The Navigation of Non–English Speaking Elderly Hispanic Immigrants through the Service System

by

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ABSTRACT

This qualitative study examined three areas of social service provision through the experiences of non-English speaking older Hispanic immigrants. These three areas included availability and accessibility of services and culturally competent practices of service providers. The qualitative approach of phenomenology was used to interview ten participants in order to explore their experiences with service provision.

An analysis of the interviews pointed to the following themes: (a) experiences with services were deeply connected to issues of immigration and adaptation; (b) language barriers were especially difficult to overcome in services; (c) the role of families as primary supports needed to be reconsidered in order to offer better quality of services; and (d) culturally competent practices needed to be reinforced at the organizational level of workers, agencies and government in order to become more effective. From these themes, recommendations and implications for social work and services for non-English speaking elderly Hispanics are detailed.
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Chapter One

Non-English Speaking Older Hispanic Immigrants living in Canada

1.0 Introduction

The aim of this study was to explore the experiences of non-English speaking, older Hispanic immigrants who received community-based social and health care services provision. The participants lived in Canada for less than five years. Their experiences with service provision were studied in three areas: 1) accessibility of services; 2) availability of services; and 3) cultural competency of service providers. By examining these areas from the participants’ perspectives directly, it was hoped that knowledge of the factors that influenced the three phenomena would be expanded as would be knowledge about the barriers that older Hispanics faced when navigating the services system. In this study a major focus was also placed on the limited fluency the respondents had with the English language and how this impacted their lived experiences. The purpose of this chapter is to provide an overview of the study, background information on the studied population, and describe immigration patterns and demographics of the studied population.

1.1 Overview of the Study and Definition of Terms

The present study involved ten Hispanic people, aged 65 years and older. Hispanic people referred to people who identified as having roots in Latin American countries that were former Spanish colonies and whose official language was Spanish. The Hispanic people immigrated to Canada from these countries. In this study, individual interviews with older Hispanic people were conducted to find out about their experiences related to the cultural competency of service
providers, as well the availability and accessibility of services.

Service providers were also interviewed in one focus group because they provided valuable information about the phenomena being studied from the point of view of the workers. "Service providers" referred to community-based health care providers and social service providers and "services" referred to community-based health care services and social services agencies. The purpose of the focus group was to discover the providers’ responses and recommendations to the main themes Hispanic participants identified in their interviews. This approach was used to establish a link between the clients' perceptions and the service providers' perceptions in relation to the main themes.

In the study, *ethnic minorities* referred to persons who share “an ancestral origin, a homeland or land of origin, a shared history of one’s people and a shared identity, a language, sometimes a religion and, sometimes, a culture or subculture (Chappell, McDonald and Stones, 2008). Minorities referred to people who were: “Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Japanese, Korean, or other visible minorities and multiple visible minorities (Employment Equity Act Definition, In Statistics Canada Definitions, 2002).

The next section provides background information on the studied population and describes their immigration patterns and demographics.

**1.2 Demographics of Older Visible Minority People in Canada**

As will be discussed in a later section, the Hispanic populations were relatively recent immigrants to Canada. According to Statistics Canada in 2006, Hispanics made up 0.95 percent of the Canadian population accounting for 244,330 people, with the majority living in Toronto.
Older Hispanics made up 0.1 percent of the Canadian population (Statistics Canada, *Age Group*, 2006). Visible minority populations over 65 years of age made up 9.06 percent of the elderly Canadian population in the 2006 Census (Statistics Canada, 2006). Of the older visible minority population, 3.47 percent were Hispanic (Statistics Canada, 2006). This percentage will increase as younger Hispanics immigrate and age in Canada, and bring their older relatives to live here. Therefore, as a growing segment of the population, it is important to pay attention to the needs and the quality of the lives of older Hispanics in Canada.

Reports from researcher Ornstein (2006) depicted Hispanics’ socio economic situation as being very poor in Toronto. In contrast to the average population, Hispanics in Canada lived with lower levels of income and higher poverty levels. As well, their political influence in decision making at the governmental level appeared to be minimal at the time of the study. As described by Veronis (2010) today: “[Latin Americans] remain underrepresented in the Canadian processes of decision-making, especially in the higher levels of government, not unlike other immigrant, ethnic/racial and visible minority groups” (Veronis, 2010). Having little power in the governmental sector leaves Hispanics’ needs in the hands of non-Hispanic politicians and the general population who elects them. These factors are likely to affect the services received by older Hispanic people, as becomes evident in this study.

1.3 Historical Background

From a historical perspective and in comparison to other ethnic minority communities in Canada, the Hispanic ethnic community is a relatively new community. Although the Hispanic community was one of the smallest ethnic groups to immigrate to Canada between 2001 and 2006 (Fong and Chan, 2008), it has become larger compared to other ethnic groups. Between
1991 to 2000, Hispanic immigrants only made up 2.65 percent of the visible minority population in Canada; but, between 2001 to 2006, they grew to make up 4.93 percent (Fong and Chan, 2008). These percentages parallel some of the historical events that happened in the past few decades in the host countries. For decades, the United States (US) was the country where most Latin Americans preferred to migrate up until recently. Forty percent of people immigrating to the US came from Latin American countries (Fong and Chan, 2008), however, more restrictive migration legislation followed a deterioration of the US Labour Market in the last few decades that rerouted immigration of Latin Americans to Canada (Donato et al., 2010).

In terms of the older Hispanic population, the overall numbers of older Hispanics increased due to the continuous immigration of Hispanics in the past few decades. Some older immigrants came in their later years, because they were sponsored by their children (Veronis, 2010). Amongst the elderly Hispanic population, 95.3 percent are first generation; 1.41 percent is second generation and 3.36 percent are third generation. (Statistics Canada, Generation Status, 2006). The generation of older Hispanics was sponsored by their children who immigrated to Canada as skilled professionals (Veronis, 2010; ASHTOR, 2007). Children sponsored their older relatives through the family re-unification program although this generation came here as professionals/skilled workers during the time when immigration laws in Canada were more open to this particular class of immigrants. The third generation of Hispanics arrived in Canada a few decades ago by seeking asylum from Latin American countries affected by war (Tienda, M., and Franklin, 1992; Smith-Castillo, 1993; Mata, 1999).

Each wave of immigrants has faced specific barriers based on their time of immigration. For example, when the Hispanic refugees immigrated, there were very few language specific
services available due to the small numbers of Hispanics at that time (Mata, 1999). Based on the predicted growing numbers of older ethnic minorities and older Hispanics in Canada, learning about their experiences with availability and accessibility of services and the cultural competence of service providers is important (ASHTOR, 2007).

1.4 Rationale for Conducting the Study

Currently in Canada, there is very limited information on service availability, and accessibility and cultural competency in relation to older Hispanic people and Hispanics in general living in Canada. The fact that Hispanic people form a relatively new community in Canada means that the services designed for them are not yet fully established (Dubelris, 2004; Veronis, 2010). As is the case for many communities of older people seeking services, communities of older Hispanic people rely on government funded services to obtain interpretation services, immigration services, English as a Second Language (ESL) classes, homecare, etc. (ASHTOR, 2007). With the exception of one study conducted with the Hispanic population of Toronto (ASHTOR, 2007), there is very limited up-to-date research on the complexity of older Hispanics’ needs and access to services. As a result, little is known about the specific vulnerabilities older Hispanics face along with the common vulnerabilities faced by non-ethnic minority older groups. These barriers can include limited accessibility to services, health deterioration, financial restraints, lack of subsidized programs, and ageism, amongst other factors (ASHTOR, 2007; Koehn, 2009).

Looking at the research done on ethnic minorities in general, compared to other similar countries where immigration makes up a significant portion of the host population, the research on Canadian immigration is very limited (Fong and Chan, 2008). The research is even more
limited in the case of the needs of older ethnic minorities because they have been frequently overlooked in government policies, which has contributed to their invisibility in the Canadian population. Indeed, based on the assumption that older adults do not make up a significant portion of the population, little attention has been focused on the ethnic minority older communities (Koehn, 2009; Stoller and Gibson, 1997; Fong and Chan, 2008). Service providers have often assumed that older, ethnic minorities were always cared for by their families, so little attention was paid to their needs (Koehn, 2009). As a matter of fact, the assumption that ethnic minority elderly people are looked after by their families has been challenged in a few studies and been proven otherwise (Gupta, 2002; Katbamna et al., 2004; Koehn, 2009). More, recently, assumptions have been challenged in the research because, the ethnic senior population continues to grow and families are no longer able to care for their elderly as much as was previously assumed (Statistics Canada, Age Group, 2006). As a result, more studies about the older Hispanic population are needed in order for services to respond appropriately to their unique requirements in a new country.

1.5 Synopsis of the Study

This study came about as a response to the lack of research on older non-English speaking Hispanic immigrants and as a response to the issues they presented in the few studies already conducted. The aims of the study were to explore the issues concerning service provision within this population due to the importance that service provision can have on people’s lives. The study collected initial data about the issues underlying service provision for the older non-English, speaking Hispanic communities which have been virtually ignored in Canadian research. It specifically examined language barriers and how they affected service
provision (availability, accessibility of services and culturally competent practices). The study followed a phenomenological approach, in which 10 participants were interviewed. To examine the service providers’ perspective, 5 service providers who work in formal settings with older non-English speaking Hispanic immigrants were studied in a focus group. The study used critical theory and adapted these theoretical principles to guide the focus of the study. Principles of critical theory were included in order to provide an in-depth exploration of how the participants’ experiences of service provision were affected by structural issues such as the context of oppression, power dynamics amongst Hispanic service users, service providers and society in general, the possibility of the intersectionality and multi-layers of oppression and potential systemic oppression.

1.6 Importance of the Present Study

The proposed research would not only be beneficial to Hispanic people but may also be applicable to other ethnic minorities experiencing similar circumstances. More updated information about the state of service provision amongst older Hispanics is also important at a time when the number of ethnic minority people, in general, is rapidly increasing in Canada. As well, this information is highly relevant to gerontology since service provision for older people of all ethnicities is not given enough attention (ASHTOR, 2007; Koehn, 2009). A unique feature of this study is that it addresses intersectionality of ‘isms’ (such as racism, ageism, classism, and other grounds of oppression) as a result of belonging to an aging population, an ethnic minority population with non-English speakers. Hence it is my contention that although Hispanic older adults are subject to shared vulnerabilities that all elderly people experience, they face additional issues as a specific part of the population in Canada.
1.7 Implications to Social Work Practice

This study provides an insight into the experiences of non-English speaking older Hispanic immigrants when attempting to access services. In the social work field, it is well known that the quality of services seniors receive affects many other factors in their lives. These other factors include: their adaptation process, the quality of life they have, the way their families feel in terms of caregiving for their elderly relative, amongst other aspects of their lives. Learning about the experiences of NES older Hispanics (non-English speaking) assists in identifying which aspects of service provision are working and which are not, thereby providing guidance for future research. Furthermore, this study may provide qualitative support or put into question previous information gathered on the study populations. Another area this research has implications on is for policies relevant to the studied phenomena.

As mentioned previously, service providers also provided their input on themes that the interviewees highlighted as affecting service provision. Most of the feedback obtained from service providers made reference to policies and mandates that influence culturally competent practices, and availability and accessibility of services. Therefore when combined with interviewees’ feedback, service providers’ experiences provide a more complete picture of the situation.

