



# DIVERSITY

Are Non-English Speaking Seniors Being Served?  
February 2008

## A Report on Linguistically Appropriate Services for Seniors in Toronto

### *Executive Summary*

Care Watch and many partners are proud to present a study which grew out of a public meeting on diversity as related to services for seniors. A primary issue emerging from this meeting was a concern about the capacity of community agencies to provide linguistically appropriate services. Subsequently, Care Watch brought together a group. This group picked up the concern. It was noted that linguistically appropriate services were of particular importance given the increasing number of seniors and the number of those for whom English is not a first language. They felt better evidence of need was required. It was decided to seek further evidence through a short, but focused interview with community agencies that serve seniors. The group wanted to look at two aspects of service: initial contact at reception/intake and ongoing service provision.

Three members of the group volunteered to pursue this study. Fortunately, they were joined by a researcher from University of Toronto's Institute for Life Course and Aging. They further refined the potential study respondents to include only:

- Agencies located within the Toronto Central LHIN area.
- Community Support Services (CSS) which offer more than two provincially-funded programs
- Community Health Centres (CHC) which designated seniors as a priority service target group

Ethno-specific services were not included.

A survey form was developed which looked at the two aspects, intake and ongoing service, separately. Nineteen of the twenty one community support services (CSS) participated in the study as did six out of eight community health centers (CHCs).

The primary limitation of the study was that the information obtained was based on the services providers' perception rather than recorded data. As well, the sampling in both sets of services is quite small. Nevertheless, the research team feels that the report provides a good general assessment of service provision to seniors who speak languages other than English.

Most of the respondents said that they did not use volunteers for interpretation. They use their own staff and occasionally other means. Apparently, about 21 languages, other than English are spoken by staff in the surveyed CSS Agencies (Personal Support Workers

account for part of this) and approximately 11 languages are spoken by workers in the surveyed CHCs. The report observes that it is quite possible that languages available through staff are a result of the hiring market, not necessarily the needs of the clientele. The diversity of languages at a particular agency or health centre may reflect not only the diversity of the clientele, but also the linguistic diversity of the staff, which may or may not map onto that of the clients. The report further notes that the top three linguistic groups of people in Toronto over the age of 65 are Chinese languages, Italian, and Portuguese.

## Study Results

### ▪ *Intake/Reception*

The non-English languages available and most used in the surveyed CSS agencies were Spanish, Portuguese and Cantonese. In the surveyed CHCs they were Spanish and Portuguese. A number of other languages were available but the usage was much less.

### ▪ *Ongoing/Continuing Service Provision*

The Report clearly shows that with some important exceptions, the amount of language appropriate ongoing or continuing service is very limited. The languages most available and used in CSS Agencies are Portuguese, Italian and Hindi/Gujarati. In the CHCs these languages were Portuguese and Spanish. Again, numbers of other languages were available, but usage was much less.

### ▪ *Unmet Demand*

The respondents were also asked to identify the demands they received and were unable to meet. In some instances they had no capacity in the languages which were demanded, in others, the demand exceeded their capacity. For the CSS Agencies, this was Italian, Hindi and Punjabi, for the CHCs it was Greek and Tagalog.

## Main Findings

1. We must challenge our assumptions about how well we are serving Toronto's linguistically diverse seniors. We need accurate data for staff, program and service planning.
2. Translation and interpretation services need adequate and dedicated funding.
3. Further research is needed.

## Recommendations

The study established that linguistically appropriate services are available for a few language groups in the mainline services. A greater variety is required if agencies are to meet existing and changing needs. The recommendations flow from the comments of respondents and the research team's analysis of the data:

- Improved funding is required to provide well-trained and qualified professional interpretation. Untrained interpreters affect the quality of service.

- Hiring of staff to meet the diverse linguistic needs in CSS agencies is important. Ongoing changes in clientele makes this difficult. As well, salary scales which are lower than in institutions and larger organizations, which affect the hiring potential. The Ministry and LHINs must consider how this wage differential affects service.
- Common access is an important component of increasing the capacity for language appropriate services. Options might include: interagency multilingual telephone service or creating a plan for staff sharing.
- It is vital for providers and planners to have access to better demographic and neighbourhood data related to the need for language appropriate services. Statistics Canada data must become more accessible. As well, Agencies and Services must keep more accurate account of need as related to language capacity.