

Diversity

**Are Non – English Speaking Seniors
Being Served?**



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



Care Watch & Partners

February 2008

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A Report on Linguistically-Appropriate Services for
Seniors in Toronto

Final Report

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By
Care Watch and Partners

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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.

Final Report

Introduction

History

Almost two years ago, Care Watch sponsored a public meeting entitled "Home Care and Diversity." At this meeting there was a strong sense that the availability of seniors' services in languages other than English was inadequate to meet the needs of Toronto's increasingly diverse population. However, there was very little evidence to support this contention. Care Watch, heeding this concern, brought together a very diverse group of about 12 people. This became known as the Diversity Working Group. Some of these people were related to agencies and other organizations and some were just interested individuals. This group determined that a 'small' survey should be conducted to get a sense of the services available in languages other than English. As far as the group knew, this information had not been collected, and would provide a more realistic picture than the listings available "Blue Book" of what services are available in what languages. A small research group was created. Somehow the project was neither as small nor as simple as had been originally envisioned. By good fortune, the research group acquired the assistance of a research coordinator from the University of Toronto's Institute for Life Course and Aging. This study is the result.

Purpose

One of the issues identified by the group was the challenge of linguistically-appropriate service delivery to seniors. How difficult or easy is it for seniors to access information, referral and services in their own language? Which mainstream agencies are able to provide these services and in what languages? This issue is also identified as an important one in the Toronto Central LHIN 2007-2010 Integrated Health Service Plan Appendix on Seniors, where linguistic difference is acknowledged as a significant barrier to accessing mainstream services. The report presents five action areas, one of which is to improve access to services for marginalized and at risk seniors.¹ The Integrated Health Service Plan for the Toronto Central LHIN identifies competence in services to seniors from ethno-cultural, religious and linguistic communities as one of five proposed strategies.²

It is well known that Toronto is a culturally and linguistically diverse city; indeed, the city's older population is the most diverse of all cities in Canada. Two-thirds of all seniors in Toronto are immigrants, and of these, 22 percent do not speak English or French.³ In some of Toronto's neighbourhoods, nearly one-half of the older adults living

¹ Toronto Central LHIN 2007-2010 Integrated Health Service Plan, Appendix J: Seniors. Ontario: Author., p. 14 and 32. Accessed July 7, 2007. No longer accessible online in November, 2007.

² Making a Difference: Helping People Lead Healthier Lives: An Integrated Health Service Plan for the Central LHIN. Technical Report, p.121. Accessible at:
http://www.centrallhin.on.ca/integratedhealthserviceplan.aspx?ekmense1=e2f22c9a_72_204_btnlink.

³ Schellenberg, G. and Turcotte, M. 2007. A Portrait of Seniors in Canada, 2006. Statistics Canada Catalogue no. 89-519-XIE. Ottawa. Released February 27, 2007.

there have home languages other than English.⁴ The most common non-official languages spoken by older adults are Italian, “Chinese,” which includes Chinese languages other than Cantonese, followed by Cantonese, Portuguese, and Punjabi.⁵ It is also well known that we have an aging population; perhaps less well known is the fact that the proportion of seniors who speak languages other than English or French has been on the rise across Canada since 1981.⁶ These statistics confirm that the demand for linguistically appropriate services for seniors will not only continue, but will also increase as well.

Methodology

The information in this report is based on a purposive sample of service providers in the Toronto Central LHIN, specifically Community Support Service (CSS) agencies that offer more than two provincially funded programs to older adults, as well as Community Health Centres that have older adults as one of their priority groups. Ethno-specific agencies were not included because the Research Team was interested in how mainstream services were responding to the demands of multiple linguistic groups. Ethno-specific agencies are, presumably, meeting the needs of their clients. It would be interesting, in another study, to consider how many linguistic groups these agencies serve and how they provide linguistically and culturally appropriate services.