1.8 Summary

The aim of this study was two-fold: 1) to investigate the experiences of older Hispanics with service provisions in regards to availability and accessibility of services and 2) to investigate whether or not the aforementioned services were practiced in a culturally competent manner. The above-mentioned investigations focused on community-based social and health care
settings in Toronto. The purpose of the investigations was to investigate the complexities of issues older NES Hispanics face when accessing these services.

This chapter highlighted the present situation of older Hispanics living in Canada. The study will focus on older Hispanic participants living in the community in Toronto, Canada. In terms of the Hispanic communities, information was reviewed about the migratory patterns of Hispanic people in Canada and the reasons that led them to come here. Background information on the barriers faced by the Hispanic population in Canada, and some of the common themes that they share with older Hispanic people were identified. Some common themes include: language barriers, adaptation patterns, use of informal supports amongst other themes. Lastly, some commonalities that the three groups, Hispanic elderly, ethnic minority elderly, and non-ethnic minority elderly, faced will be discussed.

Following this background information on the study population, a literature review will be presented in the next chapter.

The present study will conduct a literature review on previous studies about the senior Hispanic population and the phenomena under study. In Chapter Two the literature review will critically analyze related studies available on Hispanic people in Canada in relation to their experiences with availability and accessibility of services, and the cultural competence found in community-based social and health care sectors. The focus of the review will be to identify issues, which older Hispanic people may experience from a community and social service standpoint.

In Chapter Three a review of the theoretical framework, namely critical theory that guide the present study will be considered. A rationale for selecting this theory will be provided.
Chapter Four presents the methodology used to conduct this study. A detailed description of the sampling methods, the sample population and the inclusion criteria are reported. The chapter examines the steps used to analyze the data using a phenomenological approach and a discussion of the limitations of the study. The chapter concludes with a description of the ethical issues together with, the confidentiality agreement and the processes used to handle the collected data.

Chapter Five presents the results, analysis and a critical discussion of the relevant issues found in the interviews and focus group. Chapter Six will provide a discussion section where the study inquiry questions will be reviewed and discussed based on the information gathered. A thematic analysis will highlight the main themes from the information collected. In this process themes and sub-themes will be analyzed within the context of the study. Chapter Seven will summarize the project and provide recommendations obtained from the themes gathered in the data that can be used in practice and policy developments with older Hispanic adults. The chapter concludes with suggestions for future research that would benefit older Hispanic adults who have immigrated to Canada.
Chapter Two

Literature Review

2.0 Introduction

The increased numbers of elderly Hispanic people arriving in North America has increased enquiry into the issues they face when moving to a foreign country. Most of the past research has looked at the barriers older ethnic minorities faced in the health care system, the treatment they received in these settings and their choice of supports (Nailon, 2006). These barriers are closely connected to the inquiry questions of the present study. The study inquiry questions are: 1) What are people’s perceptions in terms of the quality of services and culturally competent practices?; 2) How does the lack of language fluency affect availability/accessibility of services and culturally competent practices?; and 3) If found problematic, how can availability and accessibility of services and culturally competent practices be improved?

The present literature review aimed at achieving a better understanding of the issues related to the inquiry questions of this study. In addition, other overarching topics that guided the literature review were:

- The role of the family/friends as caregivers;

- Factors affecting older Hispanics when accessing services; and

- The present situation of older Hispanics in terms of availability/accessibility and cultural competency.
The literature review used these topics and the study’s enquiry questions as a framework. Before discussing the literature review, strategic steps on how the literature was researched will be discussed.

2.1 Search Strategies

The search strategies involved searching the following databases: Ageline, Social Science, PsycInfo, ASSIA (Applied Social Sciences Index and Abstracts), Social Work Abstracts, Medline and Google Scholar. The words used to conduct this search were related to the five topics investigated in the present study: ‘elderly’, ‘non-English speaking Hispanic immigrants’, ‘accessibility’, ‘availability’, ‘cultural competency’, ‘community-based health care’ and ‘social services.’ For each of these five areas of study, the following keywords were used:

-Non-English Speaking Hispanic Immigrants: ‘Hispanic OR Ethnic* OR Latin American OR Latin OR Spanish OR Mexican OR immigrant OR minorit*.

-Elderly: old* OR elderly OR senior*.

-Accessibility: Access* OR service* OR service quality OR quality OR service utilize* OR utilize* OR usage OR use.

-Availability: Availability OR available OR service*.

-Cultural competency: Quality service* OR cultural competen* OR cultur* OR practice* OR integrated practice* OR oppress*.

-Community-based health care and social services: Community OR health care OR care OR health OR services OR social; community AND health care; community AND health;
The above key words were used in different combinations. Some searches excluded a few areas of study when there were no search results obtained. Two areas of study that were included in most of the searches were elderly and NES Hispanic immigrants (Non-English Speaking).

At the beginning of the search, the inclusion criterion for the study population was older Hispanic people. However, there was very limited information found on older Hispanic populations. Therefore, the inclusion criterion was broadened to ethnic visible minorities. The exclusion criterion was any study conducted 20 years ago or later. There were two exceptions made to include two studies that took place more than twenty years ago. The studies by Castillo et al. (1983) and Aday and Andersen (1974) were included due to their unique importance. Smith-Castillo et al. (1983) was the first study conducted to examine the needs of older Hispanics in Canada. Similarly, Aday and Andersen (1974)’s study offered one of the most comprehensive models for accessibility. Other exclusion criteria were editorials and review articles.

2.1.1 Article sources

The studies used for the literature review came mainly from three sources:

1) Institutional health care systems - Although there were differences between medical settings, and community-based health care settings, they shared similarities such as language barriers, appropriateness of services for ethnic minority people, funding for culturally appropriate
programs, amongst others (Brotman, 2003; Williams, 2002, Feser and Bernard, 2003; ASHTOR, 2007).

2) Ethnic minority populations in Canada - Canadian-based research that studied ethnic minority groups has seldom concentrated on or included Hispanic people. Therefore, there is a shortage of studies based on older Hispanics in Canada (Veronis, 2010). Still the information gathered from ethnic minority groups in Canada may be applicable to Hispanic communities. Many ethnic minority communities share similar experiences such as immigration experiences, experiences with service provision, adjustment to Canadian life, discrimination, language barriers and other issues (Koehn, 2009).

3) U.S. based research – Most of the studies reviewed on elderly Hispanics came from the U.S. One of the differences between the U.S. and Canada is the significant higher numbers of Hispanics living in the US (Census Bureau, 2000, in Parra-Cardona et al., 2007). Despite these differences, both groups face similar barriers unique to the Hispanic communities in terms of cultural adaptation, socioeconomics, linguistic difficulties, discrimination, etc. (Delgado, 1997; Mata, 1999; Smith-Castillo, 1983; Parra-Cardona et al., 2007).

In general, there was very limited information on older Hispanics and elderly minorities. As Nazroo et. al (2004) pointed out, there is very slow progress in aging research compared to other areas of research; this is particularly the case for older Hispanic communities where even less research is conducted. From these search strategies and research sources, studies were found and reviewed under the headings of availability/accessibility and cultural competency.

2.1.2 Search for Articles on Availability of Services
Literature on availability has been intrinsically linked to the concept of accessibility and has not been treated as a separate entity. The reason for this is that there is a strong overlap between the two themes. However, the two concepts are different and themes related to availability may not necessarily be the same as those affecting accessibility. Furthermore, in current practices, services that are not suitable for a specific population are rarely deemed as unavailable. These types of complexities in accessibility and availability of services make the terms difficult to use. Due to the very few studies offered on availability, the present study did not review it as a separate phenomenon. Instead, availability was linked to accessibility as it is presented in the literature. However, for the purposes of the interviews and focus group discussions, availability was treated as a separate topic.

2.2 Literature Review on Access to Community Based Health Care and Social Services

The following section provides a literature review on accessibility of community-based social and health care services amongst older Hispanic people.

Some of the factors guiding availability/accessibility of services were:

i. Models of Accessibility
ii. Theoretical Frameworks
iii. Family roles and Expectations
iv. Informal/Formal supports
v. Attitudes towards accessibility of services
vi. Appropriateness of services

The following sections will provide a review of the literature conducted under these headings.
2.3 Accessibility of Community-based Social and Health Care Services

A few studies have discussed accessibility to services by looking at the factors that affect accessibility of services. Before analyzing these studies, an overview on the models of accessibility was conducted.

2.3.1 Models of Accessibility

From a review of the literature, three models of accessibility were applicable to the population and the phenomena of study. The models were:

1) Arksey and O’Malley (2005): Presented a model of accessibility that included measurements of barriers to accessibility of services. Arksey and O’Malley (2005) described the extent to which different barriers such as the distance between services and people’s dwellings impacted the utilization of services. This was also identified as a factor affecting accessibility to services in NES Hispanic people (non-English speaking) (ASHTOR, 2007). One of the problems with this model is its limited inclusion of cultural issues.

2) Koehn (2009): This model was described in a study on accessibility of services in the health care system in British Columbia. Under this model, accessibility principles looked at the requirements people needed to fulfill in order to enter services and the resources that needed to be set up by services to appropriately serve people. When services excluded a portion of the population due to cultural differences, arrangements needed to be made in order to accommodate for people’s needs. This conceptual framework, unlike others, included the need for services to accommodate for people’s needs. Also, it was not based on principles of acceptance of other cultures but on principles that supported equal treatment for everyone.
3) Aday and Andersen (1974): This model divided measurements of accessibility into *process* and *outcome* indicators. The direct *outcome* measures involved the actual use of the services and the level of satisfaction with the services. The *process* indicators measured the activities carried out by agencies to make their services more available to all kinds of populations. Under this model, the appropriateness of services for visible minorities, such as the NES Hispanics, was assessed. Furthermore, if services did not meet the basic needs of the specific group, services were not accessible.

These three models found in the literature were used to create the model for accessibility in the present study. This model will be discussed in Chapter Three.

**2.4 Service Use Amongst Older Non-English Speaking Hispanics**

In the literature reviewed, very limited research was found concerning the use of community-based health care and social services amongst non-English speaking older Hispanics (NES). ASHTOR’s study (2007) is one of the few studies on service utilization amongst older Hispanics in Canada. ASHTOR (2007)’s study included quantitative and qualitative components. It used a non-random, purposive sample of 168 participants to administer surveys and carry out focus groups with seniors and caregivers. The purpose of the study was to conduct a “needs and assets” assessment of the Elderly Hispanic community. It also aimed to look at people’s use of services. Following is a summary of the study’s finding of services use amongst NES older Hispanics. More than half of the interviewees described using community and recreational services. For example, community services such as libraries and ESL (English as a Second Language) classes, were used by 33 percent and 15 percent of the participants, respectively. Other services such as computer services, legal services, and food banks were also
used individually by approximately 9% of the interviewees. For health care services, there was no information about the percentage of the number of interviewees who used these services. However, the study reported that 19.2% of interviewees needed health care services and were not able to access them due to transportation barriers, costs, waiting times and language problems. It is important to note that this is a significant percentage considering that there are numerous studies stating that immigration transitions alone cause deterioration of health due to access to health care, cultural shock, loss of socioeconomic status, and prejudice, amongst other factors (Mui and Kang, 2006). In terms of access to services in general, 19% of interviewees expressed the need to increase accessibility to services. Furthermore, the participants had low participation in any formal social groups and relied strongly on their family for support that often led to family conflicts (ASHTOR, 2007). In terms of language barriers, only 24 percent of the sample had enough English skills leaving 76 percent of the population having to cope in some way without speaking the English language.

