This model was the road map for this project.^{18,19} The model, shown in Appendix 1: Logic model

, illustrates how interpretation services can reduce language barriers to improve access to health and social services for English-speaking persons in Quebec.

Development of evaluation tools

For each of the following groups, a list of questions was developed based on the logic model:

1. Agences respondents for the English language access programs (hereinafter referred to as “Agency respondents”)²⁰
2. Establishment respondents for the English language access programs (hereinafter referred to as “Establishment respondents”)²¹
3. Health and social service providers in the establishments
4. Coordinators or directors of community networks from the Networking and Partnership Initiative (NPI)
5. Banks of interpreters
6. Interpreters
7. Members of English-speaking communities

The questions were deployed in several ways, specifically by way of surveys, focus groups, and telephone interviews. The questionnaires may be found in Appendix 2: Questionnaires.

¹⁵ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d’interprétariat*.

¹⁶ Bowen, S. (2001). *Language Barriers in Access to Health Care*. Health Canada.

¹⁷ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

¹⁸ Agence de développement de réseaux locaux de services de santé et de services sociaux Estrie. (2004). *Guide d’élaboration de modèles logiques de programme*. March 2004.

¹⁹ Treasury Board of Canada Secretariat. (2015). *Supporting Effective Evaluations: A Guide to Developing Performance Measurement Strategies; Logic Model*. Website accessed on June 14, 2015.

²⁰ Please note that the Agences still existed at the beginning of this project and that those in charge of regional access programs still held their positions within the Agences.

²¹ The interviews with those in charge of access programs in institutions took place before the health and social services network was restructured; therefore, the majority of respondents had held their positions for some time.

Sampling

Different sampling approaches were employed, each selected based on the target group of respondents.

| Target group of respondents | Sampling approach |
|--|---|
| Agences respondents for the English language access programs (hereinafter referred to as “Agency respondents”) | Purposive sampling: Five regions (Montréal, Capitale-Nationale, Estrie, Abitibi-Témiscamingue, Outaouais) were identified by a committee (researchers, project manager, outgoing and incoming access program coordinators) based on the following criteria: Urban centres or remote areas, whether or not there was a regional bank of interpreters, proportion of the region’s population whose first official language spoken is English. |
| Health and social services establishment respondents for the English language access programs (hereinafter referred to as “establishment respondents”) | No sampling: Those in charge of access programs in all of the health and social services establishments in the five targeted regions were identified by the Agences’ respondents and then invited to participate in the survey. It should be noted that designated establishments were not included in the sampling. |
| Coordinators or directors of community networks from the Networking and Partnership Initiative (NPI) ²² | No sampling: 1 respondent from each of the 20 community networks was invited to respond to the survey. |
| Service providers in health and social service establishments | Snowball sampling: Establishment respondents as well as coordinators and directors from the 20 community networks were asked to provide a list of the names of service providers they thought were in a position to talk about the use of interpreters in the context of the delivery of health and social services in English. |
| Banks of interpreters | No sampling: The four banks of interpreters ²³ offering services to health and social services establishments in Quebec were invited to participate in a telephone interview. |
| Interpreters | Convenience sampling: Interpreters associated with Montréal’s Interregional Interpreters Bank and offering services in English were invited to participate in a telephone interview. |

²² The Networking and Partnership Initiative (NPI) is a program designed to help Quebec’s English-language minority communities maintain and improve access to the full range of health and social services. The program is managed by the Community Health and Social Services Network (CHSSN). <http://chssn.org/chssn-programs-and-projects/networking-and-partnership-initiative/>. Website accessed on August 20, 2015.

²³ The Interregional Interpreters Bank (Montréal), Banque régionale d’interprètes linguistiques et culturels (BRILC) (Capitale Nationale), Service d’aide aux néo-canadiens (SANC) (Estrie, Mauricie, Montérégie), and Accueil-Parrainage Outaouais.

| | |
|---|---|
| Members of English-speaking communities | <p>Self-selection sampling: The 20 community networks were asked to share a link to an online survey for English-speaking users with their members and partners.</p> <p>In addition, regional focus groups were held for members of English-speaking communities.</p> |
|---|---|

The respondents

| Target group of respondents | Number of invitations issued | Number of responses (response rate) |
|--|--|--|
| Agences respondents | 5 | 5 (100%) |
| Establishment respondents | 68 | 49 (72%) |
| Coordinators or directors of community networks from the Networking and Partnership Initiative (NPI) | 20 | 19 (95%) |
| Service providers in the establishments | None ²⁴ | 0 |
| Banks of interpreters | 4 | 3 (75%) |
| Interpreters | 12 | 4 (33%) |
| Members of English-speaking communities (ESC) | <p>- An open invitation to anonymously and voluntarily respond to the survey</p> <p>- Seven focus groups²⁵ (urban centres, suburban settings, and in more remote areas)</p> | <p>38 survey participants</p> <p>20 to 30 participants per group</p> |

²⁴ Given the organizational transition within the network resulting in the movement of management and staff, the members of the strategic committee agreed not to seek the participation of workers in the network.

²⁵ Montréal, Lanaudière, Abitibi, Baie Comeau, Sept-Îsles, Métis, Rimouski.

Limitations of the study

Since the adoption of the *Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies* by the National Assembly on February 7, 2015, a major reorganization has been taking place within Quebec's health and social services network. This has resulted in significant movement among management and staff. A sequential deployment of surveys had been planned for the health and social services network participants, but the reorganization, which began earlier than expected, made it impossible to distribute the surveys to service providers. Management and staff positions, including establishment respondents, were being redefined and filled in a sequential transition and at the time of writing this report, this transition had not yet been completed, whilst it had been planned that these managers and staff would provide the contact information of service providers to be surveyed. Hence, no data was collected from service providers in the network. That being said, the information gathered from other sources was consistent and therefore deemed to be representative of the current situation in terms of the use of interpreters as a means of access to services in English.

Due to the lower-than-expected survey response rate among members of the English-speaking community, data was collected through focus groups in the regions that were less represented in the surveys.

Despite these limitations, the data revealed results that enabled conclusions to be drawn regarding the current situations, as well as the differences between regions.

Study results and analysis

Context

Characteristics of English-speaking persons in Quebec—Demographic data

French is the first official language spoken (FOLS)²⁶ by approximately 87% of Quebecers (2011 Census of Canada)²⁷ whereas 13.5% of the population of Quebec indicates English as their first official language spoken. English-speaking persons constitute Quebec's largest minority language group. The English-speaking population varies in number and in proportion from one region to another, ranging from 0.4% to 33.1%.

| | | Total population | FOLS French | | FOLS English | | |
|-------|-------------------------------|------------------|-------------|-------|--------------|-------|---|
| 1 | Bas-Saint-Laurent | 192 460 | 191 650 | 99.6% | 850 | 0.4% | ← |
| 2 | Saguenay–Lac-Saint-Jean | 268 105 | 266 610 | 99.4% | 1 538 | 0.6% | ← |
| 3 | Capitale-Nationale | 682 125 | 670 055 | 98.2% | 12 668 | 1.9% | ← |
| 4 | Mauricie et Centre-du-Québec | 482 930 | 477 070 | 98.8% | 5 400 | 1.1% | ← |
| 5 | Estrie | 302 810 | 280 560 | 92.7% | 22 593 | 7.5% | |
| 6 | Montréal | 1 844 495 | 1 266 845 | 68.7% | 610 705 | 33.1% | ← |
| 7 | Outaouais | 364 160 | 300 200 | 82.4% | 65 598 | 18.0% | ← |
| 8 | Abitibi-Témiscamingue | 142 585 | 137 805 | 96.6% | 4 905 | 3.4% | |
| 9 | Côte-Nord | 92 985 | 87 750 | 94.4% | 5 088 | 5.5% | |
| 10 | Nord-du-Québec | 13 970 | 13 735 | 98.3% | 230 | 1.6% | |
| 11 | Gaspésie–Îles-de-la-Madeleine | 91 950 | 82 590 | 89.8% | 9 415 | 10.2% | |
| 12 | Chaudière-Appalaches | 400 760 | 397 765 | 99.3% | 3 120 | 0.8% | ← |
| 13 | Laval | 392 720 | 318 120 | 81.0% | 82 255 | 20.9% | ← |
| 14 | Lanaudière | 464 980 | 453 790 | 97.6% | 11 565 | 2.5% | |
| 15 | Laurentides | 549 585 | 515 295 | 93.8% | 34 673 | 6.3% | |
| 16 | Montérégie | 1 417 485 | 1 267 970 | 89.5% | 155 630 | 11.0% | |
| 17 | Nunavik | 12 055 | 3 085 | 25.6% | 7 683 | 63.7% | |
| 18 | Terres-Cries-de-la-Baie-James | 16 365 | 12 568 | 76.8% | 3 625 | 22.2% | |
| Total | | 7 732 520 | 6 734 530 | 87.1% | 1 046 498 | 13.5% | |

²⁶ First official language spoken (FOLS) is a variable derived from knowledge of the two official languages, mother tongue, and home language (i.e. the language spoken most often at home). People who report that they can conduct a conversation in French only are assigned "French" as their first official language spoken. People who report that they can carry on a conversation in English only are assigned "English" as their first official language spoken. Statistics Canada. <http://www.statcan.gc.ca/eng/concepts/definitions/language05>. Website accessed on February 5, 2016.

²⁷ Statistics Canada. 2012. Quebec, Quebec (Code 2423027) and Quebec (Code 24) (table). Census Profile, 2011 Census, Statistics Canada catalogue no. 98-316-XWE. Ottawa. Released on October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>. Download of Quebec data by health region. Catalogue no. 98-316-XWE2011001-1701. Website accessed on July 9, 2015.

According to the 2010-2011 Baseline Data Report,²⁸ *English-language Health and Social Services Access in Québec* (CHSSN. March 2011), access to health and social services in English remains a challenge for many English-speaking persons. Depending on the type of facility, the proportion of English-speaking users who receive service in their language varies from 57% to 73%. The variation is even more pronounced at the regional level.

Proportion of English-speaking respondents who were served in English.

| | Bas-Saint-Laurent | Capitale-Nationale | Mauricie et Centre-du-Québec | Estrie | Montréal West | Montréal Centre | Montréal East | Outaouais | Abitibi-Témiscamingue | Côte-Nord | Gaspésie-Îles-de-la-Madeleine | Chaudière-Appalaches | Laval | Lanaudière | Laurentides | Montréal | Total |
|---|-------------------|--------------------|------------------------------|--------|---------------|-----------------|---------------|-----------|-----------------------|-----------|-------------------------------|----------------------|-------|------------|-------------|----------|-------|
| CLSC | 8% | 7% | 41% | 64% | 76% | 71% | 27% | 75% | 70% | 53% | 78% | 12% | 42% | 25% | 40% | 53% | 57% |
| Hospital for overnight stay | 12% | 8% | 53% | 62% | 91% | 83% | 53% | 81% | 66% | 28% | 67% | 13% | 65% | 4% | 39% | 73% | 73% |
| Info-Santé | 14% | 38% | 24% | 38% | 72% | 84% | 36% | 74% | 32% | 77% | 53% | 13% | 58% | 20% | 44% | 55% | 63% |
| Hospital emergency room or out-patient clinic | 18% | 20% | 58% | 52% | 84% | 83% | 41% | 78% | 76% | 45% | 60% | 23% | 54% | 13% | 61% | 73% | 69% |

²⁸ Community Health and Social Services Network. (2011). *English-language Health and Social Services Access in Québec – Baseline Data Report – 2010-2011*.

The 2010-2011 Baseline Data Report (BDR) is the eighth volume in a series produced by the Community Health and Social Services Network for members of the Networking and Partnership Initiative (NPI) and their partners (institutions in the network and community organizations). For this study, 3195 English-speaking Quebecers ages 18 and up were interviewed by telephone between February 9 and March 31, 2010. The regions in this report's tables are Québec's 16 health regions. Due to its small sample size, the results for the Saguenay-Lac-Saint-Jean region were generally not included in tables that indicate regional percentages. To reflect the significant differences in the composition and experiences of Montréal's English-speaking population, which accounts for 60% of the province's English-speakers, the region of Montréal was divided into three sub-regions: Montréal West, Montréal Centre, and Montréal East.

Among those who were served in French, 34% to 50% of respondents indicated that it would have been very important to them to have been served in English.

Proportion of English-speaking respondents who were served in French but for whom it would have been very important to be served in English.

| | Bas-Saint-Laurent | Capitale-Nationale | Mauricie et Centre-du-Québec | Estrie | Montréal West | Montréal Centre | Montréal East | Outaouais | Abitibi-Témiscamingue | Côte-Nord | Gaspésie-Îles-de-la-Madeleine | Chaudière-Appalaches | Laval | Lanaudière | Laurentides | Montréal | Total |
|---|-------------------|--------------------|------------------------------|--------|---------------|-----------------|---------------|-----------|-----------------------|-----------|-------------------------------|----------------------|-------|------------|-------------|----------|-------|
| CLSC | 77% | 21% | 19% | 42% | 51% | 44% | 34% | 39% | 16% | 4% | 48% | 21% | 27% | 18% | 41% | 33% | 36% |
| Hospital for overnight stay | 81% | 29% | 4% | 36% | 21% | 58% | 43% | 12% | 35% | 7% | 50% | 27% | 51% | 2% | 20% | 45% | 41% |
| Info-Santé | 40% | 12% | 31% | 45% | 27% | 32% | 35% | 71% | 26% | 51% | 33% | 42% | 36% | 23% | 30% | 33% | 34% |
| Hospital emergency room or out-patient clinic | 55% | 36% | 22% | 50% | 55% | 62% | 42% | 48% | 23% | 5% | 57% | 13% | 58% | 41% | 45% | 50% | 50% |

It would seem that the rating scale used to determine whether or not language barriers are present may differ between service providers and members of the English-speaking community (ESC). According to an establishment respondent, “Usually, if the person can get by in French, they receive services in that language,” whereas a member of the ESC explained that while they were capable of speaking French, they preferred to communicate in English in the context of health and social services.

Access programs

As previously mentioned, some access programs specify interpretation as a means of facilitating the language accessibility of health and social services for English-speaking persons.

The table in Appendix 9 – demonstrates that many (10 regions) programs specify interpretation as a means of language access for English-speaking persons. For the most part, it is bilingual persons who act as interpreters for their colleagues and clients. Six regions refer to the possibility of calling upon external interpretation services. Three regions (Bas-Saint-Laurent, Côte-Nord, and Abitibi-Témiscamingue) mention in their access programs the availability of individuals accompanying users who may also act as informal interpreters. Certain regions emphasize the lack of resources for translating documents and a lack of bilingual staff. Two regions (Lanaudière and Laval) transfer English-speaking users to the Montréal region, and in the Capitale-Nationale

region, Jeffery Hale - Saint Brigid's (JHSB)²⁹ is the designated centre to serve English-speaking persons. Lastly, five regions state that they keep a list or directory of bilingual staff.

Resources and organizational frameworks

The availability of interpretation services

In Quebec, formal interpretation services offered within the health and social services network are provided primarily by banks of interpreters, one being interregional and the other three regional:

1. Interregional Interpreters Bank (Montréal)
2. Accueil-Parrainage Outaouais
3. Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Montérégie)
4. Banque régionale des interprètes linguistiques et culturels (BRILC) (Capitale-Nationale)³⁰

The three regional banks are housed in Immigrant reception and integration organizations, whereas the interregional bank is managed by the Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre-Est-de-l'Île-de-Montréal (previously under the responsibility of the Agence de Montréal prior to the health and social services network's restructuring (in 2015).

The table in *Appendix 10* - summarizes the data obtained through interviews with representatives from the banks of interpreters. The banks seemed to be well equipped in terms of the number of interpreters for all of the languages served, but the proportion of interpreters who are capable of working in English varies from one bank to another (from a negligible number to 16% of the interpreters). Regardless of the total number of hours and interpretation sessions (all languages combined), all of the banks reported receiving very few requests for interpretation services in English.

Overall, the three banks surveyed provide formal interpretation services in nine regions of Quebec (Montréal, Montérégie, Lanaudière, Laurentides, Laval, Outaouais, Estrie, Centre-du-Québec, Mauricie). In addition, the BRILC serves the Capitale-Nationale region.

The banks are open during regular business hours but services are available at other times in urgent situations. Requests for services are submitted by fax or e-mail, using a form for this purpose, except in the case of Montréal's interregional bank, which processes requests for interpretation services online through an interactive application (Jérôme Plus).

²⁹ In April 2015, the JHSB was combined with the new Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale.





³⁰ No information is available for the BRILC as there was no response to the invitation to participate in an interview.