Nineteen of 21 CSS agencies with more than two funded program participated, as did 6 out of 8 Community Health Centres that designate seniors as a service group. Two of the agencies contacted did not participate because they did not feel that there was a demand for services other than those in English. For the purposes of this report, it was decided that the information gathered from the CHCs would be presented separately from that of the CSS agencies because of the differences in programming, funding of interpretation and other differences.

The Survey

The members of the research team developed a brief survey to identify the languages that were available at intake, at immediate referral, and by referral within 24 to 48 hours. For each language available, they were asked what kinds of services were available in those languages, who spoke the language (staff or volunteer) and how consistently those services were available in each language. The service providers were also asked what other languages were in demand at their agency, and a final question about what could improve linguistically-appropriate service delivery for seniors.

⁴ Toronto Central LHIN 2007-2010 Integrated Health Service Plan, Appendix J: Seniors, p.5.

⁵ Statistics Canada. 2007. Detailed Mother Tongue (103), Language Spoken Most Often at Home (8), Other Language Spoken Regularly at Home (9) and Age Groups (17A0 for the Population of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2006 Census – 20% Sample Statistics Canada Catalogue no. 97-555-XCB2006028. Ottawa. Released December 04, 2007.

⁶ A Portrait of Seniors in Canada, 2006.

The program director or executive director was contacted by telephone and sent a copy of the survey by fax or e-mail. They were then called for a brief telephone interview (20 to 40 minutes). Some participants filled in the form and faxed it back to the research team.

Limitations of the Data

The information collected is not based on recorded data, but is based on service providers' perceptions of the linguistic groups that the agency serves or is able to serve, and therefore what is gathered must be recognized as subjective and partial. It is also most likely an under-representation of linguistically appropriate services available because ethno-special agencies were not included, and because it is only a sample of mainstream agencies across Toronto.

It is interesting to note that some of the languages "available" at the agencies may be more of a reflection of the staff's linguistic abilities, rather than a reflection of the real demand posed by linguistic groups in the community. In the data that follows, for example, French appears quite frequently, when it is most likely not in great demand, but many staff can speak it.

While there are some limitations to the data collected here, the Research Team believes this report provides a good assessment of access to services for seniors who speak languages other than English. The report contains two sections: the first presents the findings from the 19 surveys of Community Support Service (CSS) agencies, followed by data from the 6 Community Health Centres.

1. Findings from the Survey of Community Support Service (CSS) Agencies

A. Services Available in Languages Other Than English

To begin, the table below presents all of the linguistic groups (other than English) “available” at the 19 agencies. The interview participants were asked to list which languages were available “at intake,” “immediately if not at intake” and which were available “by referral” to staff who could return a phone call or see the person within one or two days. Twenty-one linguistic groups are served by the 19 agencies surveyed, where services in Portuguese, Cantonese and Mandarin are most prevalent.

Linguistic Groups	Services Available* (n)										
	Info & Ref.	Soc. Wk.	Home Help	Trans	ADS	Case Mgt	MOW	EPC	Supp Grp.	Cong Dine	Housing
1. Portuguese	9	6	4	1	2	--	1	1	1	--	--
2. Cantonese	7	3	3	2	2	--	1	2	--	--	--
3. Spanish	7	3	3	1	1	--	--	--	--	--	1
4. Mandarin	4	3	1	1	1	--	1	1	--	--	--
5. French	4	1	1	--	--	--	--	--	--	--	--
6. Hindi/Gujarati	4	1	2	1	--	1	1	--	--	--	--
7. Polish	3	2	1	1	1	--	--	--	--	--	1
8. Greek	3	1	1	--		--	1	--	--	--	--
9. Italian	2	2	--	1	1	--	--	--	--	1	--
10. Korean	2	2	--	1	1	--	--	--	1	--	--
11. Yiddish	2	2	--	--	1	--	--	--	--	--	--
12. Serbian/Croatian	2	--	1	1		--	--	--	--	--	--
13. Russian	2	1	--	--		--	--	--	--	--	--
14. Hungarian	2	1	--	1	1	--	--	--	--	--	--
15. Vietnamese	2	1	--	--	1	--	--	--	--	--	--
16. Hebrew	1	--	--	1	1	--	--	--	--	--	--
17. Tagalog	1	1	--	--	--	--	--	--	--	--	--
18. Yiddish	1	--	1	--	--	--	--	--	--	--	--
19. Ukrainian	1	--	--	--	--	--	--	--	--	--	--
20. Tamil	1	--	--	1	--	--	--	1	--	--	--
21. Somali	1	--	--	1	--	1	--	--	--	--	--