One of the main limitations of this study was that the results were based on participants’ interviews, without including workers’ points of view, making the results limited. It would appear that more investigations on the identified themes are needed. For example, according to ASTHOR (2007)’s study, older Hispanics have difficulties identifying where to go when they need services. Yet little information is known about people’s perceptions of their accessibility to information. For instance, do people believe information is accessible even though they identified having a hard time knowing where to go for services? Despite some limitations in ASHTOR (2007)’s study, it is the most recent research on the needs of older Hispanic people in Canada.
Another study on the older, Hispanic population was conducted by Smith-Castillo (1983). The researchers had a sample of 215 participants who were administered a survey about their needs. The participants were recruited through purposeful sampling. More than half of the older Hispanics interviewed did not speak any English. Smith-Castillo (1983)’s results were very similar to ASTHOR (2007)’s study results. Participants had a strong reliance on their family for support, and this led to family conflicts. There were additional issues examined more in-depth in Smith-Castillo (1983)’s study such as people’s feelings towards their life in Canada which, in turn, affected their service use. In addition, Smith-Castillo (1983)’s study discussed the lack of supports that people had to handle these feelings, which made their situation less tolerable. This study (Smith-Castillo, 1983) also pointed to the lack of available supports for older Hispanics. However, more updated information is needed on these topics.

As identified in the above study, Hispanic people relied strongly on their families for supports and, therefore, a few studies have looked at the role of families in older Hispanic people. Also, since older Hispanics have a strong connection with their families it is also important to learn more about the interactions they have. The following section addressed studies on the family roles as informal supports.

2.5 Family Roles and Expectations

Providing supports for older people has often been assumed to be the family's responsibility. However, some studies have suggested that often families were unable to respond to the care needs of their older relatives (Delgado and Tennstedt, 1997; Brotman, 2003; Guberman and Maheu, 2004; Gupta 2002; Katbamna et al., 2004; Keefe, 2000; Koehn, 2009). These assumptions were particularly played out amongst the older ethnic minority people where
the expectation for family involvement was higher (Brotman, 2003). Although it has often been the case that families of elderly visible minorities have taken pride in looking after their relatives, there is some evidence that relatives are less available to support their elderly relatives as previously assumed (Brotman, 2003; Koehn; 2009; Parra-Cardona et al., 2007). These misconceptions could become harmful and may lead to a reduction in services available to assist older ethnic minority populations (McDonald, 2010).

2.5.1 Assessing Supports from Family Caregivers

A few articles looked at elderly people’s experiences with having families as their caregivers. Brotman (2003) conducted one of the few Canadian studies on family roles and the availability of community services. In her study, Brotman (2003) looked at access of health care services through an institutional qualitative study. Brotman (2003) studied the experiences of older ethnic minority women and older non-ethnic minority women who were newcomers. In her study, Brotman (2003) conducted 30 separate interviews and 3 focus groups with a total of 43 participants. The participants included 10 older ethnic minority women (non-Hispanic), 3 family members, 16 staff from the organization and 14 people who worked in the community. She used a few methods to collect data such as semi-structured interviews, textual analysis and participant observation. The study findings supported the idea that ethnic minority families and ethnic families in general, are often overwhelmed with the responsibility of caregiving as they may be the only supports for their older relative.

An important observation made in Brotman (2003)’s study was that workers responded to the challenges older ethnic immigrants faced by placing the responsibility of their care on their families. In general, this ethnographic study was of high quality as it involved long periods of
engagement with the institutional setting being studied. It also provided an in-depth analysis of the experiences of older ethnic minority people. Unfortunately, this study did not include older Hispanic women, placing some limits on the transferability of these results to Hispanic populations living in Canada.

The responsibility to provide support for the older relative is continuously placed on the families. For example, in the case of sponsored older people, beliefs that families should take responsibility of any presenting issue concerning their older immigrant relative, are strongly supported by Canadian society. Canadian immigration law mandates families who sponsor their older relatives to be responsible for this person for 10 years. If they are unable to do so then there is a sponsorship agreement breakdown. After sponsorship breakdown the older immigrant may qualify for financial support but the person who sponsored them receives a penalty for not abiding by the immigration agreement (McDonald, 2010). Furthermore, although there is strong encouragement for family involvement in the elderly person’s life, little is known about the kind of relationship between family members and the elderly person (Parra-Cardona, 2007; Koehn, 2009).

2.5.2 Family Caregivers amongst Hispanic Populations

In terms of the studies on older Hispanic populations living in Canada, little information was available about the support elderly Hispanics obtained from their families. In ASHTOR (2007)’s study (details of the study are given later on this Chapter), 38 percent of the interviewees lived alone but still 50 percent depended on family supports and little was known about the family interactions with the elderly person. Furthermore, “service providers did not appear to have a significant role as support providers for the seniors in the sample” (ASHTOR,
2007). Also, from the interviewees 38 percent lived alone and little was known about their living conditions and quality of supports. These findings suggested that more information is needed to get a better idea of the situation of older Hispanics.

U.S.-based studies looked at the responsibility for caregiving placed in Hispanic families (Delgado, 1997; Lozano, 1998; Paulino, 1998). Similar to the above studies, it was argued that the assumption that Hispanic families are able to take care of their elderly relatives is inaccurate. To the contrary, Hispanic families in the US are often unable to care for their elderly relatives due to lack of financial and support resources (Delgado, 1997, Paulino, 1998 Angel, et al., 2004; Pinquart, 2001; Parra-Cardona, et al., 2007; Wong, Yoo, and Stewart, 2005).

### 2.5.3 Concerns in Having Families as Only Caregivers

A few studies pointed to some risk factors associated with having families as main caregivers of elderly people. Walsh et al. (2007) conducted an investigation to expose some risk factors associated with caregiving, family supports and neglect. Walsh et al. (2007) studied marginalized elderly people including older ethnic visible minorities living in Canada. The purpose of the study was to identify the forms of violence that existed amongst family members/caregivers of elderly ethnic minority populations. Walsh et al. (2007) conducted a descriptive, qualitative study. They used purposeful sampling to recruit participants and interviewed people in focus groups using semi-structured interviews. The interviewees included 77 isolated elderly ethnic minority elders and 43 formal and informal caregivers.

Walsh et al. (2007) interviewed 77 isolated elderly ethnic minority elders in ten focus groups. These groups contained 6-11 participants. In addition, they interviewed one individual. They also interviewed forty-three formal and informal caregivers in focus groups of 4-10
individuals. Their findings revealed a high number of elderly ethnic minorities who experienced intergenerational family violence and spousal violence from family members who were also their caregivers or main supports (Walsh et al., 2007).

Furthermore, there was a link made between pressures placed on caregivers and neglect experienced by elderly people in U.S. Hispanic families (Parra-Cardona et al., 2007). Some of the risk factors that were suggested to lead to forms of violence were caregivers’ responsibilities for the elderly person’s daily activities, financial responsibilities and overall care responsibilities. These risk factors have been identified to exist at higher levels amongst Hispanic caregivers compared to Caucasian caregivers in the US (Angel et al., 2004; Pinquart and So¨rensen, 2005).

Lastly, although inclusion with the family is very important and often has been shown to lead to a sense of belonging for the elderly person, to have the majority of the support be provided by few family members may be difficult. (McDonald, 2010; Parra-Cardona, 2007; ASHTOR, 2007; Lai and Kalyniak, 2005) The following section examined the types of supports older Hispanics prefer and the reasons for their preferences.

2.6 Informal Supports

There is evidence suggesting that older Hispanics use their local environments as sources of main supports (ASHTOR, 2007; Lozano, 1998). This section reviewed the informal supports that older people reach out to. Furthermore, pursuant to the previous section, there was a review of the literature about elderly people’s choices on the types of supports they ideally preferred from their families.

2.6.1 Factors Affecting the Choice to Use Informal Supports
The use of informal supports by older Hispanics has been deeply influenced by people’s knowledge of services available and transportation services, their status in Canada amongst other factors (ASHTOR, 2007). One study that looked at the factors affecting the use of informal supports in ethnic minority families was a project conducted in British Columbia. The project looked at the “Barriers to Access to Care for Ethnic Minority Seniors” (BACEMS project). Koehn (2009) provided an analysis and description of the overall findings of this project.

BACEMS was a qualitative study using focus groups that consisted of workers and service users. The participants were recruited using purposeful sampling. There were 6 focus groups with fifty-six service user seniors and 4 focus groups with twenty-six workers. Participatory observation was also used which consisted of the senior’s participation at events and long-term contact with the seniors. As well, there were three, in-depth interviews with family caregivers which used the snowball technique to locate the participants.

From the data collected it was found that elderly people who recently came to Canada saw themselves as more dependent on their families and less likely to be eligible or deserving of services. They only accessed services when they were in critical condition. Furthermore, elderly people had a hard time finding out about services that were available to them. They particularly had a hard time finding services such as health care and interpretation services. Lastly, in the BACEMS study, elderly people did not necessarily prefer informal services.

One of the limitations of this study was it was based on focus groups which could attenuate obtaining more in-depth accounts on peoples’ experiences and thoughts about accessing services.

2.6.2 Choosing Formal Services

A few studies suggested that services were set up in a way that they gave the elderly ethnic
minority people little choice to obtain services independently (Bowen, 2001). For example, providing the client access to formal interpretation services was viewed as a last resort, if not completely omitted by many agencies (Betancourt, Green and Firempong, 2003; Koehn, 2009). Furthermore, in cases where family involvement was preferred by elderly people, there was rarely any analysis on why people chose family supports. (Guberman and Maheu, 2004; Lozano, 1998; McDonald, 2010).

A study that examined people’s perceptions of informal support, was conducted by Feser and Bernard (2003). In this study, there was an examination of the perceptions of older Chinese people in palliative care with respect to family involvement and palliative care related information. Through a qualitative study, the investigators interviewed 25 older palliative care Chinese participants who were ill. They were asked questions regarding the kinds of care involvement they preferred from their families. The study took place in a health care setting. Although the participants believed in making collective decisions with their families in regard to their health, twenty-five percent stated their desire to not have family involvement in their diagnosis. They wanted to keep information about their health status under confidentiality for fear of causing grief to their families. From the interviewees, sixty-six percent wanted to be involved in their health care decisions and also include their families in some aspects of their illnesses. Some of the limitations of this qualitative study were that it examined immigrants that already had lived in Canada for some time. This may influence their views differently compared to immigrants that have recently arrived in Canada. There is a greater chance for the study members to adapt to Canadian culture and be more independent.

Some studies stated that older immigrants in general, lose their status amongst their
families when they came to Canada and, consequently, the positions they held in their households before immigration (Telford, 2004; Chappell, 2003; Hwang, 2008). As a result, of these changes, more independence was desired (Telford, 2004). Therefore, even though there was also information in the literature suggesting that older people preferred to rely on their relatives for support (Hwang, 2008), it is necessary to further explore these themes.

In terms of the Hispanic communities, some authors argued about the presumed choice of older Hispanics to rely on informal supports. According to studies in the US, Hispanic families were stereotyped to hold values such as "familialismo" which referred to having a high value for family involvement (Delgado and Tennstedt, 1997; Lozano, 1998; Paulino, 1998; Colon and Lyke, 2003). Although this was correct for some people, encouraging this stereotype was harmful for those who did not prefer family involvement (Colon and Lyke, 2003).