The banks of interpreters offer services, mainly in person and occasionally by phone, to all types of establishments. According to respondents from the Networking and Partnership Initiative (NPI), when services are not available in English and the client obtains out-of-region services, interpretation is sometimes done over the phone or by videoconference. However, in such cases, services are provided by informal interpreters, and data is not recorded.

One user suggested facilitating access to interpretation services in the following way:

It would be good to expand Info-santé's services so users could call 8-1-1 to obtain interpretation services.

The NPI respondents stated that formal interpretation services through designated banks of interpreters are seldom, if ever, available to people from English-speaking communities.

| <i>NPI respondents</i> | | | |
|---|---|--------------|----------|
| Who provides professional interpretation services in English in your region? Please check all that apply. | | | |
| Interpreter banks |  | 43% | 3 |
| Community organizations |  | 71% | 5 |
| Others (please specify) |  | 71% | 5 |
| Don't know |  | 29% | 2 |
| | | Total | 7 |

According to these respondents, members of the English-speaking community often rely on family members, or even neighbours or friends, to accompany them and to serve as interpreters when they receive health and social services. Others have access to volunteers or representatives associated with community organizations.

In fact, in certain remote areas, NPI coordinators have made arrangements to offer informal interpretation services to their members; for example, through liaison officers or volunteers.

We have an interpretation service available in one region and it is very well received and used amongst our ESC.

I think it would be appreciated. We are now offering to accompany people in this and are attempting to build a volunteer base for interpretation. However, the liability of perhaps misinterpreting medical terms to an accompanied patient is a concern.

Other remote areas lack the means to establish their own informal interpretation services, leaving some groups in the English-speaking community at a disadvantage, particularly seniors.

The ESC in our region has an aging population with very little or no knowledge of the French language. In addition to this, many of their children have moved away, so they are dealing with health care issues on their own or with support from extended family members.

In addition to acknowledging the benefits of interpretation services and the efforts required to make these services available to members of their community, NPI coordinators recognize the importance of ensuring that people acting as interpreters have been trained and act impartially.

We all believe it [the availability of interpreters] would only increase the quality of health care in our region.

English-language interpretation would be a potential way to address some of the language barriers, but only if it is provided by professionals and not a family member or friend. Personally the hardest thing I ever had to do was interpret for my mother to inform her that she had uterine cancer.

It is known that interpreters in Urdu, Hindi or Arabic are readily available but we have not documented one case where an English professional interpreter was called upon. Some families use their children as interpreters and this leads to other complex problems.

Members of the English-speaking community assert that they have never been offered the assistance of a formal interpreter. According to respondents from the ESC who have received out-of-region services and who prefer to communicate in English, it is important to be accompanied to ensure that communication in English is possible, given that the availability of bilingual staff is never known in advance. Those who decide to have a loved one who is capable of acting as an interpreter accompany them incur significant costs. In addition, acting as an interpreter or asking a loved one to do so is not necessarily desirable.

Some participants admitted that it may be difficult to ensure accuracy in informal interpretation.

Yes, I have always acted as an interpreter for my spouse during his appointments in Rimouski, but sometimes I don't know how to say technical terms.

I don't mind being asked to act as an interpreter to explain where to go, but during a medical appointment it's a different kettle of fish. I'm not familiar with the medical vocabulary and I don't feel at all comfortable doing so.

Being bilingual doesn't mean you know how to interpret, those are two different things.

Members of the English-speaking community noted the burden they feel when they have to find their own informal interpreter.

We have never been offered professional interpreters. It was always up to us to bring our own interpreter, but there's the question of knowing the right terms in French when interpreting for someone.

It's horrible having to bring someone along.

My daughter is fully bilingual, so when we have a problem we call her, but we shouldn't have to do so, there should be someone available.

We are left to our own devices to find an interpreter [informal], but we should be able to count on the staff to help us do so.

Other participants stated that, aside from any other considerations, it can be very emotionally difficult to act as an interpreter for a family member.





I was asked to act as an interpreter during one of my father's medical appointments. I could tell he was very worried but I couldn't reassure him because I was listening carefully to what the doctor was saying. I wanted to ensure I fully understood everything that was being said, but I was very uncomfortable. I would have preferred to have a professional interpreter do it, so I could have focused on my father.



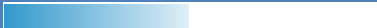
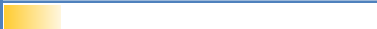
The doctor asked me to act as an interpreter to tell my husband that he had terminal cancer.





I had to do that [convey a terminal diagnosis] for both of my parents.

Other groups, particularly respondents from the Agences and from establishments, also confirmed that professional English interpreters are seldom, if ever, used. This is especially





evident when compared to the use of interpreters for all languages combined. It is important to note that four of the five regions represented by these respondents have a bank of interpreters.





| <i>Respondents from the Agences</i> | | | |
|--|--|-----|----------|
| Do you use professional English-language interpretation services in your region? | | | |
| Yes, in general |  | 0% | 0 |
| Yes, but it varies |  | 33% | 2 |
| No |  | 50% | 3 |
| Don't know |  | 17% | 1 |
| Total responses | | | 6 |




| <i>Establishment respondents</i> | | | |
|---|--|-----|-----------|
| Do you use professional interpretation services in your region? | | | |
| Yes, in general |  | 22% | 11 |
| Yes, but it varies |  | 24% | 12 |
| No |  | 49% | 25 |
| Don't know |  | 6% | 3 |
| Total responses | | | 51 |

| <i>Establishment respondents</i> | | | |
|--|--|-----|-----------|
| Do you use professional English-language interpretation services in your region? | | | |
| Yes, in general |  | 2% | 1 |
| Yes, but it varies |  | 20% | 10 |
| No |  | 78% | 40 |
| Don't know |  | 0% | 0 |
| Total responses | | | 51 |

Nearly 80% of establishment respondents and 95% of NPI respondents indicated that bilingual staff are called upon to offer interpretation assistance to colleagues and clients, while less than 50% of respondents indicated the existence of a directory of bilingual employees.

| <i>Establishment respondents</i> | | | |
|--|--|-----|-----------|
| In your Establishment, do you ask staff who are capable of speaking English to act as interpreters for people whose preferred language is English? | | | |
| Yes, in general |  | 56% | 28 |
| Yes, but it varies |  | 22% | 11 |
| No |  | 22% | 11 |
| Don't know |  | 0% | 0 |
| Total responses | | | 50 |

| <i>NPI respondents</i> | | | |
|--|--|-----|-----------|
| Do employees in the health and social services establishments help interpret in English? | | | |
| Yes, in general |  | 20% | 4 |
| Yes, but it varies |  | 75% | 15 |
| No |  | 0% | 0 |
| Don't know |  | 5% | 1 |
| Total responses | | | 20 |

| <i>Establishment respondents</i> | | | |
|--|---|------------------------|-----------|
| Is there a directory of employees who are capable of speaking English? | | | |
| Yes, in general |  | 45% | 17 |
| Yes, but it varies |  | 50% | 19 |
| No |  | 5% | 2 |
| Don't know | | Total responses | 38 |

According to establishment respondents, whenever possible, it is preferable that a bilingual service provider provide English-language service directly. The use of bilingual staff as interpreters mainly occurs due to a lack of available bilingual staff who are capable of providing the service:

Interpreters are used very infrequently as we have many positions that require bilingualism.

It is a way for the establishment to better meet the needs of users, within an appropriate timeframe.

Very common in hospitals due to services being offered 24/7 and the need to find an interpreter at all hours. The closeness of our employees helps in the identification of those who are bilingual and making them available for interpretation purposes. In out-patient units, clients are assigned to employees who can speak the client's language and official interpreters are assigned as needed.

In the access program, it is written that a person who holds a bilingual position may be asked to perform this type of task.

We very rarely ask staff members to translate conversations with users. The English and French programs each have their respective staff.

Among members of the English-speaking community, there does not seem to be a marked preference between the use of a professional interpreter or a bilingual employee acting as an interpreter. However, respondents do seem to be less in favour of volunteers from the community or their loved ones acting as interpreters.

| <i>Members of the ESC</i> | | | | | | | |
|---|------------|-----------|-----------|-----------|------------|----------|-----------------|
| If you were offered help with interpretation services, how acceptable would you consider each of the following? | | | | | | | |
| | Not at all | Not very | Neutral | Somewhat | Very | N\A | Total Responses |
| A professional interpreter paid for by the establishment | 1 (5.9%) | 0 (0.0%) | 0 (0.0%) | 3 (17.6%) | 12 (70.6%) | 1 (5.9%) | 17 |
| A staff, health care professional or volunteer from the establishment | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 7 (38.9%) | 10 (55.6%) | 1 (5.6%) | 18 |
| A volunteer or community worker from your own community | 0 (0.0%) | 4 (22.2%) | 4 (22.2%) | 4 (22.2%) | 5 (27.8%) | 1 (5.6%) | 18 |
| A family member or a friend | 0 (0.0%) | 4 (22.2%) | 2 (11.1%) | 3 (16.7%) | 9 (50.0%) | 0 (0.0%) | 18 |

Training and certification of interpreters

Formal interpreters have strong language skills in both the language of the host society and in the beneficiary's language.³¹ While education leading to a university degree is not considered necessary for interpreting in a health and social services context, the skills required in such a situation go beyond the ability to speak and understand two languages.³² The skill set required must include the ability to act and interact appropriately and not to simply translate. To enable interpreters to acquire these skills, their initial basic training should cover the following topics:

- General notions of interpretation and the interpreter's role
- Interpretation techniques
- Ethical principles
- Challenges of interpreting in a social setting
- Awareness of factors at play in relationships and in communication

Within a health and social services context, the recruitment of formal interpreters with specialized training in medical interpretation is recommended.³³

The organizational practice of using bilingual employees as interpreters, in the absence of other alternatives, should be structured and include basic training, particularly in ethics and interpretation expertise.³⁴ It is also important to establish the level of language skills required in both languages in order to guarantee accurate and reliable interpretation within the context of health and social services. Without established standards, an establishment may be faced with a situation in which a bilingual employee has voluntarily offered to interpret for a colleague, but who may have overestimated their language skills.³⁵

According to the establishment respondents, it falls to the banks of interpreters to oversee the training and certification of their interpreters.

The bank of interpreters' staff is referred by the Agence and we believe it is the responsibility of the Agence to verify the certification of the interpreters.

The interpreters' skills are assessed by our partner (SANC), which does not offer services in English.

We do not handle certification; the BRILC is responsible for it.

The banks of interpreters do not require any formal certification in interpretation, but in general they do require that their interpreters take basic training. Accueil-Parrainage Outaouais and the Service d'aide aux néo-canadiens (SANC) require training in interpretation techniques and in

³¹ Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec. (2008). *Banques d'interprètes au Québec : étude comparative*. Trois-Rivières.

³² Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

³³ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

³⁴ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

³⁵ Ibid.

ethics. None of the banks require specific training in medical interpretation, although the SANC is currently developing a medical guide for its interpreters.

In the past, Montréal’s Interregional Interpreters Bank offered training to its interpreters, but now, it refers them to courses offered at the Université de Montréal. Accueil-Parrainage Outaouais’ interpreters must find the training they need on their own, while the Service d’aide aux néo-canadiens (SANC) provides training for its interpreters.

All of the banks surveyed stated that they have hiring criteria and require their interpreters to commit to a code of ethics, which includes respecting confidentiality.

Language proficiency testing, monitoring, and training for bilingual staff acting as interpreters within establishments are not conducted consistently across all establishments:

| <i>Establishment respondents</i> | | | |
|--|--|-----|-----------|
| Does your establishment assess the language skills of staff deemed capable of serving clients in English or interpreting in English? | | | |
| Yes | | 50% | 19 |
| No | | 47% | 18 |
| Don't know | | 3% | 1 |
| Total responses | | | 38 |

| <i>NPI respondents</i> | | | |
|---|--|-----|-----------|
| Do health and social services establishments assess the language skills of employees who interpret in the English language? | | | |
| Yes, in general | | 5% | 1 |
| Yes, but it varies | | 15% | 3 |
| No | | 25% | 5 |
| Don't know | | 55% | 11 |
| Total responses | | | 20 |

| <i>Establishment respondents</i> | | | |
|--|--|-----|-----------|
| Do you offer coaching or training to employees who act as informal interpreters within your establishment? | | | |
| Yes | | 22% | 8 |
| No | | 73% | 27 |
| Don't know | | 5% | 2 |
| Total responses | | | 37 |

Funding

While formal interpretation services are managed by the banks of interpreters, the interpreters themselves all work on a freelance basis. The rate charged varies from \$17 or \$18 per hour (SANC and Outaouais respectively) to \$35 per hour (Montréal), excluding the 14% administrative fee billed by the bank. All banks require that each session last a minimum of two hours. The interpretation services offered by the banks of interpreters are billed to the health and social services establishments that request them. While it is recommended that an amount be budgeted

for interpretation services,^{36,37} this is not the current practice in Quebec's establishments. Where there is a shortage of bilingual staff to offer direct services and where establishments opt to use their own bilingual employees as interpreters, the indirect costs may prove to be greater than the cost of using interpreters.³⁸

It appears to be difficult to determine the actual costs associated with interpretation services (formal or institutional) as, according to establishment respondents, figures on the cost of such services are not recorded in a systematic manner. Moreover, according to the responses obtained, it is evident that:

- There is confusion between translation and interpretation services
- Establishments do not always keep separate data on the costs of formal interpretation services
- When the costs of such services are recorded separately, the methods used vary from one establishment to another
- Interpretation by bilingual staff is not recorded from a cost perspective

When asked the question "What is the annual volume of interpretation requests (number of requests)?" establishment respondents responded as follows:

Approximately 2300 hours of translation per year

398

Don't know

Unknown, no records

20

±10 times per year

10 to 15

± 70 (5-6/month)

Not tracked in this way, however, we spend \$240 000 annually

Rarely

Don't know

Unknown




The equivalent of \$35 000

³⁶ Crammond, R. (2002). *Position Paper on Interpretation in Health Care in Toronto*. Prepared for the Health Care Interpretation Information and Education Network (HCIEN).

³⁷ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

³⁸ Ibid.

As the availability of interpretation services (formal or institutional) varies between regions, and even from one establishment to another, some members of the English-speaking community must pay for interpretation services, including transportation and accommodations for the individual accompanying the user, particularly if they are required to travel outside of their region to obtain the services required.

| <i>Members of the ESC</i> | | | |
|---|---|-----|-----------|
| Have you ever had to incur costs to be accompanied by someone to help you communicate with health care professionals? | | | |
| Yes |  | 19% | 4 |
| No |  | 67% | 14 |
| Not applicable |  | 14% | 3 |
| Total responses | | | 21 |

Bringing a family member ends up being very expensive.

Interpretation services framework

(Policies, procedures, guidelines, evaluation)

Many authors propose the development of a common frame of reference and provincial policies as ways to facilitate the language accessibility of health and social services to improve the quality of services. The proposed policies should take into account the concepts of risk management and professional liability in relation to language barriers, and should include interpretation as one of the many means of ensuring the language accessibility of health and social services.^{39,40,41,42,43,44}

The guidelines should also assist service providers in judiciously deciding whether or not to call upon interpretation services, especially as service providers are not always aware of the need for this service.⁴⁵ The following elements should be included in such policies:

- *Recording the client's language needs/preferences in their medical file*
- *Policies regarding language access to services*

³⁹ Daniels, L. & Nielsen, K. (2006). *Health Care Interpreter Services: Strengthening Access to Primary Health Care Capstone Forum Summary Report: An overview of the discussions and outcomes of the SAPHC project's National Capstone Forum, May 31st to June 2nd, 2006*

⁴⁰ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

⁴¹ Bowen, S., Gibbens, M., Roy, J. & Edwards, J. (2010). *From 'multicultural health' to 'knowledge translation'—rethinking strategies to promote language access within a risk management framework*. The Journal of Specialised Translation. Issue 14 – July 2010.

⁴² Winnipeg Regional Health Authority. (2013). *Interpreter Services – Language Access Policy*. July 2013.




⁴³ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat*.

⁴⁴ Wilson-Stronks, A. & Galvez, E. (2007). *Hospitals, Language, and Culture: A Snapshot of the Nation Findings from a National Study of 60 Hospitals*. The Joint Commission.

⁴⁵ Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario (RIFSSSO) (2007). « *Une bonne communication est essentielle à des soins de santé de qualité* » *Les interprètes médicaux professionnels*.