*Services Listed

Info & Ref.: Information and Referral
 Soc Wk.: Social Work
 Home Help
 Trans.: Transportation
 ADS: Adult Day Services
 Case Mgt.: Case Management

MOW: Meals on Wheels
 EPC: Elderly Persons Centre
 Supp. Grp.: Support Group
 Cong. Dine: Congregate Dining
 Housing

The following tables are a breakdown of the table on the previous page. They show the languages and services that older adults could access in three different ways:

The tables in Section B show languages available only at intake for all of the agencies surveyed. The respondents listed the languages available at intake, the services available in these languages, and then they were asked which continuing services were available in these languages, and how frequently. The column on the left indicates the linguistic group served, and the number of agencies that indicated that language was available at intake.

For example, in the table below, 5 agencies have services in Spanish, where all offer information and referral, 3 offer social work in Spanish, one has Homemaking and 1 offers Adult Day Services. At four agencies, the services they offer in Spanish are available “most of the time,” while for 1 agency they are available “much of the time.”

The tables in Section C show the languages and continuing services available immediately, if not at intake and the tables in Section D show the languages and continuing services available by referral within 24 to 48 hours.

The respondents were also asked whether paid or volunteer staff were responding to these inquiries. All agencies reported that paid staff provides intake and services in languages other than English, with only a few instances where volunteers are doing the work.

Finally, in Section E, the respondents were asked if they receive demands for services in languages other than English that they cannot meet.

B. Languages and Continuing Services Available Only at Intake

Linguistic Groups	Services	(n)	Availability of Services	(n)
English (19)	Information & Ref.	19	All of the time	16
	Social Work	15	Most of the time	1
	Homemaking/Help	11	Much of the time	2
	ADS	4	Some of the time	--
	Transportation	5	None of the time	--
	MOW	2		
	EPC	3		
	Congregate Dining	1		
	Supportive Housing	1		
	Health Promotion	1		
	Drop-in program	1		
	Case management	1		
	Support Group	1		
Spanish (5)	Information & Ref.	5	All of the time	--
	Social Work	3	Most of the time	4
	Homemaking/Help	1	Much of the time	1
	ADS	1	Some of the time	--
	Transportation	--	None of the time	--
	MOW	--		
	EPC	--		
	Congregate Dining	--		
	Supportive Housing	--		
	Health Promotion	--		
	Drop-in program	--		
	Case management	--		
	Support Group	--		
Portuguese (4)	Information & Ref.	4	All of the time	--
	Social Work	4	Most of the time	2
	Homemaking/Help	3	Much of the time	1
	ADS	2	Some of the time	1
	Transportation	1	None of the time	--
	MOW	1		
	EPC	1		
	Congregate Dining	1		
	Supportive Housing	--		
	Health Promotion	--		
	Drop-in program	--		
	Case management	--		