2.7 Choosing Formal Services

Past studies have looked at the impact that people’s attitudes have on their use of services (Colon and Lyke, 2003; Guberman and Maheu, 2004; Koehn, 2009; ASHTOR, 2007).

Fornazzari et al., (2009) looked at Hispanic people’s knowledge of health-related issues and their underlying values in connection to their utilization of health care services. They conducted a quantitative study to look at the perceptions and knowledge that older Hispanics had of Alzheimer’s. Through purposeful sampling, they recruited 125 Spanish speaking people who were administered an in-person questionnaire related to their knowledge of Alzheimer’s. In addition to the questionnaire, preliminary testing for Alzheimer’s symptoms was conducted.

The study results proved interesting. Many interviewees given the preliminary test for Alzheimer’s had symptoms. The interviewees however, did not believe they could have
Alzheimer’s. Also, many people had poor knowledge of Alzheimer’s partly due to language barriers. Personal attitudes of stigmatization and normalization of Alzheimer’s amongst older Hispanics were identified as barriers to accessing health care services. This information is particularly important in order for services to help people overcome these barriers. One of the limitations of this research is that it did not provide more information on the identified beliefs that older Hispanics had with respect to Alzheimer’s. Also, the study did not provide an in-depth exploration of the contexts under which participants hold these underlying fears of stigmatization.

Another study, already mentioned that depicted ethnic minorities’ beliefs about service utilization, was Koehn’s (2009) study. Her study portrayed some of the opinions of older Hispanics in regard to accessing services such as the belief that they do not need services. Other people stated that they did not deserve services. In addition, some participants thought that obtaining help went against their wishes to be independent (Koehn, 2009). Other ethnic minority older adults saw accessing health care services as a betrayal to their cultural values which may have involved other types of healing methods. Moreover, older people’s perceptions on how others viewed them, was another factor affecting their accessibility to services. Seniors also talked about being a burden to their children and, at the same time, thinking that they did not deserve services. Lastly, the discomfort older people felt when asking family for help, was described by other studies (Hwang, 2008; Machizawa and Lau, 2010).

In relation to the Hispanic communities, a few studies have suggested that older Hispanics are more willing to receive services from service providers of their same culture (Biegel, Farkas and Song, 1997; Betancourt, Green and Firempong, 2003; ASHTOR, 2007). The main reasons for these preferences were based on language barriers and lack of cultural appropriateness of services within mainstream service providers (Koehn, 2009).
2.7.1 Structural Factors Affecting Accessibility of Services

Other factors affecting accessibility of services amongst ethnic minority people in general, were linked to the contextual and structural factors in the older person’s life. These contextual factors were identified as immigration, transformation of the family, the sexual division of labour and generational differences (Guberman and Maheu, 2004; Russell and Taylor, 2009). In addition to these factors, there were systemic barriers that indirectly affected access to services. These systemic barriers may include agency mandates that did not consider older people’s needs, funding for senior programs that exclude older immigrant’s needs, bureaucratic access to services and other factors (Guberman and Maheu, 2004). In order to address these barriers it was suggested that any changes at the micro level could not have a significant impact if they are not accompanied by structural changes (Guberman and Maheu, 2004; Russell and Taylor, 2009).

In summary, past literature that looks at factors affecting accessibility has given insight on how the role of service providers, agencies and service consumers affect access to services. Also, past literature revealed a few systemic gaps which deemed services inaccessible. The next section will discuss a literature review on the appropriateness of services.

2.8 Appropriateness of Community Based Social and Health Care Services

In Canada, appropriateness of community-based health care and social services has been less than adequate (Smith-Castillo, 1983; Saldov, 1996; Brotman, 2003; Tam and Neysmith, 2006; Fornazari et al., 2009). The literature has looked at the appropriateness of services in people’s neighbourhoods and the quality of services offered in these settings.

2.8.1 Aging in Place
Hwang (2008) conducted a study aimed at assessing the appropriateness of services in
neighbourhoods. The researcher looked at whether or not neighbourhoods that included services
for ethnic minority populations had more satisfied ethnic minority residents. The researchers
interviewed 99 elderly people of Korean and Chinese origins. It used a combination of
qualitative and quantitative components and purposeful sampling. Hwang (2008) conducted 30
min. face-to-face structured interviews. The study (Hwang, 2008) found that in
neighbourhoods rich with cultural organizations and amenities, older people connected more
with social and community resources. This study (Hwang, 2008), therefore demonstrated that in
communities where people felt comfortable to socialize in a familiar environment, and the
environmental setting was able to provide everyday needs and activities for them, the use of
services increased. Hwang (2008) suggested that having familiar environments, rich with
appropriate services was of great benefit to ethnic minority older adults. One of the setbacks of
this study (Hwang, 2008) in relation to my thesis involves its focus on Korean and Chinese
cultures as opposed to Hispanic cultures. Korean and Chinese culture are in different positions
than Hispanic communities, which are newer to Canada and in less favourable conditions.

2.8.2 Needs Unmet in the Services Sector

A few studies have stated that services are not meeting the needs of older ethnic minorities.
A study conducted in British Columbia (BACEMS project) by Koehn (2009) provided evidence
that people’s needs were not met in the community health care sector (study is described later on
the Chapter). According to interviewed health care providers from community health care
sectors, Hispanics people together with Vietnamese people were the populations with the highest
numbers of people with unmet needs. In Kohen’s study (2009), they were identified as groups
that had more extensive needs compared to what services could offer them. Irrespective of some of its limitations, the study (Kohen, 2009) collected information from different sources and, was one of the few Canadian studies that included elderly Hispanic populations.

Other studies of health and community services in Toronto also revealed a series of incongruencies between the needs of older ethnic minorities and the services being provided (Saldov, 1996). Unfortunately, only a few studies (ASHTOR, 2007; Fornazzari, et al., 2009) included elder Hispanic populations. More information is needed to determine whether or not services are able to respond appropriately to the needs of older Hispanic people.

Furthermore, as stated before, language barriers often serve as one of the greatest barriers to availability/accessibility of services. The next section will provide a literature review on this theme.

2.9 Language Barriers

Language barriers are crucial determinants of the availability/accessibility and overall quality of health care and social services in Canada (Saldov, 1996; Biegel, Farkas and Song, 1997; Bowen, 2001; Shrank, et al., 2005; Nailon, 2006; Chow, 2008). Language barriers involve human rights issues as they affect the rights for an individual to be treated equally (Bowen, 2001). In service settings, not providing translation services becomes a violation of the rights of non-English speaking people to receive equal services without discrimination (s.15, Human Rights Code).

Past literature describes the lack of available interpretation services to help non-English speaking older adults understand information or obtain support services that otherwise would be
accessible to them if they spoke English (Saldov, 1996; Cheng et al., 2007; Ngo-Metzger et al., 2007; Fornazzari et al., 2009). Non-English speaking people, who have no access to formal interpretation services, are forced to rely on their families to help them with language barriers. This may create a conflict of interest for them when they want to discuss issues with the service provider that they do not want their families to know about.

2.9.1 Limited availability of Spanish Speaking Workers

According to the literature found, older Hispanics were in a particular disadvantage because they had limited access to service providers who spoke Spanish (Koehn, 2007; ASHTOR, 2007). To address these gaps, interpretation services were implemented in some sectors by the government. However, it is suggested that only few older Hispanic immigrants know they can access these services (Lozano, 1998; ASHTOR, 2007).

A few studies looked at the effects of language barriers in understanding healthcare-related diagnoses. Todd and Hoffman-Goetz (2010) looked at factors that predicted the level of literacy in the area of health amongst older participants. Through a quantitative research, they recruited 106 older Chinese immigrants. People were administered structured questionnaires and testing. Participants were placed randomly to either a group where the information was in English or another group where the information was in Cantonese. Todd and Hoffman-Goetz (2010) used convenience sampling to recruit participants. There was a translator in all of the sessions. People who did not speak English and who were assigned to the group with information in English could use the translator/interpreter so that could understand the information. The results showed that lower levels of health literacy, was a significant issue amongst the participants. Also, women who received the information in English had significantly lower understanding of
the information compared to the women who received the information in their mother tongue. This was the case even if the participants used an interpreter/translator.

Besides language, other factors that contributed to patients having a difficult time understanding diagnoses were age, gender, acculturation and education. Todd and Hoffman-Goetz (2010) discuss the interconnection between all these predictors affecting diagnosis literacy. One of the limitations of this study is its use of only women. As well, their results are coming from people who speak some English. For people who do not speak any English, such as the people in the present study, their levels of literacy of medical information would be more dependent on interpreters and the role of the interpreters would need to be examined in more detail. Todd et al. (2010) provide a general description of the experiences of non-English speaking people. Following is a review of studies that make a closer examination of the role of interpreters amongst non-English speakers.

2.9.2 Assessing Use of Interpreters for Language Barriers

As previously mentioned, one way that language barriers have been addressed is through the use of interpretation services. In the cases where interpretation services have been offered, a few concerns with the appropriateness of these services have risen. Nailon (2006) studied the experiences of nurses in the emergency department, with interpretation services offered for non-English speaking Hispanic patients (NES) in the US. She conducted a phenomenological study by interviewing 15 nurses from four hospitals. Nailon (2006) recruited participants through purposeful sampling. She interviewed the participants using individual and group interviews and unstructured, open-ended questions. Some of the issues that arose in the study were the lack of skills of the interpreters who had to work in such emotionally intense settings. Nailon’s (2006)
study pointed to the lack of comfort on the nurses' part while working with interpreters. Also, nurses were uncomfortable having a third worker that they were not familiar with, being involved in their interactions with the patient.

One of the limitations of Nailon’s (2006) study was that it took place in an emergency setting. Emergency settings are busy places involving very critical situations. These limitations increased the challenges in the working relationship between interpreters and service providers. Therefore, the transferability of these findings to other settings will have to take this into account and results must be examined accordingly.

In conclusion, the importance of properly addressing language barriers in service provision is crucial to making services accessible to non-English speaking ethnic minorities. It is known that a high percentage of Hispanic people in Canada do not speak English. The consequences of having language barriers may extend to an inability to move around the city, feelings of isolation, loneliness, dependence on a few supports, and inability to adjust to life in Canada. Therefore, learning about the experiences of older NES Hispanic people with language barriers is crucial to addressing a range of barriers they may experience.

2.9.3 Summary of Language Barriers

The above sections provided a review of the literature on accessibility of services by looking at family roles and expectations, informal and formal supports, underlying factors/values connected to accessibility of services, appropriateness of services and language barriers. Information from past literature gave evidence to the premise that Hispanic families take care of their older relatives in isolation which, sometimes, lead to harmful situations for the caregiver and the older Hispanic person. Furthermore, informal supports such as family and friends may
not be the first or only preferred support for people, but it may be the only choice of which they are aware. In terms of formal services, many studies showed that workers do not account for people’s needs such as transportation needs and financial needs, in order to access services. In addition, there are many service settings where language barriers are unaddressed. Lastly, apart from workers and agencies, older Hispanics also hold values and beliefs that may prevent them from accessing services.