- Language accessibility training for staff
- Guidelines for informing the client of the option to receive interpretation services and for providing these services as needed
- The availability of interpretation services at all times, in person, by phone, or by videoconference
- Establishing the health and social services for which interpretation services should be considered
- Guidelines regarding the use of informal interpreters, including banning the use of minors except in emergency cases when no other interpreter is available
- Documenting the use of interpretation services in the client's file, including assistance provided in verbally translating documents, such as consent forms verbally translated onsite by a service provider
- Standards regarding confidentiality, accuracy (rigour), impartiality, conflicts of interest, integrity (professionalism), respecting the role of the interpreter, and respecting the person

At present, there are no provincial guidelines in Quebec regarding interpretation services in the context of health and social services. The existence of organizational policies varies; nearly 30% of establishment respondents noted that their establishment has policies or procedures regarding interpretation services.

| <i>Establishment respondents</i> | | | |
|--|---|-----|-----------|
| Are there policies or procedures in place regarding interpretation services? | | | |
| Yes |  | 31% | 15 |
| No |  | 53% | 26 |
| Don't know |  | 16% | 8 |
| Total responses | | | 49 |

There is a specific procedure for using interpreters and the Jérôme + system (at the Agence de Montréal).

An interpretation request form exists, no more than that.

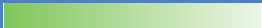


Policies and procedures regarding interpretation into languages other than English.

The procedure is minimal and should be revised in light of the regional guidelines currently under evaluation.

We have a procedure governing recourse to interpretation services with a tool to guide service providers in choosing the type of interpreter, according to current best practices.

One respondent from a regional agency stated that “The policies and procedures vary depending on the establishment and are inconsistent in terms of quality.” That respondent believed that the creation of the CIUSSSs should result in updating and standardizing regional policies, but that this would not necessarily result in a common approach at the provincial level.

While the planning and evaluation of health and social services require valid data, and while many establishment respondents indicated that the language preferences of users are recorded in their files, the validity of this data is questionable.

| <i>Establishment respondents</i> | | | |
|--|---|-----|-----------|
| Is information regarding the user's language preference recorded in the medical file or elsewhere? | | | |
| Yes |  | 73% | 35 |
| No |  | 8% | 4 |
| Don't know |  | 19% | 9 |
| Total responses | | | 48 |

The information is not always recorded in the file.

Despite the fact that there is a space reserved for preferred language in the patient's file, there are issues with obtaining valid information.

Employees verify with users their preferred language. In general, this information is recorded in their files.

Information regarding preferred language is compiled, but not systematically (different clinical information systems).

Lastly, assessing the quality of interpretation services is left to the discretion of the banks of interpreters. It is assessed by two of the three banks surveyed (Accueil-Parrainage Outaouais and the SANC) by applying distinct methodologies. There is no evaluation framework or criteria common to all of the banks of interpreters. This situation may result in gaps in the quality of the interpretation services offered in establishments.








An establishment respondents noted that, sometimes, due to a lack of available interpreters for the language requested: the interpretation service sends us interpreters who are not professionals, who sometimes violate ethics by interfering with the content.

Sometimes there is a lack of objectivity, a lack of punctuality.

Activities related to interpretation

Access to and the use of interpretation services

While six programs of access to health and social services in the English language cite the possibility of using external interpretation services, none of the users surveyed to date have mentioned having received formal interpretation services.

| <i>Members of the ESC</i> | | | |
|--|--|-----|-----------|
| Have you ever received help with interpretation from any of the following? | | | |
| A professional interpreter |  | 0% | 0 |
| An employee or a professional who interpreted for a colleague |  | 24% | 5 |
| A family member |  | 43% | 9 |
| A volunteer from a health and social services organization |  | 0% | 0 |
| A community worker or volunteer who accompanied you to the appointment |  | 5% | 1 |
| Other |  | 5% | 1 |
| I have never received help interpreting or interpretation services |  | 48% | 10 |
| Total responses | | | 21 |

According to the interpreters surveyed, requests for interpretation services in English mainly come from youth centres, the Commission de la santé et de la sécurité du travail (CSST), or the Société de l'assurance automobile du Québec (SAAQ). These typically involve contentious cases or cases that are at an increased risk of becoming contentious. According to respondents, a few requests from hospitals for services in English have been received in cases when the user speaks only English as a second language and does not speak any French.

Respondents from the banks of interpreters confirmed that the rate of requests for interpretation in English is very low. According to one respondent:

Requests for English-language interpretation are mainly for distress calls (Info-santé or Info-social).

Establishment respondents confirmed that employees use informal interpreters more often than formal interpreters, relying on either bilingual employees or individuals who have accompanied the users.

I believe that most of the time we offer informal interpretation as it is fairly common that employees can do so in English.

We do so through a loved one or friend, who offers to be present during the various steps of the clinical process.

We offer to translate the documents required for patient care: various forms and evaluation reports.

Our establishment has designated status, so we encourage verbal and written communication with patients (± 250 translated documents) without systematically promoting English-language access.

We have used interpretation services more for clients who are deaf or mute, or for clients who speak other languages.

It is not necessary, as these clients will either be served in English if they are in a designated bilingual department or they will be referred to an English-speaking partner centre.

Users are informed. Some speak in French by choice and we have used interpreters as needed or upon request.

Through employees, volunteers, or others.

Active offer in English to be improved; little or no interpretation available.

Users from the English-speaking community confirmed that having recourse to bilingual employees as interpreters is an option, in principle, however, this practice is often disorganized and is not standardized from one establishment to another or even within the same establishment.

At [name of the hospital] I was offered an interpreter [bilingual employee] as neither myself nor my spouse speak French. I was surprised that it was offered.

I know there is a list of employees who speak English at the CISSS, but it could be any employee who doesn't necessarily know the terms in English.

Even if there is a list of bilingual employees, it doesn't mean that it will be consulted by the staff.

They don't always call upon a bilingual employee who is on the list as they are disorganized.

Often, there is a list of employees who speak other languages, such as Russian, other Slavic languages, or Chinese. They are more likely to call upon employees who speak these other languages than those who speak English to act as an interpreter.

They have a list on paper of bilingual employees, but no one uses it.

Staff and users are not made aware that a list of bilingual staff is available.

According to users from the English-speaking community, the language accessibility of health and social services sometimes varies within the same establishment, depending on the type of service offered.

One user explained that when he left his region to obtain services in a hospital setting:

The most difficult stages in terms of language of communication are before being admitted and when being discharged. Once you've been admitted to the hospital, you are treated regardless of whether you speak French, English, or Italian.

According to other users, the availability of informal interpretation services depends on the region in which you reside.

At [name of the hospital], there is a sign stating “Innu interpretation” at the entrance. Why can’t we have an interpreter like them? There is an interpreter at [name of the hospital].

At [name of hospital], there is a woman who offers English interpretation for Aboriginals and for other users who speak only English. How is it that they have these services in the Far North but not here?

Raising awareness among service providers

Several authors have pointed out the importance of raising awareness among health care professionals of the vital nature of communication to the health and social services offer. This type of training would help service providers to better understand issues related to language barriers, the reasons why language barriers are likely to result in inequalities in the health of users who have limited knowledge of the majority language, as well as the value of using formal interpreters.^{46,47,48,49}

Health care professionals may underestimate the impact of miscommunication or overestimate the interpretation abilities of a family member or other loved one who lacks the necessary expertise.⁵⁰

It is important to ensure that the policies and programs implemented to facilitate the language accessibility of health and social services are supported by training and awareness-raising efforts for service providers and staff.⁵¹ Policies on interpretation services should incorporate this means of language access as an integral factor contributing to the quality of health and social services.⁵²

According to establishment respondents, raising awareness among service providers of the impacts of language barriers is not a common practice, but some establishments seem to be equipped with formal means of doing so.

⁴⁶ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

⁴⁷ Bowen, S., Gibbens, M., Roy, J. & Edwards, J. (2010). *From ‘multicultural health’ to ‘knowledge translation’—rethinking strategies to promote language access within a risk management framework*. The Journal of Specialised Translation. Issue 14 – July 2010.




⁴⁸ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d’interprétariat*.

⁴⁹ Hoen, B., Nielsen, K., Sasso, A. (2006). *Health Care Interpreter Services: Strengthening Access to Primary Health Care National Report: An overview of the accomplishments, outcomes and learnings of the SAPHC project*. Toronto.

⁵⁰ Regroupement des intervenants francophones en santé et en services sociaux de l’Ontario (RIFSSSO). (2007). *Une bonne communication est essentielle à des soins de santé de qualité – Les interprètes médicaux professionnels*.

⁵¹ Wilson-Stronks, A. & Galvez, E. (2007). *Hospitals, Language, and Culture: A Snapshot of the Nation Findings from a National Study of 60 Hospitals*. The Joint Commission.

⁵² Brach, C., Fraser, I. & Paez, K. (2005). *Crossing The Language Chasm: An in-depth analysis of what language-assistance programs look like in practice*.

| <i>Establishment respondents</i> | | | |
|--|---|-----|-----------|
| In your establishment, are there awareness-raising activities focusing on the impacts of language barriers, specifically designed for staff? | | | |
| Yes |  | 14% | 7 |
| No |  | 82% | 40 |
| Don't know |  | 4% | 2 |
| Total responses | | | 49 |

We have an internal committee (four meetings/year) focused on access in English. This topic is also addressed annually through the internal newsletter's patient experiences column. As well, it is occasionally the theme of lunch & learn conferences, which are often focused on services for immigrants and not the English-speaking community specifically.

A lunch & learn conference was held with reference documents. A procedure structuring interpretation services is in place.





A message in the internal newsletter, annual promotion of the procedure.

A notice for residents stating "I prefer to be spoken to in English."

Information related to the health passport; discussions on the impacts of language barriers.

While institutions in Quebec are required to have an access program for health and social services in the English language, it is important to ensure that employees are aware of it.

Many NPI respondents indicated that establishments have made efforts to raise awareness among service providers of the impact of language barriers, but a number of these respondents stressed a significant need to continue these efforts.

| <i>NPI respondents</i> | | | |
|---|---|-----|-----------|
| Are there efforts to raise awareness among employees and professionals of the impact that language barriers can have on the quality of the health and social services they provide? | | | |
| Yes, in general |  | 47% | 9 |
| Yes, but it varies |  | 26% | 5 |
| No |  | 11% | 2 |
| Don't know |  | 16% | 3 |
| Total responses | | | 19 |

NPI respondents noted significant and persistent variation between regions and between establishments in terms of awareness-raising efforts and the impact of these efforts. Some respondents pointed out significant involvement and collaboration on the part of the access program committee, while others painted a rather different picture:

Professionals understand the importance of being able to obtain services in one's own language, but they often switch back to French if they feel that the client can get by in French. It's a reflex; they are more at ease working in French.

Some establishments work hard to raise awareness among their employees but others do less. It's a question of commitment on the part of the management team.

More often than not the ESC being included in pre-planning is an afterthought or hinges on someone's openness – it's not an organizational mindset.

Since the NPI was created in 2003, we have been working very closely with the establishments to raise awareness of the impact of language barriers on health and social services.

According to members of the English-speaking community, continued efforts should be made to raise awareness among service providers:

When I saw a sleep apnea specialist in Rimouski, I asked [that they speak to me in English] and they replied, “No, we are in Quebec, I am not required to speak in English.”

An orthopedic surgeon told me, “In Quebec, you should speak French.”

My husband was in Quebec City for his gall bladder; when he asked for services in English he was told in perfect English, “You live in Quebec, you should speak French.”

Informed users

Not only is it important to raise awareness among service providers and to educate them, it is equally important to do the same for users.⁵³ Informed users will then be in a position to express their wishes and preferences with regard to receiving services in English and to using interpretation to ensure the language accessibility of health and social services. Once this information has been obtained, it is recommended that it be recorded in the client’s medical file to ensure that it is conveyed to all service providers interacting with the client.⁵⁴ This information should be obtained during registration or when obtaining consent.⁵⁵ It is important to inform English-speaking clients that interpretation services, where they are offered, are free.⁵⁶

In Quebec, according to a special provision regarding access to English-language health services and social services in Bill 10 (*An Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies*).

Each public establishment must, in the facilities it specifies, develop an access program for English-language health services and social services for the English-speaking population it serves or, if applicable, develop such a program jointly with other public establishments in the facilities it specifies that are operated by those establishments.

*The program must identify the English-language services that are available in the specified facilities. It must also set out the language requirements for the recruitment or assignment of the personnel needed to provide such services.*⁵⁷

Despite the fact that the *Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population* has been in

⁵³ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d’interprétariat*.

⁵⁴ Winnipeg Regional Health Authority. (2013). *Interpreter Services – Language Access Policy*. July 2013.

⁵⁵ Wilson-Stronks, A. & Galvez, E. (2007). *Hospitals, Language, and Culture: A Snapshot of the Nation Findings from a National Study of 60 Hospitals*. The Joint Commission.

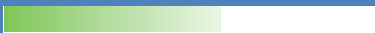



⁵⁶ Institut national de santé publique. (2013). *Language Adaptation in Health Care and Health Services: Issues and Strategies*.

⁵⁷ *An Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies*. Chapter 4, Division III, Section 76.

place since 1994,⁵⁸ people from English-speaking communities are still reluctant to request services in English.⁵⁹

| 2010-2011 Baseline Data Report | | | | | | | | | | |
|--|-----------------------|------------|------------------------|------------------------|-----------------|----------------------|----------------|-------------------------|----------------|-------------------------------|
| Reluctance to Request Services in English | | | | | | | | | | |
| Reason for lack of comfort requesting services in English at a Public Health & Social Services Institution | Number of respondents | Shy to ask | Fear answer will be no | Request imposes burden | Delay may occur | Staff is Francophone | Staff attitude | Better served in French | I am bilingual | Expect to be served in French |
| 01 - Bas-Saint-Laurent | 23 | 31% | 12% | 43% | 59% | 17% | 0% | 0% | 0% | 5% |
| 03 - Capitale-Nationale | 93 | 22% | 36% | 45% | 38% | 8% | 7% | 4% | 4% | 4% |
| 04 - Mauricie et Centre-du-Québec | 59 | 13% | 25% | 25% | 30% | 7% | 5% | 10% | 6% | 8% |
| 05 - Estrie | 265 | 38% | 31% | 38% | 31% | 13% | 0% | 5% | 80% | 11% |
| 06.1 - Montréalwest | 367 | 19% | 26% | 54% | 32% | 7% | 5% | 3% | 6% | 1% |
| 06.2 - Montréalcentre | 468 | 25% | 24% | 45% | 30% | 3% | 4% | 8% | 1% | 7% |
| 06.3 - Montréal east | 193 | 21% | 31% | 40% | 39% | 12% | 9% | 6% | 5% | 3% |
| 07 - Outaouais | 213 | 11% | 19% | 22% | 41% | 4% | 3% | 5% | 9% | 3% |
| 08 - Abitibi-Témiscamingue | 93 | 0% | 22% | 40% | 32% | 36% | 10% | 0% | 8% | 10% |
| 09 - Côte-Nord | 110 | 0% | 2% | 3% | 3% | 1% | 0% | 0% | 0% | 95% |
| 11 - Gaspésie - Îles-de-la-Madeleine | 187 | 41% | 30% | 45% | 30% | 3% | 0% | 0% | 0% | 0% |
| 12 - Chaudière-Appalaches | 36 | 59% | 25% | 94% | 65% | 35% | 0% | 0% | 10% | 0% |
| 13 - Laval | 265 | 25% | 20% | 33% | 33% | 4% | 11% | 6% | 6% | 2% |
| 14 - Lanaudière | 74 | 35% | 23% | 53% | 24% | 23% | 6% | 8% | 4% | 3% |
| 15 - Laurentides | 163 | 14% | 31% | 54% | 44% | 3% | 5% | 11% | 11% | 0% |
| 16 - Montérégie | 553 | 22% | 24% | 56% | 31% | 2% | 7% | 6% | 50% | 1% |
| Total | 3171 | 22% | 26% | 44% | 34% | 6% | 6% | 6% | 4% | 4% |
| Total | 3162 | 23% | 24% | 43% | 35% | 11% | 5% | 5% | 12% | 9% |

However, more than 80% of establishment respondents stated that English-speaking clients are informed of their right to receive services in their language, either in general or to a varying degree.

| <i>Establishment respondents</i> | | | |
|--|--|-----|-----------|
| Do you inform English-speaking users of their right to receive services in the language of their choice? | | | |
| Yes, in general |  | 59% | 29 |
| Yes, but it varies |  | 22% | 11 |
| No |  | 4% | 2 |
| Don't know |  | 14% | 7 |
| Total responses | | | 49 |

It's done by the service providers. (8 responses)

The employees are bilingual. (7 responses)

Verbally. (7 responses)

Through a pamphlet on the services offered in English as well as the complaints commissioner's pamphlet (with users' rights). In the appointment letter. (The use of pamphlets or letters was indicated 7 times.)