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Cantonese (3)	Information & Ref.	2	All of the time	1		
	Social Work	2	Most of the time	1		
	Homemaking/Help	2	Much of the time	1		
	ADS	1	Some of the time	--		
	Transportation	1	None of the time	--		
	MOW	1				
	EPC	1				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				
French (3)	Information & Ref.	3			All of the time	--
	Social Work	1			Most of the time	2
	Homemaking/Help	1	Much of the time	1		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Mandarin (2)	Information & Ref.	2	All of the time	2		
	Social Work	2	Most of the time	--		
	Homemaking/Help	1	Much of the time	--		
	ADS	1	Some of the time	--		
	Transportation	1	None of the time	--		
	MOW	1				
	EPC	1				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	1				
Italian (1)	Information & Ref.	1			All of the time	--
	Social Work	1			Most of the time	--
	Homemaking/Help	--	Much of the time	1		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Korean (1)	Information & Ref.	1	All of the time	--		
	Social Work	1	Most of the time	1		
	Homemaking/Help	--	Much of the time			
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				
Yiddish (1)	Information & Ref.	1			All of the time	--
	Social Work	1			Most of the time	1
	Homemaking/Help	1	Much of the time	--		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				
Hindi/Gujarati (1)	Information & Ref.	1			All of the time	--
	Social Work	1			Most of the time	--
	Homemaking/Help	--	Much of the time	1		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				

C. Languages and Continuing Services Available Immediately, if Not at Intake

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)	
Cantonese (4)	Information & Ref.	1	All of the time	--	
	Social Work	1	Most of the time	2	
	Homemaking/Help	1	Much of the time	1	
	ADS	1	Some of the time	--	
	Transportation	1	None of the time	--	
	MOW	--			
	EPC	1			
	Congregate Dining	--			
	Supportive Housing	--			
	Health Promotion	--			
	Drop-in program	--			
	Case management	--			
	Support Group	--			
Greek (3)	Information & Ref.	1		All of the time	--
	Social Work	1		Most of the time	1
	Homemaking/Help	1	Much of the time	2	
	ADS	--	Some of the time	--	
	Transportation	--	None of the time	--	
	MOW	1			
	EPC	--			
	Congregate Dining	--			
	Supportive Housing	--			
	Health Promotion	--			
	Drop-in program	--			
	Case management	--			
	Support Group	--			
Spanish (2)	Information & Ref.	2		All of the time	1
	Social Work	--		Most of the time	--
	Homemaking/Help	2	Much of the time	--	
	ADS	--	Some of the time	1	
	Transportation	1	None of the time	--	
	MOW	--			
	EPC	--			
	Congregate Dining	--			
	Supportive Housing	1			
	Health Promotion	--			
	Drop-in program	--			
	Case management	--			

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Mandarin (2)	Information & Ref.	1	All of the time	--		
	Social Work	1	Most of the time	1		
	Homemaking/Help	--	Much of the time	1		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				
Portuguese (2)	Information & Ref.	2			All of the time	--
	Social Work	2			Most of the time	2
	Homemaking/Help	1	Much of the time	--		
	ADS	--	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	1				
	Support Group	--				

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Italian (1)	Information & Ref.	--	All of the time	--		
	Social Work	--	Most of the time	--		
	Homemaking/Help	--	Much of the time	--		
	ADS	--	Some of the time	1		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	1				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	1				
Tamil (1)	Information & Ref.	1			All of the time	--
	Social Work	1			Most of the time	--
	Homemaking/Help	--	Much of the time	--		
	ADS	--	Some of the time	1		
	Transportation	1	None of the time	--		
	MOW	--				
	EPC	1				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				

Linguistic Groups (n)	Services	(n)	Availability of Services	(n)		
Korean (1)	Information & Ref.	1	All of the time	--		
	Social Work	1	Most of the time	--		
	Homemaking/Help	--	Much of the time	1		
	ADS	1	Some of the time	--		
	Transportation	--	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	--				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	1				
Polish (1)	Information & Ref.	1			All of the time	1
	Social Work	--			Most of the time	--
	Homemaking/Help	1	Much of the time	--		
	ADS	1	Some of the time	--		
	Transportation	1	None of the time	--		
	MOW	--				
	EPC	--				
	Congregate Dining	--				
	Supportive Housing	1				
	Health Promotion	--				
	Drop-in program	--				
	Case management	--				
	Support Group	--				