The presented review on accessibility of services helps to give context to the present study. Besides examining past studies on accessibility of services, modes of practices in service providers are also important when looking at inclusion of older Hispanic immigrants. The following section presents a literature review on culturally competent practices in service providers from community-based health care and social services.

2.10 Cultural Competency

In recent years, the concept of cultural competency has received increased attention after some evidence that health care and social services offered culturally inappropriate practices to ethnic minority groups (Williams, 2002; Miyake, 2002; Betancourt, Green and Firempong, 2003; Payne and Chapman, 2005; Edmonds, 2005). It has been argued that appropriate inclusion of culture when interacting with clients helps understand clients’ situations and their “socially constructed behaviours” (Min and Lubben, 2005; Machizawa and Lau, 2010).

In Canada, provinces such as Ontario have included as part of their Code, knowledge and sensitivity on issues pertaining to culture and ethnic diversities (Ontario College of Social Workers and Social Service Workers). Under social work standards, the term cultural competence is discussed in reference to the capacity of workers to work with people from diverse
backgrounds (Williams, 2002). In practice, the term "cultural competence" does not only apply to workers who have a different ethnic background than the clients'. It may also refer to service providers working with people from ethnic backgrounds similar to theirs. Assuming that different individuals may experience culture differently, workers of any ethnic background may face challenges in offering culturally competent practices.

According to past literature, one of the challenges in culturally competent practices involves distinguishing between methods of practice that are common to all, irrespective of race, language, ethnicity and those practices that need to address culturally competent issues (Edmonds, 2005). In this study, culturally competent practices are treated as a particular type of practice, in order to address issues that are particular to culture. However, it should be understood that culturally competent practices should be included in the general work ethics of social workers and any other service providers who are working with people. The reason for this is that culturally competence involves knowing how to work with people from diverse backgrounds, which are skills taught in the general training of the health care and social service professions.

The following sections will present a review on cultural competency that revolves around theory and conceptualizations of this phenomenon and on specific factors that affect cultural competency practices. The literature review on cultural competency used as guidelines the following categories:

i. Theoretical Frameworks

ii. Underlying values in cultural competence

iii. Multiculturalism in culturally competent practices
iv. Cultural competence at the practice level

Before reviewing literature on culturally competent practices, there will be a brief review on conceptualizations of cultural competency models.

2.11 Review of Theoretical Frameworks

Theoretical frameworks are needed in order to have useful tools to understand the experiences of people in relation to cultural competency (Kolb, 2004). In general, models of cultural competence tend to be discussed at the level of techniques used in practice without having a theoretical foundation to support them (Williams, 2006). This leads to loose conceptualizations of what cultural competence refers to and inappropriate applications in practice.

In terms of older NES Hispanics, their diverse identities are ‘multidimensional’ and complex which calls for the need to have more models that include all the identities of the individual (Kolb, 2004). For example, as more awareness is raised to different issues in people’s identities, cultural competence is no longer limited to ethnicity but is used to refer to gender, financial status, sexual orientation, etc. (Miyake, 2002). Due to the limited scope of this study, the theories reviewed concentrate on ethnicity but they also look at how other identities within the person influence their ethnicity and the interactions that happen amongst all these identities. Two relevant theories that were reviewed were constructivism and critical theory.

2.11.1 Constructivism

Under constructivist perspectives, cultural competency involves engaging in the search for the constructed social worlds by which older ethnic minorities interpret their experiences (Copper and Broatfoot, 2006). Furthermore, people in the same culture may have different
realities of their world and how culture has shaped them (Dean, 2001). As a result, culture is experienced differently by each individual (Dean, 2001). As stated by Nagel (2001), culture “is not a shopping cart that comes to us already loaded with a set of historical cultural goods. Rather, we construct culture by picking and choosing items from the shelves of the past and the present.” Therefore, constructivism changes over time and context, becoming a dynamic phenomenon. Based on this concept of culture, cultural competence requires learning about the set of “items” that make up a culture and people’s experiences (Nagel, 2001). One route to achieve this is by immersing one’s self in the current lived experiences of a culture as it continuously adapts and develops to meet contemporary challenges (Gubrium and Hostin, 1999).

Some of the flaws with constructivism involve the suggestion that attainment of knowledge about these cultural items could only be accomplished by a strong immersion into that culture. Williams (2006) stated that in practice this could be hard to accomplish for most service providers unless they work in ethno-specific agencies. Also, constructivism focuses on finding that set of common experiences that people share. Aiming to find this common set of experiences may lead to overgeneralizations of cultures and exclusion of people who may not share these common experiences.

2.11.2 Critical Theory

At the roots of critical theory is its criticism of the present social order and the way it values older people. It works by “exposing assumptions and myths that maintain the status quo” (McDonald, 2010). Furthermore, critical theories look at the dynamics in power relations that are built-in in societal systems and in human relations (Galasso and Profeta, 2002).
In terms of cultural competency, critical theory concentrates on the historical and social contexts of a culture. This process requires engagement with the historical, political and economic structures that shape ethnic identities (Koehn, 2009). For instance, to learn about the social or political contexts of a culture, a worker may attempt to understand the underlying structures that create power imbalances between groups (Koehn, 2009).

Following the reflexive approach of critical theories, cultural competency models look at the meaning/understanding of aging and culture (Biggs and Hendricks, 2003). Under these perspectives, cultural competency models focus on issues of inequality and their effects on the older person, at the individual and structural levels. Furthermore, based on critical theory principles, the service provider is encouraged to look beyond a deficit model where the person’s experiences with oppression can also provide strengths. One of the limitations of critical theory models of cultural competency is that it is based on complex analyses of historical, political and economic structures of a culture that may be hard to achieve in every day practice. Ways to apply these concepts into everyday practice may become a challenge.

These two theories were in line with the present study enquiry questions and therefore will serve as the basis for the models used in this study. The theoretical framework for cultural competence as it is used in this study is described in Chapter Three.

2.12 Underlying Values in Cultural Competency

The underlying values and beliefs behind cultural competency play a pivotal role in the way cultural competence is shaped. Some of the underlying beliefs in current cultural competency models are related to how "differences" are viewed by society. Emphasis on "differences" becomes a way to place dominant cultures as the baselines; therefore, any other
cultures that move away from these baselines are viewed as the "different groups." (Delgado, 1997; Williams, 2002; Betancourt, 2003; Betancourt, Green and Firempong, 2003). Under these ways of thinking, hierarchies start to form where dominant groups hold a high place and ethnic minorities fall lower in the ladder. As a result, models of cultural competence that hold these beliefs end up repeating the power imbalances between ethnicities.

An underlying value in present models of cultural competence, involves the superiority of westernized ways. Current practices are based on "Euro-American" centered models that exclude notions about other cultures as noted in the above study (Delgado and Tennstedt, 1997; Williams, 2002; Betancourt, Green and Firempong, 2003). As a result, social work and other service settings such as health care become inadequate when working with diverse populations.

2.12.1 Cultural Competency at the Practice Level

At the practical level, some of the underlying misconceptions on cultural competency involve the belief that learning about a particular culture means learning about specific aspects of a culture (Torres 2003). This may not be the case since everyone has different experiences with their culture and their views on culture are shaped by these individual experiences.

Most of the studies on culturally competent practices with Hispanic elders have taken place in the US. These studies have revealed that how-to guidelines are highly valued amongst workers (Lozano, 1998; Betancourt, Green and Firempong, 2003). These kinds of theoretical approaches work on the assumption that there are certain skills, knowledge and techniques; if these are learned, the worker becomes culturally competent. Furthermore, under these models, in-depth analyses on the effects of cultural competence at the micro, mezzo and macro level are dismissed (Dean, 2001; Williams, 2002; Payne and Chapman, 2005). At the present time, there
is awareness that more innovative research on cultural competency is needed. Such research would need to move beyond an examination of cultural competency that only looks at “[aspects such as] people, places, language, music, food…[which are] familiar to and preferred by the target audience” (Edmonds, 2005).

The above section reviewed literature concerning the values, beliefs and misconceptions underlying culturally competent practices and frameworks. These points were framed into context by presenting one of the current models used in culturally competent practices. Following is an introduction to multiculturalism that is a model that has shaped many services at the level of legislation and policy.

2.13 Multiculturalism and Culturally Competent Practices

One of the policies guiding cross-cultural work is multiculturalism (Kymlicka, 1995; Williams, 2002; Brotman, 2003). Multiculturalism is a term used to refer to the rights of immigrants to express their ethnic identity without fear of prejudice or discrimination (Kymlicka, 1995). It is based on principles that have become very popular and have given roots to areas of studies such as “ethnogerontology” (Edmonds, 2005). Multiculturalism in Canada has a constitutional status that moves the concept beyond ethnicity and links it to other factors affecting equal opportunities based on class, gender, age, etc (Kymlicka, 1995). Policies in the workplace and at the federal level (i.e. Canadian Multiculturalism Act, 1985) have been created to address societal commitment towards multiculturalism. However, within this concept, studies have shown limitations with respect to multicultural policies and practices in the workplace (Williams, 2002; Brotman, 2003; Chappell, McDonald and Stones, 2008).
According to Brotman (2003), exposing and altering institutional structures and power relations that are racist are not relevant issues under the policy of multiculturalism. Brotman (2003) illustrated these limitations of multiculturalism in her qualitative institutional ethnographic study that looked at health care access amongst older ethnic minority women in Canada.

Brotman’s (2003) article also provides an examination of the findings she gathered from her study. She depicts the views of 16 workers from elder care and the views of 10 older women. As described in a previous section of this chapter, the group of workers and older women were interviewed using semi-structured interviews. This was a qualitative study which used purposive and theoretical sampling. Interviews were conducted with older clients and staff from a community-based organization providing elderly care. Brotman (2003)’s study portrayed views about multiculturalism by workers and the older patients.

According to the interviewed workers, multiculturalism was used in reference to workers’ views of culture when they worked with ethnic minority clients. In the workplace, workers believed that multiculturalism was demonstrated by enhancing cultural competency practice. Based on the workers’ opinions, cultural competency referred to being knowledgeable about the client’s basic beliefs, customs and traditions from their country of origin. Furthermore, according to workers, another way that multiculturalism was practiced was by looking at language barriers in the interactions of workers and clients i.e. seeing whether language barriers existed and trying to address these issues accordingly. The workers felt that, there was great emphasis placed on this issue. One of the interviewees’ critiques was that besides these two options, language barriers and traditional cultural competency models such as the above, there
were no other ways available for them so that multicultural models could become more ‘culturally sensitive.’ Under these practices, it is understood that multiculturalism is only examined at the level of interaction between worker and client.

Based on the interviewees’ views, Brotman (2003) concludes that one of the limitations of multiculturalism is that language barriers across agencies are not seen as forms of systemic racism. Instead cross-agency long-barriers are seen as a form of communication problem between client and worker. By doing so, the policy and practice of multiculturalism prevents the development of more permanent solutions to these issues. Instead, when practiced as described above multiculturalism ends up supporting solutions that consist of having family members serve as translators. The policy of multiculturalism fails to address system-wide issues of long-barriers in the workplace and services offered. As already discussed, having families involved with the formal supports that the older person is receiving can be another form of oppression of ethnic minority elders. Denying older NES Hispanics access to interpretation services from a non-family member may be seen as having their human rights violated. In this manner, multiculturalism has the potential of becoming a form of systemic discrimination.