Our website is bilingual. (2 responses)

It is specified in the establishment's code of ethics. (3 responses)

The establishment works in close collaboration with community organizations serving English-speaking persons.

If needed, we facilitate access to an interpreter at all times.

⁵⁸ Quebec (Government of). Ministère de la Santé et des Services sociaux. (2006). *Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population*. Original version: *Frame of reference produced in 1994 for the development of English-language health and social services access programs for English-speaking persons*. Quebec, MSSS, 1994.

⁵⁹ Community Health and Social Services Network. (2011). *English-language Health and Social Services Access in Québec – Baseline Data Report – 2010-2011*.




If they are unilingual, we inform them of their right to obtain the information given by professionals regarding their situation, such as their diagnosis, evaluation results, and intervention plan.

They are referred to the partner centre whose mandate it is to serve English-speakers in Montréal.




Usually, if the person can get by in French, they receive services in this language.

The law is applied. But there is no systematic approach. When a user speaks English, measures are taken to respond to them in their language.

In terms of informing users of the availability of interpretation services, it would seem that this practice is less common. It is important to note that when this option is mentioned, reference is primarily made to informal interpretation services through bilingual employees, individuals accompanying users, or volunteers.

| <i>Establishment respondents</i> | | | |
|--|---|-----|-----------|
| Do you inform English-speaking users of the availability of interpretation services? | | | |
| Yes |  | 35% | 17 |
| No |  | 42% | 20 |
| Don't know |  | 23% | 11 |
| Total responses | | | 48 |

According to NPI respondents, English-speaking persons are not fully aware of their right to receive health and social services in their language.

| <i>NPI respondents</i> | | | |
|--|---|-----|-----------|
| Are members of the English-speaking community (ESC) in your region informed of their right to obtain services in their language of preference? | | | |
| Yes |  | 58% | 11 |
| No |  | 21% | 4 |
| Don't know |  | 21% | 4 |
| Total responses | | | 19 |

The members of the ESC know, somewhat, that they can ask to receive services in English. However, they do not always understand all the legal aspects. For example, some may demand to be served in English and do not understand why the receptionist is not bilingual. But in our region, the ESC represents only 1% of the total population and so it is not required that the staff be bilingual, regardless of their position.

We try to inform the ESC of their rights but it's a huge undertaking and requires the collaboration of the establishments. Establishments are reluctant at times to promote their services because they're afraid that 1) they won't be able to meet the demand 2) although they say that services are available in English they know that they don't have staff capable of speaking English.

Overall, members of the ESC are not aware of their rights, are uncomfortable asking for services in English, and are very reluctant to complain to the Commissaires aux plaintes.

The members of our ESC are informed and encouraged by the community groups to ask for the services in English but a long history in the east end still pushes seniors and families to seek services in Montréal's west island

We were once told that interpreter services are very expensive to the establishments and are avoided.

Even when members of the English-speaking community know their rights, if service in English is not offered, they will not request it.

Immediate results expected from interpretation services

Annual volume of interpretation services

It is important to collect data for the purposes of planning, introducing, and evaluating programs aimed at the language accessibility of health and social services.⁶⁰ The data needed to optimize the planning and evaluation of interpretation services should be linked to data on the language needs of members of English-speaking communities. This would provide a better understanding of the gaps that could be filled through the programs of access to services in the English language.

In the absence of standardized and systematic methods for collecting data related to interpretation services, establishments use various approaches, as indicated below.

What is the annual volume of interpretation requests (number of requests)?

Approximately 2300 hours of translation per year

398

Don't know

Unknown, no records

20

±10 times per year

10 to 15

± 70 (5-6/month)

Not tracked in this way, however, we spend \$240 000 annually

Rare

Don't know

Unknown

Equivalent to \$35 000

On the other hand, banks of interpreters also collect data related to the volume of requests for interpretation services. The banks emphasized the low volume of English interpretation requests compared to interpretation for all languages combined.

| Bank of interpreters* | | Interregional Interpreters (Montréal) | Bank | Accueil-Parrainage Outaouais | Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Centre-du-Québec) |
|---------------------------|----------------|---------------------------------------|------|------------------------------|--|
| Annual volume of requests | All languages: | 27 322 | | 1 061 | 600-700 requests per month |
| | English: | 1 404 | | 6 | Minimal |

However, a comparison of the volume of interpretation services with the needs expressed by English-speaking users who have been served in French, but for whom it would have been

⁶⁰ Brach, C., Fraser, I. & Paez, K. (2005), *Crossing the Language Chasm: An in-depth analysis of what language-assistance programs look like in practice.*

important to have been served in English, reveals a need that could potentially have been met through interpretation services.

Proportion of English-speaking respondents served in French for whom it would have been very important to have been served in English

| | Bas-Saint-Laurent | Capitale-Nationale | Mauricie et Centre-du-Québec | Estrie | Montréal West | Montréal Centre | Montréal East | Outaouais | Abitibi-Témiscamingue | Côte-Nord | Gaspésie-Îles-de-la-Madeleine | Chaudière-Appalaches | Laval | Lanaudière | Laurentides | Montréal | Total |
|---|-------------------|--------------------|------------------------------|--------|---------------|-----------------|---------------|-----------|-----------------------|-----------|-------------------------------|----------------------|-------|------------|-------------|----------|-------|
| CLSC | 77% | 21% | 19% | 42% | 51% | 44% | 34% | 39% | 16% | 4% | 48% | 21% | 27% | 18% | 41% | 33% | 36% |
| Hospital for overnight stay | 81% | 29% | 4% | 36% | 21% | 58% | 43% | 12% | 35% | 7% | 50% | 27% | 51% | 2% | 20% | 45% | 41% |
| Info-Santé | 40% | 12% | 31% | 45% | 27% | 32% | 35% | 71% | 26% | 51% | 33% | 42% | 36% | 23% | 30% | 33% | 34% |
| Hospital emergency room or out-patient clinic | 55% | 36% | 22% | 50% | 55% | 62% | 42% | 48% | 23% | 5% | 57% | 13% | 58% | 41% | 45% | 50% | 50% |

Moreover, data on the needs related to access to services in English are not always collected by establishments in a reliable manner. While computer systems have a designated field in which to indicate the user’s spoken language, the default language is French and remains as such unless the user requests that it be changed. It falls to English-speaking users to know their rights and the procedure to follow to request assistance in addressing language barriers, whereas members of English-speaking communities feel that they must forego their right to services in their language out of fear of reprisals.

Language interpretation error rate

The rate of omission or misinterpretation by informal interpreters (family members, friends, etc.) has been estimated at ranging from 23% to 52%.⁶¹ A high error rate confirms that using an informal interpreter could pose a significant risk and result in false confidence in terms of the accuracy of communication.⁶²

At present, interpretation errors are not being tracked. However, certain respondents reported incidents that resulted from misinterpretation, for example:

When I visited someone in the hospital, the nurse asked me to translate something for her. I misunderstood what was said. Fortunately, the patient in the bed next to us was able to provide a better translation than mine; she resolved the situation!

⁶¹ Flores, G. (2005). *The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review*. Medical Care Research and Review. 62: 255.

⁶² Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d’interprétariat*.

They gave a blanket to a woman who asked for something for her cold.

They took X-rays of her knee instead of her kidneys.




My grandfather experienced serious complications in the hospital because the resident who took his medical history didn't understand English and didn't ask for an interpreter. My grandfather was in a coma for several weeks and nearly died.

Productivity of bilingual staff

The use of bilingual staff as interpreters may result in an inefficient use of resources, both in terms of lost productivity and cost, depending on the employee's salary scale.⁶³

According to fewer than 20% of establishment respondents, being called upon to act as an interpreter could be perceived by a bilingual employee to be a burden above and beyond their usual tasks. However, scientific literature has shown that an extra workload is often attributed to bilingual employees, in terms of translating documents or acting as an interpreter.⁶⁴ Moreover, employees in this context often feel a lack of recognition of their efforts by management, which may lead to them feeling discouraged and rather limited in their opportunities for advancement.⁶⁵

Therefore, it remains difficult to assess the impact of acting as an interpreter on the productivity of bilingual staff due to the lack of data reflecting the time spent interpreting.

| <i>Establishment respondents</i> | | | |
|--|---|-----|-----------|
| In your opinion, could employees perceive acting as an informal interpreter, in addition to performing their usual tasks, as extra work? | | | |
| Yes |  | 18% | 7 |
| No |  | 76% | 29 |
| Don't know |  | 5% | 2 |
| Total responses | | | 38 |

It does not occur frequently enough to be seen as an extra workload.

Acting as an interpreter is considered to be part of their regular workload.

Our clients, users, residents, and the public are bilingual. Therefore, it's not a question of acting as an interpreter; it's natural to speak just as well in English as in French.

We are asked to translate in addition to our regular workload with no option but to do so.

Several of the bilingual employees say that they often find themselves with all of the department's English-speaking cases. Also, their workload is more than 50% in English, which can slow down tasks when most of the materials and notes in the files are in French.

If an employee has to stop doing their job and serve as an interpreter, this may result in an extra workload.

⁶³ Battaglini, A. & Léonard, G. (2012). *Projet de Cadre national de référence en matière d'interprétariat.*

⁶⁴ Drolet, M., Savard, J., Benoit, J., Arcand, I., Savard, S., Lagacé, J. & Dubouloz, C. (2014). *Health services for linguistic minorities in a bilingual setting: Challenges for bilingual professionals.* *Qualitative Health Research*, 24(3), 295-305.

⁶⁵ De Moissac, D., Savard, S., Ba, H., Zellama, F., Benoit, J., Giasson, F. & Drolet, M. (2014). *Le recrutement et la rétention des professionnels de la santé et des services sociaux bilingues en situation minoritaire.*

Our liaison officer only works during the day on weekdays. Outside of these hours, employees call upon their colleagues who are capable of speaking English, when needed. Therefore, it can become an extra workload for the person required to act as an informal interpreter.



The use of staff as informal interpreters may result in additional costs for the organization, particularly in terms of replacement needs.

Communication in English between a bilingual employee and a client from the English-speaking community doesn't pose an extra workload in and of itself. It's the translation (of documents, work tools, and clinical notes to clinical reports) that poses an extra workload.

Medium- and long-term results expected of interpretation services

The use of formal interpreters in health and social services settings leads to better outcomes, more accurate decision-making, and lower costs.⁶⁶ Therefore, it is important to reduce language barriers to health services and social services.

According to establishment respondents, English-speaking users continue to face language barriers.

| <i>Establishment respondents</i> | | | |
|---|--|-----|-----------|
| In your opinion, are there language barriers in your establishment for users whose language of preference is English? | | | |
| Yes (please specify) |  | 44% | 21 |
| No (please specify) |  | 56% | 27 |
| Total responses | | | 48 |

The only problems arise in group sessions (clinical intervention). However, information sessions such as prenatal courses don't pose any problem.

In our establishment, the language of work is French. Bilingualism is a required skill only in care units. Inevitably, language barriers may occur within a care unit for a period not exceeding eight hours.

In some departments, the employees are not able to communicate adequately in English. (4 responses)

Several service providers are not competent in English.

Speech therapy. (2 responses)

Not all of our documents have been translated into both languages.

We don't necessarily know the technical medical terms.

Yes, when secondary care is needed. Neuropsychology, speech therapy, intellectual disability rehabilitation, physical disability rehabilitation.

Issues related to access to services in the English language arise mainly in mental health and emergency care. The region's English-speaking community is characterized by many young families and seniors. It is mainly the latter who may experience difficulties.







⁶⁶ Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario (RIFSSSO). (2007). *Une bonne communication est essentielle à des soins de santé de qualité – Les interprètes médicaux professionnels.*

It's not so easy when it comes to pairing clients with patient navigators, and it is a challenge for placements in non-organizational resources and sometimes in facilities providing a continuum of care.

Some centres in specific areas may experience more difficulties.

We are in a mainly French-speaking environment with some service providers who do not speak any English and users who do not speak any French. As the liaison officer cannot be onsite 24/7, there are sometimes communication barriers.




The same group of respondents also indicated that many establishments keep data related to language barriers, but in the absence of a rigorous, systematic approach to data collection, the data collected cannot be relied on.

| <i>Establishment respondents</i> | | | |
|---|---|-----|-----------|
| Do you track data or indicators related to language barriers? | | | |
| Risks |  | 2% | 1 |
| Satisfaction |  | 37% | 18 |
| Complaints |  | 51% | 25 |
| Incidents/events |  | 25% | 12 |
| No markers or data |  | 22% | 11 |
| Don't know |  | 18% | 9 |
| Total responses | | | 49 |

Moreover, members of the English-speaking community acknowledge a reluctance to file complaints regarding language access, particularly in more remote regions:

People are afraid to complain because they tell themselves that one day they will need the services offered by the staff. It's a small community and people know each other. But myself, I don't think they should be worried about it.

According to NPI respondents, there have been incidents related to language barriers. However, once again, as these are not systematically recorded and linked to language barriers, it is impossible to assess the impacts of language barriers.

| <i>NPI respondents</i> | | | |
|---|---|-----|-----------|
| Are you aware of adverse incidents that occurred in your region related to language barriers? | | | |
| Yes |  | 56% | 10 |
| No |  | 22% | 4 |
| Don't know |  | 22% | 4 |
| Total responses | | | 18 |

Several examples were provided:

Some Anglophones give the impression that they understand everything but return home without understanding their medical instructions.

There are unilingual seniors placed in residences where they cannot communicate with most of those around them.

The employees who manage appointments are often unable to make an appointment with Anglophones. Some Anglophones simply give up instead of insisting on having their needs met.

Written instructions for diagnostic tests are not always available in English. I've had complaints from persons arriving for a test, for which they had waited a long time, and had to reschedule because they didn't understand the prep procedures.

Sometimes English-speaking persons do not take medication because they don't understand what it is for.










A young mother with a newborn baby left the hospital without proper teaching on breastfeeding or care of her child, nor follow-up on her caesarean.

My grandfather was in a coma for 6 weeks after a Francophone student took his health history and was unable to understand him and ask the proper questions. There were medication issues and he almost died. I had to personally translate screaming arguments between doctors, nurses and family members.

Recently, Alzheimer's tests were administered and interpreted in French to at least three patients we know of, creating frustration, especially in the patients, who were angry at not having tests in their own language

Confidential, but handled by the Comite de Vigilance et qualite.

Members of the English-speaking community shared their experiences related to language barriers. According to the respondents, they often encounter problems in accessing documents in English.

| <i>Members of the ESC</i> | | | |
|--|--|-----|-----------|
| What are some of the challenges that you (or someone you know) face when communicating with health and social services staff and professionals? Please check all that apply. | | | |
| Have to wait to find someone available who speaks English |  | 44% | 10 |
| No staff or professionals who speak English are available at the time of my appointment |  | 44% | 10 |
| The written forms and pamphlets are in French and are difficult to understand |  | 87% | 20 |
| Have misunderstood information given regarding an appointment |  | 26% | 6 |
| Have misunderstood information given regarding my medications |  | 17% | 4 |
| Have misunderstood information given regarding preparing for tests |  | 35% | 8 |
| The staff or professional misunderstood my medical history |  | 30% | 7 |
| I have experienced complications due to a language barrier (please specify) |  | 26% | 6 |
| Other |  | 22% | 5 |
| Total responses | | | 23 |

According to focus group participants, language barriers may have negative impacts at several levels.

It's very frustrating when you want to communicate but you are not understood.



I went to Quebec City several times with my son.... I spoke a little French but the whole experience was very trying.

I had cancer and they insisted I stand up. I told them that I couldn't feel my legs, they were speaking in French, and finally they lifted me off the bed and I fell because I couldn't feel my legs. A needle had been inserted in the wrong place.

The anesthesiologist asked me if I was allergic to anything and I told him that I didn't understand. He continued to repeat the same word so I was fed up and just said "No."

My mother is in the initial stages of dementia. We would have liked for her to continue to live at home but we weren't able to find services in English. So we had to place her in a residence where they speak English.

In general, many establishment respondents indicated that using interpreters could help to reduce the language barriers experienced by English-speaking persons in health and social services settings, when there is a lack of bilingual staff.

| <i>Establishment respondents</i> | | | |
|---|---|-----|-----------|
| Do you think that having recourse to professional interpreters helps or could help to reduce language barriers for people whose preferred language is English in health services or social services settings? | | | |
| Yes (please specify) |  | 53% | 25 |
| No (please specify) |  | 47% | 22 |
| Total responses | | | 47 |

It is very important to be clearly understood, particularly in a health and social services setting.