D. Languages and Continuing Services Available by Referral

Linguistic Groups	Services Available (n)										
	Info & Ref.	Soc. Wk.	Home Help	Trans	ADS	Case Mgt	MOW	EPC	Supp Grp.	Cong Dine	Hous-Ing
1. Portuguese (3) The services were reported available in 24 – 48 hours by paid staff.	2	--	--	--	--	--	--	--	--	--	--
2. Italian (3) Some services were reported available in 24 hours, and others 24 – 48 hours by paid staff and volunteers.	3	1	--	--	1	--	--	--	--	--	--
3. Hindi/Gujarati (3) Some services were reported available within 24 hours, and others 24 – 48 hours by paid staff.	2	--	2	1	--	1	1	--	--	--	--
4. Russian (2) Services were reported available within 24 hours, and others 24 – 48 hours by paid staff.	2	1	--	--	--	--	--	--	--	--	--
5. Hungarian (2) Services were reported available within 24 hours, and others 24 – 48 hours by paid staff and volunteers.	1	1	--	1	1	--	--	--	--	--	--
6. Serb/Croatian(2) Some services were reported available within 24 hours, and others 24 – 48 hours by paid staff and volunteers.	2	--	1	1	--	--	1	--	--	--	--
7. Polish (2) Services were reported available within 24 hours, and others 24 – 48 hours by paid staff.	2	1	--	--	--	--	--	--	--	--	--
8. Vietnamese (2) Some services were reported available within 24 hours by paid staff.	2	1	--	--	1	1	--	--	--	--	--
9. Spanish (1) Services were reported available in 24 – 48 hours by paid staff.	1	--	--	--	--	--	--	--	--	--	--

Linguistic Groups (continued)	Services Available (n)										
	Info & Ref.	Soc. Wk.	Home Help	Trans	ADS	Case Mgt	MOW	EPC	Supp Grp.	Cong Dine	Hous- Ing
10. Ukrainian (1) Services were reported available within 24 hours by paid staff.	1		--	--	--	--	--	--	--	--	--
11. Korean (1) Services were reported available in 48 hours or more by paid staff.	1	1	--	--	--	--	--	--	--	--	--
12. Yiddish (1) Services were reported available within 24 hours by paid staff and volunteers.	1	1	--	--	1	--	--	--	--	--	--
13. French (1) Services were reported available within 24 hours by paid staff.	1	--	--	--	--	--	--	1	--	--	--
14. Hebrew (1) Services were reported available within 24 hours by paid staff and volunteers.	1	1	--	1	1	--	--	--	--	--	--
15. Tagalog (1) Services were reported available in 24 – 48 hours by paid staff and volunteers.	1	--	--	--	--	--	--	--	--	--	--
16. Somali (1) Services were reported available within 24 hours by paid staff.	1	--	--	1	--	1	--	--	--	--	--

E. Demand for Services in Other Languages

Just over one-half of the agencies surveyed (63 percent; n=10) felt that they could not meet the demands for services in other languages. They were asked which languages they receive demands for, and for which they cannot meet the demand. The language most in demand is Italian.

Languages in Demand*	Percent (%)	N
1. Italian	18	8
2. Hindi	11	5
3. Punjabi	11	5
4. Spanish	9	4
5. Portuguese	9	4
6. Urdu	6	3
7. Cantonese	4	2
8. German	4	2
9. Greek	4	2
10. Hungarian	4	2
11. Gujarati	4	2
12. Polish	4	2
13. Estonian	2	1
14. Bengali	2	1
15. Russian	2	1
16. Tamil	2	1
17. Turkish	2	1
18. Tagalog	2	1

* This was a multiple response question, where respondents could name more than one language in demand; therefore, the percentage does not add up to 100.