2.14 Cultural Competence at the Practice Level

At the practice level, a few challenges prevent workers from engaging in culturally competent practices. Some studies have identified language as a main barrier to accessing services and to having service providers form a rapport with clients (Lozano, 1998; Betancourt, Green and Firempong, 2003). Other studies have discussed the overemphasis in language barriers when discussing cultural competency (Colon and Lyke, 2003; Betancourt, Green and Firempong, 2003). As stated by Min and Lubeen, “Cultural competency is achieved not only
with speaking the same language but with a combination of cultural sensitivity, awareness, accurate knowledge and understanding, and skills” (Min and Lubben, 2005). Other factors identified in the literature review as barriers to cultural competency included lack of cultural awareness by workers and the imposition of westernized views (Reese, Melton and Ciaravino, 2004).

2.14.1 Lack of Cultural Awareness by Agencies

Reese, Melton and Ciaravino (2004)’s study looked at how lack of cultural awareness by agencies affected quality of services. The study took place in end-of-life institutional and community health care settings. The main purpose of the study was to find out about the barriers to cultural competence in these agencies. They looked at the measures taken by hospice directors to address the disparities in services for ethnic minority groups, and their efforts to implement cultural competency in their programs. The researchers interviewed 50 workers of end-of-life-care agencies including 22 directors. The information was collected using telephone interviews following interview schedules. These interviews included a mixture of quantitative and qualitative questions. The quantitative questionnaires included cultural diversity scales and questionnaires about the clientele that workers served.

According to the results, service providers displayed a lack of recognition of the needs of ethnic minorities. Also, there was a lack of analysis on how people's cultures influenced them and how workers’ own cultural identity played a role when working with the clients. As a result of this lack of awareness by practitioners on the needs of ethnic minorities, these populations were not taken into consideration within policies and discourses (Reese, 2004).
One of the limitations of this study is that information comes from the staff as opposed to the clients themselves who are directly experiencing the treatment of workers and the effects that policies have on them. Regardless of this limitation, the themes mentioned have been replicated in other studies (Colon, 2003; Shrank et al., 2005).

2.14.2 Tools to Assess Cultural Competency

Another barrier to improving cultural competency in the workplace has been its lack of culturally appropriate assessment tools to evaluate culturally competent practices (Miyake, 2002). Miyake (2002) looked at the validity of assessment tests on culturally appropriate practices and found that there are a few biases in these assessments. One of the major critiques of these assessment models is that they have been developed for Anglo-Saxon workers. Therefore when these tests are given to people of different cultural/linguistic backgrounds, the reliability and validity of the tests may be incorrect. Miyake (2002) refers to this as “cultural blindness.” According to Miyake (2002), cultural blindness refers to the dismissal of ‘culturally specific behaviours’ that may give different results if taken into consideration.

2.14.3 Inclusion of Families

Another issue that studies identified was the need for workers to provide more support to families who are involved in the care of their older relative. In cases where the families are the main supports, it is important to offer them some assistance when applicable, with the permission and consultation of the older relative. Owenskane (2006) conducted a study using qualitative and quantitative methods. According to Owenskane, (2006) families often experience a great deal of stress when caring for their older relatives. Therefore looking at more appropriate ways to support the older person in conjunction with their families may be helpful if the client so desires.
Owenskane (2006) conducted a study examining the stress factors affecting caregivers in African-American families. They interviewed 46 African-American participants whom they recruited through snowball sampling. A survey instrument that was made up of closed and semi-structured questions and a few open-ended questions. According to Owenskane’s (2006) study, there were a number of chronic and acute stressors in African-American caregivers who were often women. Results indicated that, the overwhelming job of caregiving in isolation, placed caregivers at high risk of depression and sometimes, alcohol usage. This is important as it serves as guidance to providing better culturally competent practices. In this manner, the worker does not hold on to individualistic stances when assisting the client but instead situates the client in the communal context under which they live. By doing so, workers are able to offer more assistance to family supports. It appears that it is important to provide family supports with appropriate help since maladaptive coping mechanisms are not beneficial for either them or their older relative (Owenskane, 2006).

One of the limitations of this study is that it only looks at the views of caregivers and the issues that concern them while taking care of their older relative. It does not however, look at the interaction that happens between older relative and family member from both points of view, the caregiver and older relative. Since these interactions also impact the stress levels of the caregivers it would be helpful to examine the older relatives’ perceptions on what stressors arise from caregiving and how these could be improved.

In conclusion, the above barriers to cultural competence identified in the literature review have led to efforts being made to overcome them. Following is a section which looks at the efforts made to achieve culturally competent practices.
2.14.4 Efforts to Incorporate Culturally Competent Practices

A study conducted by Chow (2008) looked at the efforts made in the mental health sector to improve culturally competent practices. This was a quantitative study which used convenience sampling methods to recruit their participants. The convenience sample was comprised of twenty-seven out-patient mental health programs for seniors only and 138 programs catering only to adults. Data collection was conducted through the use of self-reporting surveys.

In her study, Chow (2008) investigated the measures taken by service providers of mental health agencies to incorporate cultural competency practices. Cultural competency was incorporated in older adults’ programs by including events that were open to everyone, such as welcoming events, cultural celebrations and events that promoted better understanding of cultures. During these events the opportunity existed to discuss issues concerning the well being of older communities including ethnic minorities. In the results, Chow (2008) noted that in the programs’ assessment tools, there were references to client’s culture. As well, there were personnel at the managerial level responsible for addressing cultural competency matters.

Chow’s (2008) findings pointed out that, programs serving greater numbers of people were more culturally competent. It was suggested that larger programs have participants who are more ethnically diverse making culturally competent practices a higher priority. As well, larger programs have higher budgets and therefore they can afford cultural competency training. Furthermore, according to Chow’s (2008) results, diversity in staff and participants across all sectors of program operations helped cultural competency and culture-related issues be addressed. One of the main limitations of this study is that it is based on principles of cultural
competency that are limited to exploring people’s culture in terms of cultural events, food and other visible cultural features.

2.14.5 Summary of Cultural Competence

After conducting a literature review on cultural competency and identifying core themes, several issues were brought to light about the current state of practice. According to the literature review, culturally competent practices need to be guided by more non-westernized principles that look at the issues affecting the person at the micro, mezzo, and macro levels. As well, the implementation of ethno-specific programs needed to be increased, as there are some suggestions that people may substantially benefit from. In terms of the older NES Hispanic population, literature on their experiences with culturally competent practices from service providers is very limited. Therefore, this theme needs to be investigated further to determine the quality of service provision older NES Hispanics are obtaining. Overall, it is still troublesome how culturally competent models are being framed and applied to serve the NES Hispanic populations when there are no interpreters available.

2.15 Implications of Literature Review

The study of the literature on accessibility of community-based health care and social services and culturally competent practices amongst service providers, helped provide guidance to the study by identifying issues that may need to be further investigated. It also provided an overview on the theoretical frameworks for availability and accessibility of services, and cultural competency that can help further formulate the theoretical frameworks of this study. Furthermore, the literature review helped uncover the underlying values affecting these three phenomena that can guide a more critical analysis of these issues. The literature review also
helped identify some of the gaps in the current literature in regards to older non-English speaking Hispanic people and service provision that can then be bridged.

In terms of the present research, it aimed at addressing some of the gaps described in the above literature review. From the literature review, it was suggested that ethnic minorities are not receiving sufficient assistance from informal or formal supports. Only one study (ASHTOR, 2007) in the past 20 years looked at the formal supports amongst elderly Hispanics. According to this study, older Hispanics access services to an extent, but not as much as they need to. Furthermore, it is unclear whether or not they receive enough supports at home from their relatives. A vast number of older NES Hispanic’s describe using their family as supports but it does not state whether their families can address their main needs or the quality of supports they get from their relatives.

Furthermore, according to recent literature, assumptions that older ethnic minorities are taken care of by their relatives are being challenged. The current study included some questions about informal supports in order to know more about what older NES people think about their informal supports and how well these supports are able to meet their needs. In terms of formal supports, the present study looked at what kinds of formal supports people access and particularly, what are people’s experiences with these supports - are they satisfied with the supports they are getting. This point is crucial when analyzing how older NES Hispanics are being treated by workers and how agencies address their needs. Being an ethnic minority group whose needs are not necessarily known in formal settings, it is necessary to know their opinions on the kinds of services they get so that these gaps can be further discussed and addressed.
In terms of language barriers, it is very important to know how people manage without speaking the language. By looking specifically at older NES Hispanic populations, attention is brought to the barriers they face as non-English speakers. This is the first study that specifically looks at the needs of older non-English speaking Hispanic population. Even though this study concentrates on people’s experiences with services, it also looks at the life that older Non-English speaking Hispanics have experience in general after immigration to Canada. This is of particular importance since it is necessary to know what kind of life older NES Hispanics are living considering the barriers, as well as the resources they hold. Furthermore, as some studies point out, it is not only the worker and agency that determine the type of experiences people have with services but the client also plays a role. As described by Fornazzari et al. (2009) in his study, clients’ underlying beliefs and lifestyles also influence the type of help they obtain. Therefore it is important to learn more about these underlying beliefs and thoughts held by the older Hispanic community in order to have a more complete idea on what issues are serving as obstacles to services at the micro, mezzo and macro level.
Chapter Three
Theoretical Perspectives

3.0 Introduction

In this section, the selected theory and models relevant to the present study are discussed and presented as the theoretical frameworks for the study. One of the critiques of theories is that they tend to be broad and general despite the differences amongst the people that are studied. In the field of gerontology, general theories that homogenize people’s experiences in later life sometimes diminish any attempt to understand the complexities of the ageing process (Kolb, 2004). Since ageing involves many different aspects of a person’s life and identity, more theories are required in order to accurately “explain and validate the diversity in the experiences of older adults” (Kolb, 2004). Aspects, such as ethnicity, have a profound influence on the ageing experience, whether it be as a consequence of expectations for ageing and preferred lifestyles, intergenerational differences, living arrangements, family supports, the use of ethnospecific health and social services, the problems of racism and discrimination, or any combination of these factors (Blakemore and Boneham, 1994; Hooyman and Kiyak, 2005). Looking at ethnicity in isolation without considering class, gender, social status, etc., can create systems that have the potential to oppress people and need to be more reflective of these analyses.

Theoretical frameworks are needed which provide conceptual tools that aid in the understanding of older adult’s experiences and the quality of services provided to older people (Biggs, Lowenstein and Hendricks, 2003). Despite this need, it is argued that the theoretical frameworks currently utilized in gerontology are underdeveloped (Biggs, Lowenstein and
Hendricks, 2003). In terms of looking at issues specific to ethnic minority elders, such as ethnicity, present theories rarely speak to the experiences of these populations in a justified manner (McDonald, 2010). Specifically, some theories of ageing have been described as being apolitical and dismissive of any political awareness that might highlight oppressive practices (Wilson, 2001), but the political economy of aging and critical theory are a few of the exceptions.