Having access to professional interpreters improves the quality of care and services provided, particularly for seniors or those with reduced cognitive abilities.

Certainly, it would be helpful. But it would be better if we had more funds for translation or dedicated positions in each sector. We lack intervention tools, time reserved for language training, etc.

It could improve the timeliness of access.

How do we improve while finding the right balance in the allocation of resources?

To ensure that accurate information is provided and questions are answered, provide help and documents in English.

Maybe in some regions.

There is only one unit that doesn't offer service to English-speaking members of First Nations, among others, and we are implementing mechanisms to remedy this situation.

Having access to someone who can act as an interpreter is essential to ensuring that everyone is understood properly.

I think reducing language barriers lies more in having bilingual service providers.

When needed, we are more likely to use a service agreement with a partner so that services are provided directly in English without using an interpreter.

I think that the employee working with the person should be able to communicate directly with the user in English. I would have concerns that a third person in the interview would change the relationship we are trying to create with our clients (a relationship of trust and sharing sensitive information).

Conclusions

Access to health and social services in English varies between regions and remains a challenge for many English-speaking persons. According to establishment respondents, service providers are not always aware of the presence and impact of the language barriers faced by English-speaking persons, thus making the service providers less likely to recognize the need to address these barriers. However, language barriers pose risks and have a negative impact on the quality of the health and social services received by members of linguistic minorities. Therefore, it is important for users to be able to receive health and social services in their language.

Many access programs cite interpretation as a means of language access but this strategy is very rarely implemented across the network in terms of access to services in English. The lack of provincial guidelines regarding interpretation services could explain the limited use of interpretation services as a means of providing English-language access to health and social services.

There is little accurate data available that would assist in measuring access to services in English. The information gathered on language access varies. While client files have a field to indicate spoken language, this information is not collected reliably or systematically. The costs of formal interpretation services are reported differently by each bank of interpreters and each establishment. Information on the costs associated with informal interpretation services is, for all practical purposes, non-existent. Several respondents also called into question the accuracy of the data on English access needs collected from establishments. However, the planning of services, management of complaints, and improvements to the quality of services in relation to access to services in English should be based on accurate and reliable linguistic data.

Quebec's four existing banks of interpreters are independent from each other, resulting in variation in the interpretation services offered, the management of the quality of services, and the training and certification of interpreters in Quebec. Despite the existence of these regional banks of interpreters, formal interpretation into English is rarely used, and is mainly limited to contentious cases, such as cases related to workplace health and safety or youth protection. In general, English-speaking users have little knowledge of the option to access such a service, or may even be refused access to this service when they request it, due to a lack of organizational policies in this regard. The use of banks of interpreters is limited to languages other than English. Banks of interpreters are seldom, if ever, used by out-of-region establishments or service providers. Communications technologies are almost never used for remote formal English-language interpretation services.

The survey of establishment respondents revealed that organizational policies and procedures relating to interpretation services are, for the most part, non-existent. At present, it is up to employees to determine if there is a language barrier and to decide how to address it. Service providers and managers are often left to judge for themselves the need to call upon a formal interpreter; sometimes they are even discouraged from doing so due to the associated costs. This practice could result in variations in the quality of language access to services whereas a provincial policy would standardize the judicious use of interpretation services.

When establishments refer to English-language interpretation services, they are mainly referring to informal interpretation services provided by bilingual employees, often without having objectively and reliably determined the employees' language skills or the impact of this practice on the organization. The use of bilingual employees as interpreters is common and often poorly organized. Statistics on this practice are not kept and the associated costs are unknown. In addition to using bilingual staff as interpreters, establishments often call upon a client's family members or other loved ones to interpret, even after they have expressed great unease to do so. Some establishments have created the position of client services officer to provide informal interpretation services, but this practice is not structured, and these services are offered by untrained and uncertified staff.

Other than in the case of formal interpreters affiliated with the banks of interpreters, there is no training or certification related to language skills, ethics, or interpretation techniques, in spite of the importance of such training documented in the literature. This constitutes a risk factor in terms of confidentiality, quality, productivity, and accuracy of comprehension.

In light of the gap in language access to health services and social services, some English-speaking communities have mobilized and created accompaniment resources also acting as informal interpreters who are not trained or monitored, contrary to practices supported by the literature. Other regions favour transferring the English-speaking population to designated out-of-region establishments offering services in English, whereas this practice may be a barrier to the continuum of services from the perspective of population-wide responsibility. Remote interpretation services (by telephone or videoconference) are rarely used.

English-speaking users who must travel outside of their region for specialized services are often left to find loved ones to accompany them and act as interpreters. In addition to the unease felt by loved ones in this position, this situation incurs significant costs to users, for which statistics are not kept.

There is no provincial framework governing the use of interpretation services in health services and social services settings. If such a framework were created, regional characteristics would require a provincial approach enabling the adaptation of guidelines to the different regional realities.

Recommendations

It is important that the establishments be able to paint an accurate portrait of the English-speaking communities within their territories and to ensure that this is reflected in their access programs. Therefore, it is vital to be able to rely on accurate data on the spoken language variable in organizational computer systems. There are also socio-demographic profiles of these

communities with data based on the population of each territory.⁶⁷ From this accurate and reliable data, establishments should be in a position to determine the resources required and available to contribute to language access, with respect to the program of access to health and social services in the English language.

Services provided directly by bilingual staff remain the most efficient, effective, and preferred means of language access to services for English-speaking users, but interactions involving someone without the necessary language skills may pose risks. Evaluating an establishment's need to call upon interpretation services as a means of language access requires an assessment of the language skills required for the position and of the language skills of staff, using provincially recognized, reliable, and consistent tools. The level of language skills required for a position should take into account the risk posed by language barriers based on the care dispensed and services offered. It is also important to note that the provision of support by establishments to staff to enable them to acquire the necessary language skills could reduce the risks associated with language barriers and pave the way for offering services directly. Language skills assessments and language training should be in line with the establishment's access program.

Given that the most common practice in terms of the use of interpretation is to call upon bilingual staff to act as informal interpreters, it is important to monitor this practice at the provincial level. If employees are called upon to act as informal interpreters for their colleagues, it is essential that their language skills be assessed. There are already many language skills assessment tools that could be used across the network. In addition to ensuring the language skills of any employees acting as interpreters, training in interpretation techniques and ethics in the context of interpretation is vital. Thus, existing resources could be used to provide informal interpretation services, provided that these resources have been given standardized training in interpretation techniques and ethics related to this role. Establishments that favour this means of language access should also exercise control over this practice by creating a list of staff with sufficient language skills and training to act as an interpreter, by keeping this list up to date, and by establishing clear policies regarding the use of bilingual staff as informal interpreters.

An informal interpreter could also be a member of the community or a voluntary or paid member of a community organization. As in the case of bilingual staff acting as interpreters, these individuals should receive standardized training and demonstrate that they have the language skills, and ethical and technical knowledge required to act as an interpreter.

In the event of a lack of available informal interpreters and when an employee does not have the English-language skills required to offer services in English to an English-speaking user, staff should be able to call upon formal interpretation services. At present, these services are offered through four banks of multilingual interpreters that are each in charge of ensuring the certification of their interpreters, evaluating the quality of services, and organizing interpretation services. A provincial service offered by a centralized bank would standardize the offering and quality of this service and would ensure sufficient proficiency through a standardized training and skills

⁶⁷ Community Health and Social Services Network. (2011). *Baseline Data Reports 2003-2013*. <http://chssn.org/document-center/baseline-data-reports-2003-2013/>. Website accessed on December 19, 2015.

maintenance program. It is important to note that at present the use of formal English-language interpretation services is limited to contentious cases, whereas these services should be accessible for English-speaking users as they are for users from other linguistic minorities. Moreover, technologies such as telephones and videoconferences would enable access to formal interpretation services in all regions, including remote areas. The possibility of accessing formal English-language interpretation services is little known and seldom used by service providers in the network, whereas these services could meet a current need in terms of access to services in English. There should be a focus on the availability of these services as well as on the procedures to access them at all levels (managers, service providers, and support workers).

The current lack of consistency in English-language interpretation services practices calls for a provincial policy. In concert with the access programs, such a policy should address all elements related to formal and informal interpretation services. Establishments should also be required to have an organizational policy on the use of formal and informal interpreters and to guide their staff on when and how to access these services. Clear and consistent policies should also be established across the network, limiting the use of loved ones as interpreters to emergency situations only and only when there are no trained interpreters (formal or informal) available. Communication occurring through a loved one or accompanying individual who has not been trained must be verified as quickly as possible, particularly when incorrect information poses a significant risk to the user's health and well-being. Such policies should also further restrict the use of children as interpreters.

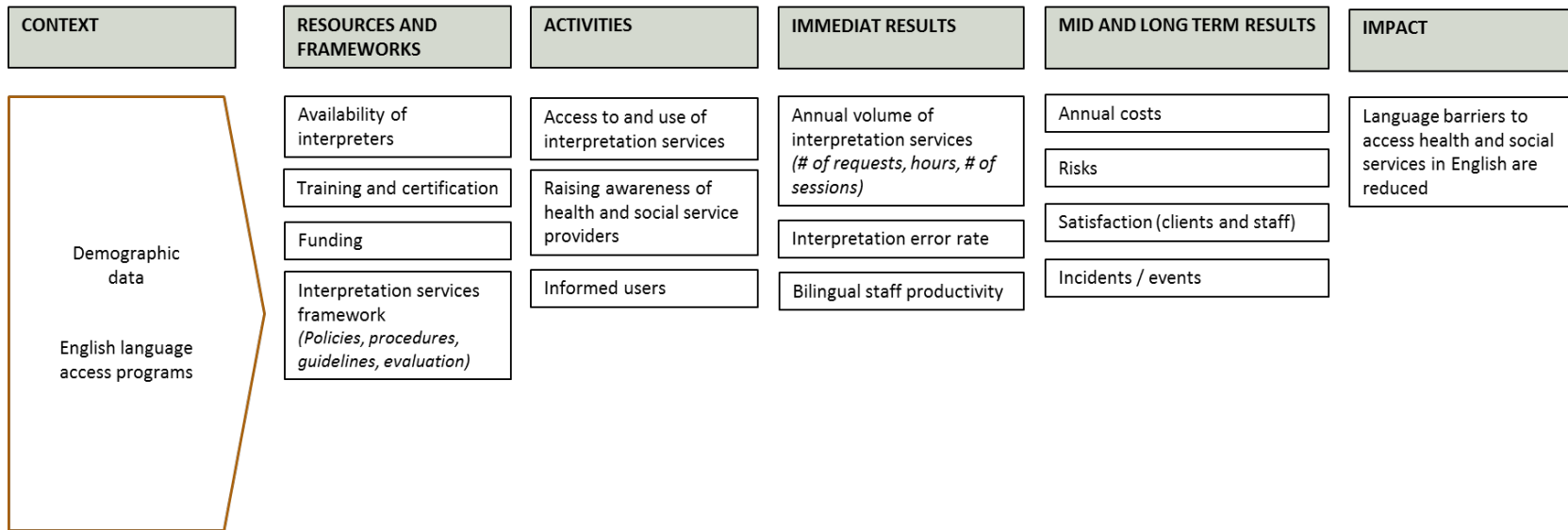
The judicious use of interpretation services should be reinforced by raising staff and user awareness of language barriers and of their potential impacts on the quality of services, and on the user's health and well-being. This requires, in part, common, clear, objective criteria regarding the circumstances in which the use of interpretation services is appropriate, and even required, for service quality and risk management purposes. Community groups serving English-speaking communities should also be informed of the importance of these efforts.

It is important to ensure that funds are allocated to interpretation services, regardless of the source or means (formal, organizational, community), as well as to the training and skills assessments of interpreters.

The recent reorganization of the health and social services network and the consolidation of establishments in most regions under a single administrative and governance structure present interesting opportunities for standardizing the policies and procedures surrounding interpretation services at the provincial level.

Logic Model

Interpretation and language barriers to health and social services in English



Questionnaire destiné aux répondants des Agences

Développement de services d'interprétariat en langue anglaise pour améliorer l'accès aux services de santé et aux services sociaux.

Questionnaire destiné aux répondants des Agences

Bonjour [Nom],

Merci encore une fois d'avoir accepté de participer au projet sur les services d'interprétariat en langue anglaise.

Comme convenu, j'ai créé un sondage en ligne dans le but de faciliter votre participation.

Vous n'avez qu'à cliquer sur le lien suivant pour accéder au sondage.

[\[Lien\]](#)

Vous pouvez sauvegarder vos réponses en tout temps et y retourner si vous ne pouvez pas compléter le sondage d'un coup.

Je vous demanderais, SVP, de compléter le sondage d'ici 16h30, vendredi le 30 janvier 2015. Je me permettrai de vous envoyer un rappel au courant de la semaine.

Si vous avez des problèmes à accéder au sondage, ou si vous avez des questions, svp, n'hésitez pas à communiquer avec moi

Je vous remercie d'avance pour votre précieuse collaboration,

Questionnaire destiné aux répondants des Agences

Développement de services d'interprétariat en langue anglaise pour améliorer l'accès aux services de santé et aux services sociaux.

Questionnaire destiné aux répondants des Agences

Ce questionnaire se cadre dans un des deux objectifs de ce projet, notamment, d'effectuer une analyse de la situation entourant le recours aux interprètes dans le contexte de la prestation des services en langue anglaise découlant de l'application des programmes d'accès. Le contexte du questionnaire est donc celui des services de santé et de services sociaux destinés aux personnes ayant l'anglais comme langue de préférence pour recevoir ces services. Il s'agit également des services d'interprétation vers l'anglais dans votre région.

Utilisez-vous des services d'interprètes professionnels vers la langue anglaise dans votre région?

- Oui, en générale
- Oui, mais c'est variable
- Non
- Ne sais pas

Commentaires:

LES INTERPRÈTES PROFESSIONNELS

Qui offre des services d'interprètes professionnels en anglais dans votre région?

- Banques d'interprètes (précisez) :
- Organismes communautaires (précisez):
- Autres (précisez):

Par quel(s) moyen(s) offre-t-on les services d'interprétation dans votre région? (SVP cochez toutes les réponses qui s'appliquent)

- Téléphone
- Face-à-face
- Visio-conférence

Les services d'interprétation sont-ils offerts 24-7?

- Oui
- Non
- Ne sais pas

Les services, sont-ils offerts au plan

- Local
- Régional
- Supra-régional

Dans votre région, combien d'interprètes professionnels offrent l'interprétation vers l'anglais?

Quelles sont les exigences minimales en matière de formation pour les interprètes professionnels œuvrant dans les établissements de votre région?

- Le rôle de l'interprète
- Les techniques d'interprétariat
- Les principes éthiques (fidélité, neutralité, confiance)
- La terminologie médicale
- Autre
- Ne sais pas

Exigez-vous une certification chez les interprètes professionnels?

- Oui, laquelle
- Non
- Ne sais pas

Exigez-vous que les interprètes professionnels soient membres d'une association ou d'un ordre professionnel?

- Oui
- Non
- Ne sais pas

Est-ce que les interprètes utilisés dans votre région doivent confirmer par écrit leur adhésion à un code d'éthique?

- Oui
- Non
- Ne sais pas

Lorsqu'il s'agit d'un besoin d'interprétation en langue anglaise dans votre région, vous arrive-t-il de demander ce service d'une autre région?

- Oui, svp précisez
- Non
- Ne sais pas

Les services d'interprétation, sont-ils disponibles de manière équitable parmi les établissements de la région?

- Oui
- Non
- Ne sais pas

Offrez-vous de la formation aux interprètes?

- Oui, avec une composante en terminologie médicale
- Oui, sans composante en terminologie médicale
- Non, mais la formation est disponible ailleurs:
- Non, il n'y a aucune formation offerte aux interprètes
- Ne sais pas

Existe-il des directives destinées aux intervenants sur le recours approprié à des interprètes auprès des usagers d'expression anglaise?

- Oui
- Non
- Ne sais pas

Commentaires sur les interprètes professionnels:

LE FINANCEMENT

Existe-il des budgets dédiés pour les services d'interprétation?

- Oui
- Non
- Ne sais pas

Quels sont les coûts annuels pour l'interprétation au plan régional (toutes langues confondues)?

Quels sont les coûts annuels pour l'interprétation uniquement vers l'anglais?

Quels sont les taux de rémunération pour l'interprétation vers l'anglais?

Commentaires sur le financement:

LA GESTION DES SERVICES D'INTERPRÉTATION PROFESSIONNELLE

Faites-vous la collecte de données concernant l'interprétation en langue anglaise à des fins d'évaluation et de planification?