2. Findings from the Survey of Community Health Centres

The survey of Community Health Centres began by confirming that the Centre designates seniors' services as a priority area. The service providers were then asked to identify all of the languages for which they provide interpretation services.

Interpretation Available*	(N)
1. Spanish	6
2. Portuguese	5
3. Italian	3
4. Cantonese	3
5. Russian	3
6. French	2
7. German	2
8. Tagalog	2
9. French	2
10. Farsi	2
11. Ukrainian	2
12. Polish	2
13. Korean	2
14. Greek	1
15. Punjabi	1
16. Amharic	1
17. Swahili	1
18. Gujarati	1
19. Hindi	1
20. Karbi	1
21. Mandarin	1
22. Albanian	1
23. Arabic	1
24. Somali	1
25. Dutch	1
26. Tigrina	1
27. Caribbean Patois	1
28. Kikuyu	1
29. Shona	1
30. Ndebele	1

* This was a multiple response question where the respondents could name more than one language.

A. Languages and Continuing Services Available at Intake

The CHC respondents were asked which services could be accessed immediately and in what languages. Beyond this list, most respondents noted that all clients could access all services once an interpreter is acquired.

Linguistic Groups (n)	Services Available* (n)				Availability of Services
	Info & Ref.	Case Coord.	Health Promo	Primary Health Care	
1. English (6)	6	6	6	6	All of the time
2. Spanish (4)	4	4	1	1	All or most of the time
3. Portuguese (2)	2	2	1	1	All of the time
4. Italian (1)	1	1	1	--	All of the time
5. Farsi (1)	1	1	--	--	Most of the time
6. Arabic (1)	1	1	--	--	Most of the time
7. Tamil (1)	1	1	--	--	Most of the time
8. Tigrina (1)	1	1	--	--	Most of the time
9. Tagalog (1)	1	1	--	--	Most of the time
10. Amharic (1)	1	1	--	--	Most of the time
11. Somali (1)	1	1	--	--	Most of the time

***Services Listed:**

Info & Ref.: Information and Referral

Case Coord.: Case Coordination

Health Promo.: Health Promotion

Primary Health Care

B. Demand for Services in Other Languages

Four of the six CHCs surveyed (67 percent) felt that they could meet the demands for services in other languages. The respondents noted, however, that they rely on the diversity of their staff, and the majority would like to see increased funding for high quality interpretation services. Interpretation for some linguistic groups can be difficult to find. They were asked which languages they receive demands for, and for which they cannot meet.

Languages in Demand	N
1. Greek	2
2. Tagalog	2
3. Cantonese	1
4. German	1
5. Italian	1
6. Portuguese	1
7. Farsi	1
8. Urdu	1

Main Findings

1. We need to challenge our assumptions about how well we are serving Toronto's linguistically diverse seniors. We need accurate data for staff, program and service planning.

The impetus for this project was to unearth some assumptions about the availability of services in languages other than English for older adults. For example, a “diverse staff” may not necessarily reflect the diversity of the clientele, and we need to ask how health and social services can better meet the needs of seniors. Community Support Service (CSS) agencies and Community Health Centres in Toronto (as well as other health and social service agencies) have the challenging task of meeting the needs of the community, while the demographics of that community are constantly changing, sometimes rapidly and sometimes more slowly. There are limitations to how agencies can adjust to the dynamic nature of population change. One way to address these challenges is to ensure that agencies have accurate demographic information about the communities they serve, as noted in the Recommendations below.

A second assumption is that non-English speaking immigrants who settled in Toronto many years ago are adequately served in their home language because they have had longer to establish the language supports and services that they need, and local agencies have responded to these needs. Italian-speaking seniors are a case in point, and this research shows that in Toronto, this community may be underserved in some areas. As the Italian community moved north and out of the downtown area, those remaining were few and outnumbered by other groups (e.g. Portuguese, South Asian). To respond to newcomers to the area, service providers have been hiring staff from the larger linguistic groups in their areas. The number of Italian speaking individuals does not justify the hiring of staff by providers, therefore leaving those individuals, now mostly seniors, without services in their languages. Response to this need may be through sharing of staff, as noted in the Recommendations below.