Current theories of ageing which do not consider discrimination can be oppressive and dismissive of the experiences of older adults. The following are descriptions of some of the manifestations of discrimination such as ageism, low pensions, and few gerontological initiatives. Firstly, elderly people may suffer discrimination in the form of ageism. In the case of discrimination based on age, prejudicial attitudes and the stereotyping of older adults are part of societal attitudes and, often times, the delivery of services (Walsh et al., 2007). Ageism, as a basic form of discrimination, inhibits a comprehensive approach to research and the development of theoretical models for senior’s services. For example, to complicate matters, the perceptions that society has about senior’s capacity to benefit from services derive from ageist beliefs (Wells and Taylor, 2002; Elder and Pellerin, 1998; Walsh, et al., 2007). The belief is that people in the latter part of their lives do not improve with the assistance of services, but only become worse as they age. Therefore, any service to help older people adapt or integrate into regular lifestyles is not valued or appreciated. Furthermore, the paternalism that is sometimes exercised by service providers, family members and society in general becomes ageist as older people's rights are given to other parties, even when older people are capable of their decision making (Wells and Taylor, 2002; Elder and Pellerin, 1998).
Ageism compounds these identities and has a significant impact on their lives. These compound effects of discrimination place elderly people at greater risk for many forms of elder abuse (Walsh et al., 2007). In general, the different identities of the older person give rise to power relations/imbalances so that theories which do not consider discrimination and power relations may in fact serve to further oppress people. As Wilson (2001) states, “as long as ageism exists, research on later life is inevitably political.” As a result, research and/or theories that omit how the subject’s identities intersect with services are underdeveloped. In order to engage in more emancipatory work in gerontology, ageing theories need to include power relations, structural factors, historical facts, recognition of diversity and the value of people’s own experiences (Wilson, 2001).

This chapter is divided into two main sections. In the first section, critical theory is reviewed and analyzed to create the study’s theoretical framework. In the second section, this theoretical framework is used to guide the conceptualization of the models of availability, accessibility and cultural competence.

3.1 Theorizing about Aging

Critical theory was used as the framework for this study. Critical theory concentrates on analyzing issues of power differences and oppression. It is based on the premise that, if ageing theories aim at theorizing about experiences of older people who may face ageism along with other kinds of discrimination, then in order to be holistic, an aging theory should include ways to address these kinds of discrimination (Wilson, 2001).

There are different types of theories which discuss age, ethnicity and other grounds for discrimination; however, they dismiss any linkages between them or discussions about other
layers of discrimination affecting aging. For example, multiple jeopardy theory states that belonging to a marginalized group based on age, gender, social status, economy ethnicity, and/or other grounds for discrimination placed an older adult at a disadvantage. In the case of older ethnic minorities, being old and part of an ethnic minority society meant that people are ‘double disadvantaged’ (Wilson, 2001). However, belonging to a ‘marginalized’ group also has its advantages. Therefore, multiple jeopardy theory takes away the power that belonging to a marginalized group may bring to someone. Also, privileges and disadvantages for belonging to a particular group may change depending on the context of the situation and historical circumstances, but multiple jeopardy theory does not consider these scenarios.

Critical theory was used to address issues of power balance and inequalities in the lives of non-English speaking elderly Hispanic newcomers. Also, it was used to analyze power relations and oppression in a way that takes context, human agency, and personal power into account.

3.2 Critical Theory

In the field of gerontology, critical theory focuses on analyzing the existing social order and its influences on older people (Houston, 2008). Contrary to approaches where social problems such as oppression are accepted, critical theory examines the underlying causes of social problems (Mullaly, 2002). This section provides an overview on critical theory, the social problems it addresses, the principles it entails and an evaluation of its use.

3.2.1 Overview of Critical Theory
Critical theory originated in the 1930’s as a way to respond to the quality of life that elderly people were leading and the ageism that was growing. At that time, the poverty under which elderly people lived was accepted too readily. Furthermore, while the field of gerontology accepted that heterogeneity existed in older people, “the social differentiation that existed in old age based on class, gender and race” remained issues that were not discussed (Phillipson and Walker, 1987). Critical theory was created to “encourage the critical evaluation of policies and practice and to focus on the social construction of ageing in western capitalized societies” (Phillipson and Walker, 1987). Special attention was placed on health care and social welfare. These services were described as carrying out many inequalities in the relationship between older clients and workers. They used paternalistic practices that undermined client’s personal power, making them dependent on social and health care systems (Walker, 1980).

Critical theory was influenced by many other theories. Whether critical theory is an integrating theory depends upon the version offered since critical gerontology represents a number of theories with a broad band width (Katz, 2005). Critical gerontology has its roots in the Frankfurt School (neo-Marxism), postmodernism, the humanities, feminism and political economy. For this study it is important to note the influence that political economy and feminist approaches had on the formation of critical theory.

Political economy is mainly concerned with the structural factors affecting the aging populations, such as the policies and practices in place and their influence in shaping aging in ‘western capitalist societies’ (Biggs, 2008). Political economy presents an approach to aging that includes an analysis on economy, the labour force and the multiple identities of people such as class, gender, etc. Furthermore, political economy is concerned with connecting theories of aging to issues related to the estate and its influence in shaping aging processes. Political
economy examines how economies such as capitalism have affected aging, as many families around the world have to move from their country of origin to another country for employment. Under such conditions, divided families have to travel to other countries to reunite and, as a result, immigration and adaptation to different cultures may be required.

Besides political economy, feminism was another influential school of thought that shaped critical theory. Feminist principles in particular were considered in critical theory due to the lack of attention from social policies and the economy to issues concerning older women, such as their retirement income, caregiving, etc. Additionally, feminist principles contributed to critical theory by uncovering the ‘sexual objectification’ of women in society and the socially constructed femininity and masculinity factors that dictate people’s roles. Together, these principles contributed in the formation of critical theory.

The core of critical theory is based on the importance of evidence. Originally, critical theorists were against relativism because this undermined the basis of critical evaluation of social practices and emancipatory change, the purpose of their endeavour for older adults. The perspective is value-based or normative, it is practical and self-reflective. Critical gerontologists offer explanations that are based on evidence about the causes of oppression such as economic dependence via retirement (Phillipson, 1999; Olshansky, Hayflick and Carnes, 2002). They are normative in approach since they critically evaluate the existing social structure and how ageing and the aged are socially constructed within these structures, and they are practical because they provide a better self-understanding for those who might want to improve social conditions such as the elderly themselves. Critical theorists are self-reflexive since they have to account for their own conditions of possibility given their own ageing and for the potentially transformative effects they have on others. (Phillipson and Walker, 1987)
Critical theorists focus on analyzing social problems such as oppression and capitalism that hinder social justice. The following section provides an analysis of these social problems in connection to the older population.

3.2.2 Critical Analysis of Oppression

In the case of oppression, it is a socially constructed phenomenon, yet it has objective consequences such as poverty, lack of opportunities for oppressed groups, systemic discrimination, and others. Oppression changes depending on the context and the era in which it takes place and its connection to other systemic levels (Mullaly, 2002). One of the symptoms of oppression is its misuse of power which results in divisions amongst people who are marginalized (Freeman and Vasconcelos, 2010). Under these divisions, it becomes difficult to identify gaps and address the problems people are facing.

According to critical theorists, oppression concentrates on convincing people that oppressive behaviours and policies are unavoidable. These beliefs are entrenched in society’s core beliefs and social institutions; they are portrayed as necessary in order for societies to work. In the case of older populations, oppression is maintained by establishing prejudiced beliefs towards older adults that are portrayed as facts. For example, obstacles older adults are facing are seen as personal obstacles and not as obstacles that they are facing because of the lack of supports they have (Freeman and Vasconcelos, 2010). In Freeman and Vasconcelos (2010)’s views, in order to tackle oppression practitioners need to critically reflect on the role that they play in their practice, and the way practices have been shaped through history and supported by the different systems in place. Oppression not only manifests itself on people’s interactions but it is also the root of economic structures such as capitalism.
3.2.3 Capitalism

Similar to how oppression works, systems of capitalism produce a culture of knowledge, beliefs and doctrines that prevent people from seeing their negative outcomes (Freeman and Vasconcelos, 2010). One of mechanisms that maintain capitalism is its self-portrayal as an inevitable force. Capitalism is portrayed as a ‘rational, social and economic system’ which prevents people from questioning and joining forces for its dismantling. A system that feeds capitalism is culture. According to Marx, culture is a “mere reflection and extension of the economic base of capitalism…” (Mullaly, 2002). Culture is portrayed as an integral part of society that functions separately from capitalism, politics and economy in order to maintain the status quo (Mullaly, 2002).

In general, systems maintaining capitalism do not seem to be openly oppressive but distort their effects through ‘culturally embedded practices.’ For example, capitalism is re-enforced through hegemony, which comes to be the “unquestioned dominance of all conformist ideas that support the interests of the group promoting them” (Mullaly, 2002). As Kellner (1990) states it, hegemony is more subtle than propaganda as it provides a system to divert people from any oppressive state they may be in. A predominant way of thinking is developed by these systems and becomes reflected in people’s everyday roles (Freeman and Vasconcelos, 2010). According to critical theory, capitalism works towards a consciousness that sees social change as unrealistic, thereby reducing ‘social relations, culture, and ideas’ to static and unchangeable facts (Mullaly, 2002). Furthermore, the present form of capitalism is a transnational form of economy, “superseding the national phase of capitalism as a social system” (Berger, 2010). It is
argued that such global economy has no neutrality in it (Berger, 2010). It is meant to benefit some groups and take advantage of others.

Transnational states are part of a subtle network that are supported by internal and external ‘political and economic institutions together with national state apparatuses’ (Berger, 2010). National and transnational regulations and policies are becoming systemic to prevent global capitalism from being challenged. Global economy has become the new form of capitalism as it is: “the underlying structural dynamic that drives social, political, economic and cultural processes around the world….” (Berger, 2010). Thus, in a global economy, survival is seen as the priority as opposed to “human and social needs” (Mullally, 2002). As Mullaly states, “instead of regulating corporate power, nation states are now competing with each other to attract businesses to their respective locations” (Mullaly, 2002).

Under ‘global capitalism’, work is based on a ‘waged work.’ It does not take into consideration the individuals’ needs, and it underestimates people’s capacities by measuring them through a lens of accumulation and profit. Under such a form of economy older people and children who may not be ‘producing’ under society’s standards become a ‘burden’ to society. In this manner, capitalism is a form of oppression to any group that is unable to contribute to consumerism and production.

There are other social problems that critical theory concentrates on but most of them stem from different forms of oppression within the economy, society and the estate. Furthermore, in order to provide an in-depth analysis of social problems and utilize it to engage in a process of change, critical theory relies on critical tools that come to form the main principles in critical theory.
3.2.4 Principles of Critical Theory

The components of critical theory used for this study are reflective analysis, knowledge formation, subjectivity of experiences, interactions between the ageing body and the social context and intentionality to change.

3.2.5 Reflective Analysis

According to critical theory, engaging in the process of self-reflection involves a commitment towards social justice and a critical analysis of present values that produce injustice. Values are an important component of what forms societal views and practices. Therefore, a reflective analysis on the meaning of ageing examines beyond what is observed on the surface to include societal values and beliefs (Mullaly, 2002). At the societal level, critical theory focuses on the way people hide their true thoughts because present society does not encourage transparency (Matthies, 2009). At the structural level, critical theory is committed to addressing social problems that hinder social justice.

Moreover, critical analysis involves the development of critical consciousness. Such process involves eliminating assumptions that are mainly coming from ‘privileged social locations’ (Nicotera and Kang, 2009). Individuals would need to reflect on their unconscious and unmentioned privileges, which prevent them from questioning disguised oppressive practices. It would mean examining the social systems that “create and maintain conditions of oppression, while also recognizing and acknowledging one’s role in that system” (Freeman and Vasconcelos, 2010). As well, individuals would need to be skeptical of mainstream social science. Although mainstream social science aims at increasing the individual’s well-being, it does not hold as its objective to increase social justice. Under critical theory, wellness is
redefined as the satisfaction of one’s needs which is intrinsically connected to the experience of justice in socio-political structures (Sandler, 2007).