- Oui
- Non

Quel est le volume annuel de demande d'interprétation (nombre de demandes)?

- Au total (toutes langues confondues) :
- Vers l'anglais:

Combien de sessions de services d'interprétation sont offerts annuellement?

- Au total:
- En personne:
- Par téléphone:
- En visio-conférence:

Commentaires sur la gestion des services d'interprétation:

LES INTERPRÈTES NON PROFESSIONNELS

Les établissements demandent-ils aux employés bilingues (ou aux employés capables de s'exprimer en anglais) d'agir comme interprète auprès des personnes dont la langue de préférence est l'anglais?

- Oui, en générale
- Oui, mais c'est variable
- Non
- Ne sais pas

Existe-il des répertoires d'employés bilingues?

- Oui
- Non
- Ne sais pas

Les établissements effectuent-ils des évaluations de compétences linguistiques du personnel considéré comme pouvant intervenir en anglais ou interpréter vers l'anglais?

- Oui
- Non
- Ne sais pas

Qui, à part des interprètes professionnels ou des employés bilingues, offrent de l'interprétation aux usagers d'expression anglaise?

- Membres de la famille
- Amis
- Bénévoles
- Groupes communautaires, svp précisez:
- Ne sais pas

Commentaires sur les interprètes non professionnels:

LA GESTION DES BESOINS LINGUISTIQUES

Tenez-vous des données sur les besoins linguistiques de la population desservie?

- Oui, SVP précisez le type de données
- Non

Existe-il des activités de sensibilisation auprès des employés dans votre région sur les conséquences des barrières linguistiques?

- Oui, en générale
- Oui, mais c'est variable
- Non
- Ne sais pas

Rapportez-vous des indicateurs quant à l'interprétation?

- Besoins
- Offre de services
- Qualité
- Satisfaction
- Autres:
- Aucun indicateur sur l'interprétation

Rapportez-vous les incidents et évènements liés aux facteurs d'accessibilité linguistique?

- Oui
- Non
- Ne sais pas

Existe-il des politiques concernant les services d'interprétation?

- Recours à des interprètes formels ou informels
- Circonstances claires de quand utiliser un interprète
- Situations de conflit d'intérêt chez l'interprète
- L'interprétation par un membre de la famille
- L'interprétation par un enfant mineur
- Autres :
- Aucune politique

Pour quelles autres langues utilisez-vous des services d'interprétation dans votre région?

Commentaires sur la gestion des besoins linguistiques:

Commentaires en générale:

Questionnaire destiné aux répondants responsables du dossier de l'accès aux services en langue anglaise.

Bonjour [Nom],

Le ministère de la Santé et des Services sociaux et le Réseau communautaire de santé et de services sociaux (RCSSS) collaborent présentement sur le projet intitulé :

Développement de services d'interprétariat en langue anglaise pour améliorer l'accès des personnes issues des communautés d'expression anglaise du Québec aux services de santé et aux services sociaux dans leur langue

Ce projet vise à évaluer les besoins des communautés d'expression anglaise en matière de services d'interprétation en santé.

J'ai été mandatée par le RCSSS afin de soutenir le Secrétariat à l'accès aux services en langue anglaise dans les travaux qui seront menés dans le cadre de ce projet. Dans un premier temps, nous souhaitons tracer un portrait de la situation actuelle entourant le recours aux interprètes dans le contexte de la prestation des services en langue anglaise.

Pour ce faire, nous sondons divers gestionnaires et intervenants du réseau. C'est pourquoi il nous a été suggéré de vous inviter à participer au sondage.

Vous trouverez ici-bas une lettre de soutien de Monsieur Pierre Lafleur, sous-ministre adjoint à la coordination réseau et ministérielle, qui explique en détail le projet.

[\[Lien\]](#)

Nous sommes convaincus que les résultats de ce projet favoriseront l'accessibilité des services de santé et des services sociaux aux personnes d'expression anglaise.

Afin d'accéder au sondage, veuillez cliquer sur le lien suivant :

[\[Lien\]](#)

*Nous vous saurons grés de bien vouloir compléter le sondage d'ici le **27 février 2015**.*

SVP ne faites pas acheminer ce lien à quelqu'un d'autre, car chaque lien est personnalisé.

Nous vous remercions par avance pour votre collaboration et vous transmettons nos meilleures salutations,

Questionnaire destiné aux répondants responsables du dossier de l'accès aux services en langue anglaise.

Développement de services d'interprétariat en langue anglaise pour améliorer l'accès des personnes issues des communautés d'expression anglaise du Québec aux services de santé et aux services sociaux dans leur langue

Questionnaire destiné aux répondants responsables du dossier de l'accès aux services en langue anglaise.

L'INTERPRÉTATION

Note : L'interprète professionnel possède des compétences linguistiques reconnues, c'est-à-dire qu'il maîtrise la langue de la prestation de service et celle de l'utilisateur qu'il accompagne. Il possède également les compétences techniques de l'interprétariat. Il est lié à un code de déontologie, par lequel il s'engage, entre autres, à respecter la confidentialité des informations et à demeurer objectif lors de la consultation.

Utilisez-vous des services d'interprètes professionnels dans votre établissement?

Oui, en générale

Oui, mais c'est variable

Non

Ne sais pas

Utilisez-vous des services d'interprètes professionnels vers la langue anglaise dans votre établissement?

Oui, en générale

Oui, mais c'est variable

Non

Ne sais pas

Dans votre établissement, existe-il un répertoire d'interprètes professionnels que vous pouvez consulter au besoin?

Oui

Non

Ne sais pas

Qui offre des services d'interprètes professionnels en anglais dans votre région?

Banques d'interprètes :

Organismes communautaires :

Autres :

Commentaires sur les banques d'interprètes :

Les services sont-ils offerts 24-7?

Oui

Non

Ne sais pas

Par quel(s) moyen(s) offre-t-on les services d'interprétation dans votre établissement? Téléphone
Face à face
Visio conférence
Ne sais pas

Exigez-vous que vos interprètes professionnels soient certifiés ou soient membres d'une association ou de l'Ordre des traducteurs, terminologues et interprètes agréés du Québec (OTTIAQ)?
Oui
Non
Ne sais pas

Commentaires certification des interprètes :

Est-ce que les interprètes utilisés dans votre établissement doivent confirmer par écrit leur adhésion à un code d'éthique?
Oui
Non
Ne sais pas

Commentaires sur l'adhésion au code d'éthique :

Vous arrive-t-il de faire des demandes pour des services d'interprétation d'une autre région?
Oui (précisez lesquelles) :
Non
Ne sais pas

Commentaires sur les demandes hors région :

Commentaires sur les services d'interprètes professionnels :

LES INTERPRÈTES INFORMELS

Les interprètes informels sont appelés à interpréter mais n'ont pas reçu de formation spécifique (p. ex., un employé, un bénévole, un accompagnateur ou un membre de la famille qui parle l'anglais)

Dans votre établissement, demandez-vous au personnel ayant la capacité de s'exprimer en anglais d'agir comme interprète auprès des personnes dont la langue de préférence est l'anglais?
Oui, en générale
Oui, mais c'est variable
Non
Ne sais pas

Existe-il un répertoire d'employés ayant la capacité de s'exprimer en anglais?

Oui
Non
Ne sais pas

Dans votre établissement, évalue-t-on le niveau de compétence linguistique du personnel considéré comme pouvant intervenir en anglais ou interpréter vers l'anglais?

Oui
Non
Ne sais pas

Commentaires sur les compétences linguistiques du personnel agissant à titre d'interprète :

Offrez-vous de l'encadrement ou de la formation à votre personnel qui agit à titre d'interprète informel au sein de votre établissement?

Oui
Non
Ne sais pas

Selon vous, le fait d'agir comme interprète informel en plus de ses fonctions habituelles pourrait-il être perçu comme étant une surcharge de travail pour l'employé? un fardeau pour l'employé?

Oui
Non
Ne sais pas

Commentaire sur la surcharge de travail que peut représenter « agir comme interprète informel » :

Commentaires généraux sur l'utilisation du personnel qui agit à titre d'interprète informel :

Qui, à part des interprètes professionnels ou des employés bilingues, offrent de l'interprétation aux usagers d'expression anglaise?

Membres de la famille
Amis
Bénévoles
Groupes communautaires ou accompagnateurs, svp précisez :

Existe-il des politiques ou des procédures concernant les services d'interprétation?

Oui
Non
Ne sais pas

Commentaires sur les services d'interprétation en générale :

LES USAGERS INFORMÉS

Informez-vous les usagers d'expression anglaise de leur droit à recevoir les services dans la langue de leur choix?

Oui en générale, svp précisez par quel moyen :

Oui mais c'est variable, svp précisez par quel moyen :

Non

Ne sais pas

Informez-vous les usagers d'expression anglaise de la possibilité de recevoir des services d'interprétation?

Oui

Non

Ne sais pas

Commentaires sur le sujet des usagers informés :

LA GESTION DES BESOINS LINGUISTIQUES

Selon vous, existe-il des barrières linguistiques pour les usagers de votre établissement dont l'anglais est la langue de préférence?

Oui, précisez

Non, précisez

Commentaires sur les barrières linguistiques :

Comment saurez-vous si une personne, dont l'anglais est la langue de préférence, aurait besoin d'aide d'un interprète professionnel ou informel pour communiquer en français dans le contexte des services de santé et des services sociaux?

Intuitivement

En suivant un processus établi

En posant systématiquement la question aux usagers d'expression anglaise

Autre:

Existe-il des activités de sensibilisation sur les conséquences des barrières linguistiques auprès du personnel dans votre établissement?

Oui

Non

Ne sais pas

Commentaires sur les activités de sensibilisation :

Existe-il une procédure pour connaître la langue de préférence de l'utilisateur lors de la prise en charge ou de l'admission?

Oui

Non

Ne sais pas

Est-ce que cette information (sur la langue de préférence de l'utilisateur) est enregistrée au dossier ou ailleurs?

Oui

Non

Ne sais pas

Existe-il des directives destinées au personnel sur la procédure à suivre lorsqu'un usager déclare que l'anglais est sa langue de préférence pour recevoir des services de santé et des services sociaux dans votre établissement?

Oui

Non

Ne sais pas

Existe-il une procédure ou des lignes directrices concernant l'obtention du consentement chez l'utilisateur dont l'anglais est la langue de préférence?

Oui

Non

Ne sais pas

Commentaires sur les besoins linguistiques des usagers dont l'anglais est la langue de préférence :

QUALITÉ ET RISQUES

Tenez-vous des données ou des indicateurs en lien avec des barrières linguistiques

Risques

Satisfaction

Plaintes

Incidents / événements

Aucun indicateur / aucune donnée

Ne sais pas

Pensez-vous que le recours aux interprètes professionnels aide ou pourrait aider à réduire les barrières linguistiques pour les personnes dont l'anglais est la langue de préférence dans le contexte des services de santé et des services sociaux?

Oui, précisez :

Non, précisez :

Nous poursuivons la collecte de données et nous vous demandons de nous fournir le nom et l'adresse courriel de collègues (intervenants ou gestionnaires) qui pourraient répondre au sondage.

Merci!

Fin du sondage

Survey to NPI Organizations

Survey on English-language Interpretation Services to Improve Access to Health and Social Services for Quebec's English-speaking communities

Dear [\[Full Name\]](#),

As you know, the CHSSN is conducting a study on English-language Interpretation Services to Improve Access to Health and Social Services for Quebec's English-speaking communities.

Key informants identified for this study include Agence respondents, health and social service establishment staff, ESC members and NPI representatives. A report will then be submitted to the MSSS, identifying current challenges and recommending actions to improve access to quality interpretation services in English, both formal and informal.

We would like to hear from you, to help us draw a portrait of the current situation which reflects your knowledge, experiences, perceptions and suggestions regarding the use of interpretation services as a means to help meet the objectives of the regional access plans.

To begin the online survey, please visit:

[\[Lien\]](#)

This link is uniquely tied to this survey and your email address, so please do not forward this message.

If you would like to suggest the name and email of another respondent, kindly advise me and I will forward a personalized link to the survey.

Once you begin the online survey, you can save your responses and return to the survey to complete it at a later time. The survey will remain open until 5 PM, February 27, 2015.

If you have any questions or difficulties accessing the survey, or if you would prefer to complete the survey via a telephone interview, please do not hesitate to contact me at [\[email\]](#)

Thank you again for your kind collaboration.

This survey was prepared for a study consisting of an in-depth analysis of the situation surrounding the use of interpreters in the context of the delivery of services in English, resulting from application of the access programs in Quebec. We would like to hear about your knowledge, experiences and perceptions of the use of interpretation services to offer health and social services in the English language within the context of the Access programmes. We would also like to hear your suggestions regarding improvements you would like to see made.

Thank you for completing the survey!

Please answer all the following questions regarding who provides interpretation for English speaking residents in your region:

Do PROFESSIONAL INTERPRETERS (with formal training) provide interpretation services?

- Yes, in general
- Yes, but it varies
- No
- Don't know

Comments regarding the use of professional interpreters:

Do EMPLOYEES in the Health and Social Services establishments help interpret in English?

- Yes, in general
- Yes, but it is variable
- No
- Don't know

If yes, do Health and Social Services organizations evaluate the linguistic abilities of EMPLOYEES who interpret in the English language?

- Yes, in general
- Yes, but it varies
- No
- Don't know

Comments regarding the use of English speaking employees who provide interpretation services:

FAMILY members or FRIENDS?

- Yes, in general
- Yes, but it varies
- No
- Don't know

VOLUNTEERS?

- Yes, in general
- Yes, but it varies
- No
- Don't know

COMMUNITY GROUPS that provide informal interpretation via accompaniment?

- Yes, in general; please specify which groups: _____
- Yes, but it varies; please specify which groups: _____
- No
- Don't know

What community level activities exist to accompany and assist ESC members when they receive health and social services?

General comments on who provides interpretation services for members of the English speaking community:

PROFESSIONAL INTERPRETERS

Professional interpreters have received some formal training as interpreters, with or without training in medical terminology.

Who provides professional interpretation services in English in your region?

- Interpreter Banks (please specify):
- Community organizations (please specify):
- Others (please specify):
- Don't know

Is there a directory of English language interpreters in your region?

- Yes
- No
- Don't know

How are interpretation services offered in your region? (Please check all that apply):

- Face - to - face
- Telephone
- Visio-conference
- Don't know

Are English language interpretation services available 24-7?

- Yes
- No
- Don't know

Comments on professional interpreters:

COMMUNICATING IN ENGLISH

The 2010-2011 Baseline Data Report* contains data on the language of services and the importance for members of the English speaking community (ESC) to receive services in English. The report findings suggest some variation between regions.

* based on data from the 2010 CHSSN-CROP Survey on Community Vitality

Please comment on issues you feel are specific to your community regarding the importance for them to receive Health and Social Services in English:

The 2010-2011 Baseline Data Report also contains data on the reluctance among member of the English speaking community (ESC) to ask for health and social services in English. Here too, there was some variation between the regions.

Please comment on some of the reasons brought forward in your discussions with members of your community which would make them reluctant to ask for health and social services in English:

The literature suggests that interpreters are particularly helpful in certain situations.

Please provide examples of situations where you feel an interpreter may be required:

Are there efforts to sensitize employees and professionals to the impact that language barriers can have on the quality of Health and Social Services they provide?

- Yes, in general
- Yes, but it varies
- No
- Don't know

Comments on efforts to sensitize employees and professionals to the potential impact of language barriers:

Are you aware of adverse incidents that occurred in your region related to language barriers?

- Yes
- No
- Don't know

Please comment on or give examples of adverse incidents that occurred related to language barriers:

In your opinion, how do ESC members in your community view English language interpretation as a possible way to address some of the language barriers?

INFORMING MEMBERS OF THE ENGLISH SPEAKING COMMUNITY (ESC)

Are members of the English speaking community (ESC) in your region informed regarding their right to obtain services in their language of preference?

- Yes
- No
- Don't know

Are ESC members informed regarding the possibility of obtaining interpretation services in English?

- Yes
- No
- Don't know

Are ESC members informed that interpretation services are available at no cost to them?

- Yes
- No
- Don't know

Comments regarding informing the members of the English speaking community:

Do you have any other comments you would like to add?

Thank you very much!

Questionnaire destiné au personnel de soutien administratif, aux intervenants et aux gestionnaires d'établissements.