Services for seniors are, at best, offered in a continuum from intake to case management to any other supports that are needed, and should be available and accessible in their own language.

2. Adequate and dedicated funding is needed for translation and interpretation services.

The data from this study reveal a marked difference in the ways that CHCs and CSS agencies feel that they are responding to the demands of their older clients. While the CHCs would like to see funding to increase the quality and quantity of interpretation services, the majority of agencies feel that they cannot meet the demands for services for even the most common linguistic groups in the city (e.g.

Portuguese, Cantonese, Italian) as well as South Asian linguistic groups (Hindi, Gujarati, Punjabi, Urdu).

For both CHCs and the CSS agencies, translation and interpretation need to be adequately funded, valued and managed so that the responsibility for this important service does not fall upon staff members who, by virtue of their bilingualism (or multilingualism), are expected to interpret and translate in addition to their “regular” jobs. Other difficult issues arise when “matching” language groups of clients and service providers, when, for example, seniority rule overrides the request for a worker from a particular linguistic group. In such cases, agencies can negotiate a contract with service providers to recognize that matching linguistic groups is a priority.

3. Further research is needed.

The Research Team anticipates that this study will open the door to a larger study. This informal survey could be followed up by a project to systematically track the languages and services requested at intake at Toronto’s social service and health agencies to accurately assess demand. The project could consider models and best practices in the planning and implementation of multilingual service delivery. It would also be beneficial to literally “map” the demographics of each agency’s catchment area to accurately match language and culture to service delivery.

Even when linguistically appropriate services are available, cultural and ethnic differences can create barriers in access to and delivery of services to seniors. To begin to address this issue, it would be interesting to look at how ethno-specific agencies deal with cultural difference in service delivery, assuming that the issues of linguistic difference are slightly less complex.

Recommendations

This study established that the demand for linguistically-appropriate services is being met for some language groups that need them, but greater availability would ensure that more seniors are accessing the support and services that they need. The recommendations below are gathered from comments from the respondents and the Research Team’s analysis of the survey data:

- Service providers from Community Support Service agencies stressed that there is a lack of funding and resources for linguistically-appropriate services for seniors, and there is no access to funding for interpretation services. For the CHCs, interpretation services are underfunded. There is a great need for funding to provide well-trained and highly qualified professional interpretation for those who need it. The reliance on untrained interpreters affects the quality of service.

- Service providers recommend hiring a diverse staff who can meet the linguistic needs of the local population of older adults. However, competition for professional staff fluent in a second language has become a challenge for CSS providers as they have to compete with other providers – Community Care Access Centres (CCAC), CHCs, and hospitals – which offer significantly higher salaries. The Central Toronto Local Health Integration Network (LHIN) must consider how staff wage differentials between CSS and other providers diminishes the quality and capacity of the community sector to serve non-English speaking older adults.
- Agencies need to realize the goal of common access, which could be accomplished via these and other ways:
 - Intake in all languages could be provided via a multilingual telephone service for seniors, modeled on 211Toronto, and coordinated through inter-agency partnerships.
 - Since it is impossible for CSS agencies and CHCs to provide staff and services for all linguistic groups, agency partnerships for staff sharing is a realistic solution to the demand for linguistically appropriate services. Some West End agencies are already engaged in creating such a system.
- Demographic and statistical data is needed to accurately assess the demand for services for seniors in languages other than English. CSS agencies and CHCs need access to this information to verify that demands are truly present and enduring, and to plan accordingly. The City of Toronto, the LHINs, the Community Social Planning Council and other bodies should ensure that data from the Census on older adults in the City of Toronto are available to health and social service agencies. As well, agencies and services must keep more accurate account of need as related to language capacity.