Bonjour [Nom],

Le ministère de la Santé et des Services sociaux et le Réseau communautaire de santé et de services sociaux (RCSSS) collaborent présentement sur le projet intitulé :

Étude sur le développement de services d'interprétariat en langue anglaise pour favoriser l'accès des personnes issues des communautés d'expression anglaise du Québec aux services de santé et aux services sociaux

Ce projet vise à évaluer les besoins des communautés d'expression anglaise en matière de services d'interprétation en santé.

J'ai été mandatée par le RCSSS afin de soutenir le Secrétariat à l'accès aux services en langue anglaise dans les travaux qui seront menés dans le cadre de ce projet. Dans un premier temps, nous souhaitons tracer un portrait de la situation actuelle entourant le recours aux interprètes dans le contexte de la prestation des services en langue anglaise.

Pour ce faire, nous sondons divers gestionnaires et intervenants du réseau. Il nous a été suggéré de vous inviter à participer au sondage.

Vous trouverez ici-bas une lettre de soutien de Monsieur Pierre Lafleur, sous-ministre adjoint à la coordination réseau et ministérielle, qui explique en détail le projet.

[\[Lien\]](#)

Nous sommes convaincus que les recommandations découlant de ce projet favoriseront l'accessibilité aux services de santé et services sociaux pour les personnes d'expression anglaise et appuieront les efforts des intervenants et des gestionnaires à offrir des services de qualité à la population qu'ils desservent.

Afin d'accéder au sondage, veuillez cliquer sur le lien suivant :

[\[Lien\]](#)

Nous vous saurons grés de bien vouloir compléter le sondage d'ici le XXXXXXXXXXXX.

Veillez prendre note que les résultats seront traités de manière confidentielle en tout temps et ne seront présentés que sous forme agrégée.

SVP n'acheminez pas ce lien à d'autres personnes, car chaque lien est personnalisé. Il nous fera plaisir de transmettre à vos collègues un lien personnalisé. Vous n'avez qu'à communiquer avec la soussignée par courriel, en indiquant le nom, titre et adresse courriel de la personne en question, ainsi que le nom de l'établissement.

Nous vous remercions d'avance pour votre collaboration et nous vous transmettons nos meilleures salutations,

L'INTERPRÉTATION

Note sur les interprètes :

Il existe plus d'un type d'interprète.

L'interprète professionnel possède des compétences linguistiques reconnues, c'est-à-dire qu'il maîtrise la langue de la prestation de service et celle de l'utilisateur qu'il accompagne. Il possède également les compétences techniques de l'interprétariat. Il s'engage à respecter un code d'éthique par lequel il est lié, entre autres, à respecter la confidentialité des informations et à demeurer objectif lors de la consultation.

L'interprète informel est appelé à interpréter sans avoir reçu de formation spécifique au domaine de l'interprétation. Il s'agit souvent d'un employé, un bénévole, un accompagnateur ou un membre de la famille qui parle l'anglais.

Utilisez-vous des services d'interprètes professionnels vers la langue anglaise dans votre établissement?

- Oui, en générale
- Oui, mais c'est variable
- Non
- Ne sais pas

Dans votre établissement, existe-il un répertoire d'interprètes professionnels que vous pouvez consulter au besoin?

- Oui
- Non
- Ne sais pas

Qui offre des services d'interprètes professionnels vers l'anglais dans votre établissement?

- Banques d'interprètes :
- Organismes communautaires :
- Autres :
- Ne sais pas :

Commentaires sur les banques d'interprètes :

Les services d'interprétation vous sont-ils disponibles 24-7?

- Oui
- Non
- Ne sais pas

Par quel(s) moyen(s) offre-t-on les services d'interprétation dans votre établissement?

- Téléphone
- Face à face
- Visio conférence
- Ne sais pas

Vous arrive-t-il de faire des demandes pour des services d'interprétation provenant d'une autre région?

Oui (précisez les régions) :

Non

Ne sais pas

Commentaires sur les demandes hors région :

LES INTERPRÈTES INFORMELS

Les interprètes informels sont appelés à interpréter mais n'ont pas reçu de formation spécifique (p. ex., un employé, un bénévole, un accompagnateur ou un membre de la famille qui parle l'anglais)

Dans votre établissement, demande-t-on au personnel ayant la capacité de s'exprimer en anglais d'agir comme interprète auprès des personnes dont la langue de préférence est l'anglais?

Oui, en générale

Oui, mais c'est variable

Non

Ne sais pas

LES INTERPRÈTES INFORMELS – LES EMPLOYÉS ayant la capacité de s'exprimer en anglais
Les interprètes informels sont appelés à interpréter sans avoir reçu de formation spécifique (p. ex., un employé, un bénévole, un accompagnateur ou un membre de la famille qui parle l'anglais)

Existe-il un répertoire d'employés ayant la capacité de s'exprimer en anglais et disponibles à agir à titre d'interprète vers l'anglais?

Oui

Non

Ne sais pas

Dans votre établissement, évalue-t-on le niveau de compétence linguistique du personnel considéré comme pouvant intervenir en anglais ou interpréter vers l'anglais?

Oui

Non

Ne sais pas

Commentaires sur les compétences linguistiques du personnel agissant à titre d'interprète :

Offre-t-on de l'encadrement ou de la formation au personnel bilingue qui agit à titre d'interprète informel au sein de votre établissement?

Oui

Non

Ne sais pas

Selon vous, le fait d'agir comme interprète informel en plus de ses fonctions habituelles pourrait-il être perçu comme étant une surcharge de travail pour l'employé?

- Oui
- Non
- Ne sais pas

Commentaire sur la surcharge de travail que peut représenter « agir comme interprète informel » :

Commentaires généraux sur l'utilisation du personnel qui agit à titre d'interprète informel :

LES INTERPRÈTES – EN GÉNÉRAL

Qui, à part des interprètes professionnels ou des employés bilingues, offrent de l'interprétation vers l'anglais (cochez tous les choix applicables)?

- Membres de la famille
- Amis
- Bénévoles
- Groupes communautaires ou accompagnateurs, svp précisez :
- Autres, svp précisez :

Existe-t-il des procédures écrites pour le personnel désirant avoir recours à un interprète professionnel ou informel?

- Oui
- Non
- Ne sais pas

Selon vous, est-ce important qu'une personne qui agit à titre d'interprète (professionnel ou informel) dans le contexte des services de santé et de services sociaux ait été formée en matière :....

| | très important | plus ou moins important | pas du tout important |
|-----------------------------------|----------------|-------------------------|-----------------------|
| ...de techniques d'interprétation | | | |
| ...de principes de l'éthique | | | |
| ...de la terminologie médicale | | | |

Au besoin, sauriez-vous comment demander ou obtenir des services d'un interprète professionnel ou informel vers l'anglais?

- Oui
- Non
- Ne s'applique pas, pourquoi :

Veillez indiquer votre appréciation des éléments suivants en lien avec les services d'interprétation professionnels vers l'anglais :

Le service d'interprète professionnel est utile :

Tout à fait en accord

Tout à fait en désaccord

Le service d'interprète professionnel est facile d'accès :

Tout à fait en accord

Tout à fait en désaccord

Le service d'interprète professionnel a un impact bénéfique sur la qualité des services :

Tout à fait en accord

Tout à fait en désaccord

Le service d'interprète professionnel diminue le risque d'erreurs découlant d'une mauvaise compréhension de la part de l'utilisateur ou de l'intervenant en lien avec les barrières linguistiques :

Tout à fait en accord

Tout à fait en désaccord

Commentaires sur les services d'interprètes professionnels :

Commentaires sur les services d'interprétation en générale :

LES USAGERS INFORMÉS

Informez-vous les usagers d'expression anglaise de la possibilité de recevoir les services dans la langue de leur choix?

Oui en générale, svp précisez par quel moyen :

Oui mais c'est variable, svp précisez par quel moyen :

Non

Ne sais pas

Informez-vous les usagers d'expression anglaise de la possibilité de recevoir des services d'interprétation?

Oui

Non

Ne sais pas

Ne s'applique pas, pourquoi :

Commentaires sur le sujet des usagers informés :

LA GESTION DES BESOINS LINGUISTIQUES

Selon vous, existe-il des barrières linguistiques pour les usagers de votre établissement dont l'anglais est la langue de préférence?

Oui, précisez

Non, précisez

Commentaires sur les barrières linguistiques :

Comment sauriez-vous si une personne, dont l'anglais est la langue de préférence, aurait besoin d'aide d'un interprète professionnel ou informel pour communiquer en français dans le contexte des services de santé et des services sociaux?

Intuitivement

En suivant un processus établi

En posant systématiquement la question aux usagers d'expression anglaise

Autre:

Existe-il des activités de sensibilisation sur les conséquences des barrières linguistiques auprès du personnel dans votre établissement?

Oui

Non

Ne sais pas

Commentaires sur les activités de sensibilisation :

Existe-il une procédure pour connaître la langue de préférence de l'utilisateur lors de la prise en charge ou de l'admission?

Oui

Non

Ne sais pas

Est-ce que cette information (sur la langue de préférence de l'utilisateur) est enregistrée au dossier ou ailleurs?

Oui

Non

Ne sais pas

Existe-il des directives destinées au personnel sur la procédure à suivre lorsqu'un usager déclare que l'anglais est sa langue de préférence pour recevoir des services de santé et des services sociaux dans votre établissement?

Oui

Non

Ne sais pas

Existe-il une procédure ou des lignes directrices concernant l'obtention du consentement aux soins / services chez l'utilisateur dont l'anglais est la langue de préférence?

- Oui
- Non
- Ne sais pas

Commentaires sur les besoins linguistiques des utilisateurs dont l'anglais est la langue de préférence :

Vous a-t-on jamais offert de l'information ou de la formation sur comment travailler avec un interprète professionnel?

- Oui
- Non
- Ne sais pas

Existe-il des directives destinées aux intervenants sur le recours approprié à des services d'interprètes auprès des utilisateurs d'expression anglaise?

- Oui
- Non
- Ne sais pas

QUALITÉ ET RISQUES

Quels types de données déclarez-vous en lien avec des barrières linguistiques :

- Satisfaction
- Plaintes
- Incidents / événements
- Utilisation d'un interprète (professionnel ou informel)
- Aucune donnée
- Ne sais pas

Pensez-vous que le recours aux interprètes professionnels aide ou pourrait aider à réduire les barrières linguistiques pour les personnes dont l'anglais est la langue de préférence dans le contexte des services de santé et des services sociaux?

- Oui, précisez :
- Non, précisez :

Selon vous, quelles sont les barrières à l'utilisation des services d'interprètes anglais

Les couts pour l'établissement

Tout à fait en accord

Tout à fait en désaccord

L'offre de services directement en anglais par le biais d'un nombre important d'employés bilingues au sein de l'établissement

Tout à fait en accord

Tout à fait en désaccord

Une méconnaissance des procédures à suivre parmi le personnel

Tout à fait en accord

Tout à fait en désaccord

Le manque de disponibilité d'interprètes (par le biais de la banque d'interprète régionale ou autre)

Tout à fait en accord

Tout à fait en désaccord

Une méconnaissance de la part du personnel de la disponibilité du service d'interprétation

Tout à fait en accord

Tout à fait en désaccord

Une méconnaissance de la part des usagers de la disponibilité du service d'interprétation

Tout à fait en accord

Tout à fait en désaccord

Nous poursuivons la collecte de données et nous vous demandons de nous fournir le nom et l'adresse courriel de collègues (personnel de soutien, intervenants ou gestionnaires) qui pourraient répondre au sondage.

Merci!

Fin du sondage

Guide d'entrevue – Banques d'interprètes

| |
|--|
| disponibilité / utilisation des services d'interprètes |
| Combien d'interprètes professionnels / agents de liaison / d'accompagnateurs offrent l'interprétation : |
| Vers l'anglais? |
| Vers d'autres langues? |
| Quels régions / territoires sont desservis par les interprètes / agent de liaison / accompagnateur? |
| Formation et certification |
| Exigez-vous une certification chez les interprètes? Si oui, laquelle: |
| Confirmer si formation requise en matière de: |
| ... techniques d'interprétation |
| ... principes de l'éthique |
| ... la terminologie médicale |
| ... autre : |
| Existe-il une reconnaissance officielle d'interprète médical? |
| Est-ce que les interprètes utilisés dans votre région doivent confirmer par écrit leur adhésion à un code d'éthique? |
| À votre connaissance, qui offre de la formation en interprétation pour les personnes qui désirent œuvrer dans le réseau de la SSS? |
| Financement |
| Qui finance les services d'interprétation? |
| Quels sont les coûts annuels pour l'interprétation (toutes langues confondues et vers l'anglais)? |
| Évaluez-vous la qualité des services d'interprétation? |
| Par quels moyens? (exemple : indicateurs, suivi des plaintes, sondage à la satisfaction etc) |

| |
|---|
| Offre de services |
| Vous arrive-t-il d'offrir des services dans d'autres régions? |
| Les services sont-ils offerts 24-7? |
| Par quel(s) moyen(s) offre-t-on les services d'interprétation dans votre région / établissements? (téléphone, Face à face, visio) |
| SVP décrivez comment se font les demandes d'interprétation : |
| Résultats |
| Quel est le volume annuel de demande d'interprétation (nombre de demandes)? Total : |
| Vers l'anglais) |
| Combien de sessions de services d'interprétation sont offerts annuellement? Total : |
| Vers l'anglais : |

Guide d’entrevue destiné aux interprètes de la Banque interrégionale d’interprètes de Montréal.

Guide d’entrevue

Nom de l’interprète :

Date de l’entrevue :

| |
|--|
| Avez-vous été appelé à offrir des services d’interprétation vers l’anglais pour un usager de services de santé et de services sociaux? |
| Pensez-vous que le recours aux interprètes professionnels aide ou pourrait aider à réduire les barrières linguistiques pour les personnes dont l’anglais est la langue de préférence dans le contexte des services de santé et des services sociaux? Pourquoi? |
| Si oui, quelles étaient les circonstances? <ul style="list-style-type: none">• Urgence / visite planifiée• Usagers anglophones ou d’autres langues• Type de service : psychosociale / santé physique / autre• Lieu : CH / CJ / CRDP / domicile / autre |
| Par quelles modalités? <ul style="list-style-type: none">• Par téléphone• En personne• En visio |
| Dans quelle région? <ul style="list-style-type: none">• Montréal• Autres régions : |
| L’interprétation se fait comment : <ul style="list-style-type: none">• Simultanée• Consécutive |
| En générale, que pensez-vous des connaissances et habiletés que détiennent les intervenants à travailler avec des interprètes? <ul style="list-style-type: none">• Savoir établir la relation de travail avec le client tout en communiquant par l’intermédiaire d’un interprète• Savoir les circonstances sous lesquelles il est approprié d’avoir recours à un interprète |
| Que pensez-vous de l’utilisation des services d’interprétation vers l’anglais pour les personnes d’expression anglaise? <ul style="list-style-type: none">• Appropriés• Reconnus comme nécessaires• Professionnels suffisamment sensibles aux bénéficiaires de tels services |
| À votre avis quelles sont les barrières à l’utilisation d’interprètes vers l’anglais |

Autres commentaires.....

Questionnaire intended for members of the English-speaking community (ESC)

Survey on English-language Interpretation Services to Improve Access to Health and Social Services for Quebec's English-speaking communities

We would like to hear from you!

Last year the CHSSN (Community Health and Social Services Network) received funding from Health Canada to conduct a study on the use of interpretation services for members of English-Speaking Communities in Quebec. A report identifying challenges and recommendations to improve access to interpretation services in English will be submitted to the MSSS (Ministère de la santé et des services sociaux), a partner in this project.

We are surveying and meeting with various groups across the province such as managers and professionals working in health and social services establishments, community organizations that are partners in CHSSN's Networking and Partnership Initiative (NPI) program as well as members of the English-Speaking Communities.

Your feedback, as a member of the English-Speaking Community, is essential in making sure that the recommendations which are submitted to the Ministry reflect your needs.

FOR FOCUS GROUPS:

(NPI contact name) from *(NPI organization name)* has organized this focus group so that we may get your feedback regarding the use of interpretation services as one way to make Health and social services more accessible to Quebec's English-speaking communities.

During this focus group, we will ask participants to talk about their experiences and perceptions of the use of interpretation services to improve access to health and social services in the English language. We would also like to hear your suggestions regarding improvements you would like to see made with respect to the use of interpretation services.

We would like to thank you in advance for taking the time to complete this survey and assure you that your feedback will remain confidential.

Focus group questions:

What do you think are some of the challenges for you or others who would like to communicate in English when receiving health and social services?

When you do receive services in English from staff or professionals, can you tell me about the quality of your communications with them? What are some issues, if any, in those situations?

In what situations would you say it would be more important to communicate in your preferred language? When would it be less important for you? (NOTE: can prompt for types of situations ... such as... getting instructions on where to go in a hospital to being given a medical diagnosis...

What is your understanding of what an interpreter is?

Can you give me examples of situations when someone interpreted for you to help you communicate with health and social services staff and professionals? (who, what, where, why etc)

Do you know that there are people who do this professionally and some hospitals have people trained to interpret? (training: ethics, confidentiality, technique, medical terms, objectivity)

Do you think this service would be something you would consider when you use health and social services? Why ?

FOR SURVEYS:

We are asking you to complete a brief survey that will help us draw a portrait of the current situation which reflects your experiences and perceptions of the use of interpretation services to offer health and social services in the English language. We would also like to hear your suggestions regarding improvements you would like to see made with respect to the use of interpretation services.

Your feedback is very important to us and we would like to thank you in advance for taking the time to complete this survey.

Survey questions

What language would you prefer to communicate in when you use public sector health and social services?

English

French

Either English or French

If you answered “French” or “Either English or French”, the rest of the questionnaire may not apply to you and you need not complete it.

HOWEVER...

...if you would like to respond based on your experience or that of a close friend or family member who prefers to receive services in English, please indicate “yes” and continue.

YES, I would like to continue

NO, I would not like to continue

What are some of the challenges that you (or someone you know) face when communicating with health and social services staff and professionals? (please check all that apply)

- Have to wait to find someone available who speaks English
- There is no staff or professional available who speaks English during my appointment
- The written forms and pamphlets are in French and are difficult to understand
- Have misunderstood information given regarding *an appointment*
- Have misunderstood information given regarding *my medications*
- Have misunderstood information given regarding *preparing for tests*
- The staff or professional misunderstood my (or someone I know) history, health issue or symptoms
- I (or someone I know) experienced complications due to a language barrier (please specify):
- Other:

For each of the following situations, please indicate how important it would be for you, or someone you know, to communicate with health and social services staff and professionals in your preferred language: (scale of 5: *very important, somewhat important, neither important or unimportant, not very important, not at all important*)

- During an examination or when taking a medical history;
- When given a diagnosis, prognosis, treatment plan, care plan;
- During a family conference or a health information/education session;
- When there are mental health issues and concerns (including depression or anxiety);
- During a treatment, a procedure, or an investigation, and when using any related equipment;
- When asked to give an informed consent;
- When given medication instructions and/or explanations of potential side effects;
- When planning a discharge from hospital or from a service;
- When discussing end-of-life issues and/or decisions;
- When asked to participate in research and evaluation activities;
- When discussing legal, financial and/or insurance matters related to health and social services you receive;
- While receiving help with daily living activities;
- When completing forms not related to history, diagnosis, consent;
- When registering for or scheduling an appointment;
- When needing help finding your way or when you need general information

For each of these situations, please indicate the degree of satisfaction you, or someone you know, has had with the communication with health and social services staff and professionals (*very satisfied, somewhat satisfied, neither satisfied or dissatisfied, not satisfied, not at all satisfied, does not apply.....*)

- During an examination or when taking a medical history;
- When given a diagnosis, prognosis, treatment plan, care plan;
- During a family conference or a health information/education session;
- When there are mental health issues and concerns (including depression or anxiety);
- During a treatment, a procedure, or an investigation, and when using any related equipment;
- When asked to give an informed consent;
- When given medication instructions and/or explanations of potential side effects;
- When planning your discharge from hospital or from a service;
- When discussing end-of-life issues and/or decisions;
- When you are asked to participate in research and evaluation activities;
- When discussing legal, financial and/or insurance matters related to health and social services you receive;
- While receiving help with daily living activities;
- When completing forms not related to history, diagnosis, consent;
- When registering for or scheduling an appointment;
- When you need some help finding your way or when you need general information

There are different types of interpreters:

In some health and service organizations, **professional interpreters** are available to help people communicate in the language of their choice. These professionals are trained in interpreting what is said in one language, into a second language. They receive technical training that allows them to accurately repeat what is said in one language, in a second language. They are also held to a professional code of ethics that obligates them to be objective, to be up to date on medical terminology, to respect confidential information and to behave ethically at all times.

When no professional interpreters are available, health and social service organizations may call on **ad hoc interpreters**. These may include family members (including children), friends, volunteers, community workers or other people who accompany people to appointments, but who are not trained as professional interpreters.

Finally, health and social service organizations may also call on their own **English speaking staff and professionals** to help interpret for their colleagues. These staff and professionals may not be trained as professional interpreters either and their presence depends on their availability as they were not hired for the purpose of providing interpretation services.

Have you received help with interpretation from any of the following people?

- Professional interpreter
- Staff or professional who interpreted for a colleague
- A family member
- A volunteer from the health and social service organisation
- A community worker or volunteer who accompanied you to the appointment
- Other

Have you ever had to:

- pay someone to interpret for you
- incur costs to be accompanied by someone to help you communicate with health professionals

How important do you think it is for someone acting as an interpreter (professional, ad hoc or health care staff) to have had some basic training in:

| | Very important | Somewhat important | Not very important |
|---------------------------|----------------|--------------------|--------------------|
| interpretation techniques | | | |
| ethical conduct | | | |
| medical terminology | | | |

If you were offered help with interpretation services, which type(s) would you like to receive?
(very acceptable, acceptable, not acceptable, not at all acceptable)

- A professional interpreter provided by the health and social services establishment
- A staff, professional or a volunteer from the establishment
- A volunteer or community worker from my own community
- A family member

Would you like to give us any other information or comments?

Appendix 9 – English language Access Programs

| | Programme d'accès | Année | Bottin personnel bilingue | Utilisation d'interprètes informels | Utilisation d'interprètes formels | Autres |
|---|-----------------------|-----------|---------------------------|-------------------------------------|-----------------------------------|---|
| 1 | Bas St-Laurent | 2012-2015 | x | x | x | <ul style="list-style-type: none"> . plusieurs établissements ont dressé une liste de personnel bilingue pouvant être appelé pour traduire en cas de besoin. D'autres peuvent employer les services d'un interprète extérieur de façon ponctuelle si la situation l'exige. . Accompagnateur bilingues . Employés . Traduction |
| 2 | Saguenay–Lac St-Jean | 2011-2014 | x | x | x | <ul style="list-style-type: none"> . liste de personnel prêt à servir d'interprète . Lorsque nécessaire, l'établissement fait appel à un interprète |
| 3 | Capitale Nationale | 2012-2015 | | x | | <ul style="list-style-type: none"> . Virement vers JHSB . Embauche de personnel bilingue . Traduction – documentation anglaise disponible dans la majorité des établissements |
| 4 | Mauricie | 2011- | x | x | x | <ul style="list-style-type: none"> . personnel peut servir d'interprète. . banque d'interprètes bénévoles de la communauté . banque d'interprètes accrédités |
| 5 | Estrie | 2012-2015 | | | x | <ul style="list-style-type: none"> . Certains établissements ont des ententes avec des organismes pour des services d'interprétariat. . Aide requise pour : <ul style="list-style-type: none"> - Recrutement personnel bilingue - Traduction de documents vers l'anglais et mise en réseau - Formation personnel en anglais |
| 6 | Montréal | 2011-2014 | | | | <ul style="list-style-type: none"> . L'interprétation en langue anglaise n'est pas mentionnée . Services d'interprétation en ASL offert par le Centre de la communauté sourde du Montréal métropolitain (CCSMM) . mention de devoir prévoir services interprétariat pour toutes campagnes de prévention et de promotion . Difficultés à recruter du personnel bilingue . Manque de soutien / ressources pour traduction de documents |
| 7 | Outaouais | 2011-2014 | | x | | <ul style="list-style-type: none"> . mention d'une banque d'interprète-dépanneur d'employés dans un seul établissement . Portrait mixte – rapport par établissement . Budget annuel de traduction de documents mais lacunes notées |
| 8 | Abitibi-Témiscamingue | 2011-2014 | x | x | | <ul style="list-style-type: none"> . Interprétation par agent liaison . Traduction de documents |

| | Programme d'accès | Année | Bottin personnel bilingue | Utilisation d'interprètes informels | Utilisation d'interprètes formels | Autres |
|----|----------------------|-----------|---------------------------|-------------------------------------|-----------------------------------|--|
| 9 | Côte Nord | 2011- | | x | x | . Au besoin - fait appel aux interprètes en privé . Font appel aux services à Québec . Personnel bilingue agit aussi comme interprète . Accompagnateur agissant comme interprète et traducteur de documents / d'outils . Documents pour grands public sont disponibles en anglais |
| 11 | Gaspésie | 2011 | | x | | . Service d'interprète par collègues, bénévoles, membres de la famille |
| 12 | Chaudières-Appalache | 2011-2014 | x | x | | . Répertoire de personnels acceptant d'agir à titre d'interprète . Bénévoles de Megantic English-speaking Community Development Corporation (MCDC) |
| 13 | Laval | 2012-2015 | | | | . L'interprétation en langue anglaise n'est pas mentionnée. Des services en anglais hors régions sont disponibles |
| 14 | Lanaudière | 2011-2014 | | x | x | . Dans la plupart des situations rencontrées, le conjoint, le médecin ou un proche du malade peut suppléer au déficit et améliorer les échanges entre le personnel et l'utilisateur. Il est également possible de faire appel à des interprètes à l'externe des installations. . Personnel bilingue . Interprétation par conjoint / proche . Services externes disponibles en anglais (psychiatrie) . Besoins rares – taux faible ou sinon vont vers Mtl |
| 15 | Laurentides | 2012-2015 | | | | . L'interprétation en langue anglaise n'est pas mentionnée . Établissements sont responsables de l'embauche du personnel bilingue au besoin, et d'identifier les besoins . On achemine les usagers vers du personnel bilingue au besoin, dans des délais raisonnables |
| 16 | Montérégie | 2011-2014 | | | | . L'interprétation en langue anglaise n'est pas mentionnée . Manque de personnel bilingue – aide au recrutement . Besoin d'aide pour la traduction de documents – certaines traductions faites avec le RCSSS . Formation en langue anglaise |

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Appendix 10 - Interpreter banks – interview results

| Banque d'interprètes* | | Banque interrégionale d'interprètes (Montréal) | Accueil-Parrainage Outaouais | Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Centre du Québec) |
|------------------------------------|-----------------------------|--|---|--|
| nombre d'interprètes | toutes langues | 130 | 50 | 120 |
| | anglais | 10 | exceptionnel | 23 |
| service d'accompagnement | | non | non | non |
| Régions / territoires desservis | | Montréal, Montérégie, Lanaudière, Québec (un cas urgent), Laurentides, Laval | Outaouais - grande région | Estrie, Centre du Québec, Mauricie |
| certification requise | | non | non, il s'agit d'interprètes communautaires | non |
| formation requise | techniques d'interprétation | non | oui | oui |
| | principes de l'éthique | non | oui | oui |
| | la terminologie médicale | non | non | non - mais en train de développer un guide médical |
| | autre : | . dans le passé, on formait les interprètes, mais plus maintenant . 2 cours sont offerts à l'Université de Montréal: 1. interprétation en milieu sociale 2. communication interculturelle | confidentialité | . rôle de l'interprète . Info de base sur la communication . Types de situations |
| Adhésion à un code éthique requis? | | oui - formulaire avec code d'éthique doit être signé | oui | oui- doivent signer une entente de confidentialité, impartialité, rigueur |

| Banque d'interprètes* | | Banque interrégionale d'interprètes (Montréal) | Accueil-Parrainage Outaouais | Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Centre du Québec) |
|-------------------------------|-----------|--|---|--|
| Autres critères d'embauche | | expérience, favorisant certificat en traduction, 30 crédits, maîtrise de la langue française et d'une langue (minimum) d'interprétation. | parler la langue assez bien confidentialité ponctualité | une entrevue de sélection est faite avec des mises en situation pour vérifier les critères d'embauche: confidentialité, impartialité, rigueur, compétences linguistiques |
| Sources de formation | | UdeM certificat en traduction, ou cours individuels | laissez aux interprètes eux-mêmes | le SANC offre de la formation à ses interprètes; il y a aussi d'autres formations ponctuelles, offertes au besoin |
| Financement | | . Établissements paient selon utilisation des services . ASSS payait pour certains organismes communautaires AMCAL . La Banque demande 14% en plus du montant facturé par l'interprète pour les frais administratifs | demandeurs (établissements CLSC, CH etc) paient 28\$ de l'heure pour un minimum de 2 hres, plus les frais | . Les établissements en Estrie paient . en Mauricie l'Agence payait un forfait de base . Les coûts sont de 30\$ de l'heure + frais de déplacements pour les établissements . Les coûts sont de 20\$ de l'heure + déplacements pour les organismes communautaires |
| Évaluation de la qualité | | non | oui, par sondages et entrevues aux 2 ans auprès des demandeurs | oui, on demande aux établissements de faire une évaluation, de façon alléatoire. On utilise un formulaire avec les points à évaluer. |
| Offre de service hors région? | | oui, voir liste ci-dessus | région Outaouais, principalement Gatineau (de Buckingham à Aylmer), parfois jusqu'à Maniwaki | oui, par exemple à Montréal car ce ne sont pas tous les établissements qui utilisent la Banque de Montréal et parfois il n'y a personne qui peut interpréter dans la langue recherchée |
| Services 24-7 | | heures d'ouverture de la banque 8h30 - 16h30 sinon en cas d'urgence, la liste d'interprètes est accessible 24 h en ligne pour les établissements du Grand Montréal | normalement, un service de jour, à l'occasion une offre des services est disponible en cas d'urgences | oui |
| Modalités | Téléphone | si la demande est pour un lieu très loin ou si obligatoire (contrainte de temps etc) | parfois | oui |

| Banque d'interprètes* | | Banque interrégionale d'interprètes (Montréal) | Accueil-Parrainage Outaouais | Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Centre du Québec) |
|------------------------------|------------------|---|--|---|
| | Face à face | oui | oui | oui |
| | Visio | non | non | proposé |
| Lieu de services | CH | oui | oui | oui |
| | Clinique | oui | oui | oui |
| | Domicile | oui | oui | oui |
| | Autres : | centre jeunesse | CLSC | CLSC, CR, Centre jeunesse, SAD |
| processus de demande: | | le système Jérôme Plus (une plateforme interactive accessible par internet) existe depuis juin 2014; plusieurs établissements y ont accès - les 'grands demandeurs' créent la demande en ligne qui est transmise directement à l'interprète. Si la demande est refusée par l'interprète, un avis est envoyé à l'établissement qui choisi quelqu'un d'autre. Si l'établissement n'a pas accès au système, la demande est faite auprès de la Banque par téléphone | demande faite par l'établissement, par courriel ou par fax | . on complète une demande écrite par courriel / télécopieur en utilisant le formulaire.. Le SANC communique avec le demandeur si ce n'est pas possible de répondre à la demande |
| Volume annuel de demandes | Toutes langues : | 27 322 | 1 061 | 600-700 demandes par mois |
| | Vers l'anglais : | 1 404 | 6 | minime |
| Nombre de sessions par année | Toutes langues : | 28 568 | 1 045 | 6 232 entrevues |
| | Vers l'anglais : | 977 | 6 | minime |
| Condition de travail | Salariés : | non | non | non |
| | À la pige : | oui | oui | oui |

| Banque d'interprètes* | | Banque interrégionale d'interprètes (Montréal) | Accueil-Parrainage Outaouais | Service d'aide aux néo-canadiens (SANC) (Estrie, Mauricie, Centre du Québec) |
|------------------------|----------------|---|---|--|
| | Contractuels : | non | non | non |
| | Autres : | non | non | non |
| Salaire / taux horaire | | 35\$ de l'heure; minimum 2h + frais de déplacement si à l'extérieur de Montréal | 18\$ de l'heure, minimum 2h | 17\$ de l'heure + frais de déplacement |
| autres commentaires | | | travaillent principalement avec les immigrants qui ne peuvent pas communiquer en français; l'interprétation en anglais se fait normalement pour cette clientèle qui parle une langue autre que le français ou l'anglais mais qui s'exprime par contre en anglais. Les services d'interpètes pour les personnes d'expression anglaise seraient bénéfiques. | les demandes d'interprétation vers l'anglais sont surtout pour les appels de détresse (info-santé ou info-social) mais il y a parfois des demandes en CH, p.ex. à Shawinigan et à Trois Rivières. À Sherbrooke (CHUS, Hotel Dieu) c'est très rare. |

* Banque régionale des interprètes linguistiques et culturels BRILC (Capitale Nationale) - *Aucune donnée à défaut d'aucun retour d'appel*