Critical reflection becomes a series of processes aimed at understanding and uncovering social problems. Included in these processes are the acquirements of knowledge and how they can either contribute to anti-oppressive transformation or oppose the transformation.

3.2.6 Knowledge formation

Critical theory looks at the concept of knowledge and how knowledge is learned (Matthies, 2009). In this theory, knowledge is created through theory and practice, between professionals and service users. Critical theory has an inclusive and holistic approach to knowledge accompanied by the use of systemic ideas that encourage multiple perspectives (Ruch, 2009). Critical theory searches for different points of view so that knowledge comes not only from mainstream society, but also includes the communities who often times remain voiceless. This is a crucial point otherwise, if the only sources of knowledge used were drawn from mainstream communities, the possibility to oppress minority communities might be greater. Under critical theory, “one needs to question the practices, epistemologies, methods and frameworks that contribute to the structures and norms of injustice and oppression” (Sandler, 2007).

According to critical theory, an analysis of how knowledge is formed is required by everyone, including groups who are marginalized, since oppressive messages can be internalized (Mullaly, 2002). Marginalized groups can also internalize the knowledge, views, values and lifestyles from oppressive forces and become supporters of the very systems that oppress them (Freeman and Vasconcelos, 2010). Furthermore, although structures condition everyday life,
knowledge of these structures can help people change social conditions. Critical theory attempts to break through the internalization of oppression by emphasizing the power of human agency, both personal and collective (Mullaly, 2002). Although structural forces may have a significant role in constraining human agency, critical theory states that human agency is also integral in everyday choices to combat oppressive structures.

3.2.7 Subjectivity

Critical theory includes subjectivity to address the present rigidness, look beyond the real and consider the possible alternatives (Matthies, 2009). Adorno (Adorno in Matthies, 2009) suggests observing life under a more subjective lens, keeping in mind the “real”, but also opening one’s mind towards a change for the “possible” (Matthies, 2009). Under this subjective framework, the process of transformation can follow.

Subjectivity also involves discarding stereotypes about aging and, instead, observing the subjectivity of each experience and its social context. Interactions between the ageing body and the social context are important in critical theory since they work together to shape the way people experience their lives, including their ageing process. Critical theorists highlight the importance of cultural factors in the ageing processes and define culture as the membership to any group based on economics, gender, sex, sexuality, etc.

In terms of this study, the above considerations are particularly important for immigrants since they are not only affected by ageing processes, but also by cultural factors from present and host cultures (Matthies, 2009). Immigrant populations are affected by “politics of difference, the status of immigrants, the under-representation of minorities, the politicization of immigration” amongst other themes (Houston, 2008). Within these themes is embedded the recognition of the
‘other’; the ‘other’ being the person who is often excluded from mainstream society. According to Houston (2008), examination of these topics could then be used to understand people’s biography, history and social structures, thereby allowing a more critical and open-minded view of the effects that social injustice and human agency may have on people’s lives and their later lifetimes. These settings also foster change of present systems of oppression.

3.2.8 Intentionality to Change

Dismantling of structural injustice is a key component in critical theory. Structural injustice is defined as the disproportionate social harm of particular categories of people or communities based on their membership within particular disadvantaged groups (Sandler, 2007). As Sandler (2007) states it, the origins of these inequalities are external to the communities in which they are imposed. In general, older ethnic populations have to negotiate the barriers faced in ageing and the additional levels of barriers placed on them by society because of who they are. Critical theory not only strives to discover and identify contradictions and ambiguities in methods of practice and structural systems, but also to transform them.

Critical theories rely on these principles to explain the phenomena observed and encourage transformations and answers to be found in reflective practice. However, the way these transformations will take place is still disputable (Matthies, 2009).

3.2.9 Analysis of Critical Theory

Some of the drawbacks of critical theory are that it may demand an analysis of the human state that is too complicated. It seeks to push the boundaries from present reality and work towards changes. Consensus on what these changes may involve, however, is debatable.
(Matthies, 2009). In terms of issues of inequalities, critical theory focuses on inequalities in older marginalized groups. However, there are also inequalities and power imbalances that mainstream older communities experience, which can be set aside in critical gerontology.

In terms of its strengths, critical theory concentrates on getting to the root causes of inequalities and how people experience it. Through its focus on reflective thinking, critical theory calls attention to oppressive beliefs and attitudes behind policies and society in general. From this approach, the theory works towards addressing oppressive beliefs and attitudes. Another strength of the theory is that it goes beyond theorizing about the political factors that are involved in ageing and engage in social action to address societal issues.

3.2.10 Aims of Critical Theory

According to Adorno, one of the aims of critical theory is “to enable people to become subjects in their own lives” (Adorno in Matthies, 2009). At the moment, social work finds itself entangled in neo-liberal and neo-bureaucratic structures of governance which treat people rather like objects. The pressures from market economies are influencing political decisions and, subsequently, the lives of people. According to Matthies (2009), workers tend to view situations from a professional standpoint as opposed to looking at it from the contextual point of view of the people involved. As a result, gaps between social workers and client’s points of view are formed. In terms of the services offered, “markets form packages of services, instead of looking at individual needs” (Adorno in Matthies, 2009). Under these systems, individual needs are lost and only people who can fit into mainstream societies are included. These conditions only allow for critical reflection to be pretended and not practiced.
In addition, according to critical theorists, currently social work concentrates on the origins of social problems. There is little emphasis on “dealing with symptoms that arise from inequality, exclusion and ignorance in society” (Matthies, 2009). Such is one of the ultimate goals of critical theory. Critical theorists recommend that economic views and social work practices move away from their emphasis on “limited financial resources” when making policies and providing services. Such ways of thinking only lead to a competition for resources, as opposed to looking at how resources could be extended to more communities. As Habermas argues, (in Houston, 2008), “the system has effectively ‘colonized’ and taken over as the prevailing rationality; where societies and the public service agencies that support them become fundamentally unbalanced.”

3.3 Models of Availability and Accessibility

Based on Koehn’s (2009) proposed availability model, this study examined both the actual existence of services and the perceived existence according to service users. It examined the actual existence of services by asking the interviewees if they thought services that they needed were available. As was shown in past studies, (Koehn, 2009) there were some discrepancies in the services that were actually available and the services people thought existed. Furthermore, in order for services to be deemed available they must also be suitable to the population that was using them.

In the proposed study, a model for accessibility was created based on the models of availability and accessibility reviewed in the literature section (Chapter 2 in this study). The models are conceived at the mezzo level; they are influenced by social policies at the macro level and, in turn, they impact the experiences of older Hispanic adults at the micro level.
To generate an accessibility model, the present study used the principles of *process* and *outcome* indicators from Aday and Andersen’s model (1974), and the principles of services barriers from Arksey and O’Malley's (2005) model. As mentioned in the literature review, Aday and Andersen's (1974) model of accessibility was useful at addressing accessibility issues in the study population. Their model was based on the division of *process* and *outcome* indicators to measure whether services were accessible. The emphasis on *process* indicators allowed for the determination of what measures service providers are employing to address accessibility barriers and make services accessible to service users. In addition, the present study included an assessment of how services responded to language barriers, cultural barriers and their cultural appropriateness, geographical distance of services and mobility, and health status of clients. These particular factors have been identified as having an impact on the accessibility of services amongst older non-English speaking Hispanics and other ethnic minority groups (Biegel, 1997; Colon and Lyke, 2003).

For this study, the *outcome* indicators measuring accessibility to services were based on whether or not people use services and their satisfaction with services. Using principles from the Koehn’s model, this study also assessed agency’s requirements to access services and whether or not agencies facilitate accessibility of services. Another factor that this model considered was the organizational steps taken to make services accessible. For example, organizations may need to find ways to accommodate for interpretation services in order to serve people who do not speak English.

**3.4 Cultural Competence Model**
A few models of practice have been developed for service providers to work towards social justice and anti-oppression. In order to address social injustice, anti-oppressive models of practice were developed. Anti-oppressive practices focus mainly on existing oppressive structures at the macro level. They offer a ‘conceptual model for understanding the multiplicity of oppression, privilege and power dynamics at a structural level’ (Sakamoto and Pitner, 2005). However, it is unclear on how workers can incorporate this model in their everyday practice with their clients (Sakamoto and Pitner, 2005). Furthermore, anti-oppression has been criticized for being academically-based and not including knowledge from service users (Sakamoto and Pitner, 2005). Also, under anti-oppressive models, power dynamics amongst workers and clients are unable to be examined, since anti-oppressive work concentrates on the structural levels of oppression.

An alternative practice model is a cultural competence model. This model was chosen for this study as it combines a micro-level analysis of the interactions between clients and workers together with a structural level analysis on the issues affecting them. The cultural competence model was based on principles of cultural competency, which supported the need to use culturally competent practices for all people regardless of their ethnicity (Dean, 2001). According to this model, culturally competent practices were useful to work with people of all backgrounds. They were not specific to ethnic minorities. The model used recognized that every person was marginalized in one context or another and that their experiences with culture differed.

Based on the literature review of the models of cultural competency (in Chapter 2), a model was created for this study. The study model of cultural competence was based on
principles from critical theory and constructivism. Under the study’s model of cultural competency, culture was defined as “those sets of shared world views, meanings and adaptive behaviours derived from simultaneous membership and participation in a multiplicity of contexts, such as rural, urban, or suburban settings; language, age, gender cohort, race, nationality, socioeconomic status, employment, stage of acculturation amongst others...” (Dean, 2001).

The model of cultural competence looked at cultural competency at the micro, mezzo and macro level. At the micro level, Dean's (2001) principles for cultural competence emphasized the need for service providers to acknowledge the gaps in their knowledge about the client's culture. The reason for this is that the client’s personal experience with culture still needs to be understood. Following constructivism and critical theory, the worker needs to have knowledge about the political, historical and present contexts of cultures, but cannot limit their practice to this knowledge (Gubrium and Hostein, 1999). Under this model, cultural competency is achieved by having workers establish a transparent relationship with the client. Only in this manner would the client's individual experiences with culture be revealed (Dean, 2001).

The study model was applicable to the case of older non-English speaking older Hispanic immigrants because it recognized the importance of the contextual, historical and/or systemic factors affecting these populations, including ageism and other forms of discrimination. It attempted to move away from cultural competence theoretical frameworks that were based on static definitions of culture. Based on critical theory, this model incorporated the principles of intersectionality of oppressions. Although there was a main focus on ethnicity, it acknowledged the different identities of the person. There was an analysis of the way in which different
oppressions interacted with each other to form the experiences of the person. As well, the proposed model attempted to look at the dynamic and heterogeneous features amongst Hispanic cultures.

At the mezzo or organizational level, cultural competency looked at how organizations promoted cultural competency in their policies and in their promotion of culturally competent practices amongst the workers. As suggested by Chow (2008), it is important to assess how organizations work ‘collectively’ to achieve cultural competency. In addition, at the mezzo level, culturally competent practices included the implementation of a hiring process which is inclusive of groups that have historically been marginalized. In general looking at organizational policies, practices, and attitudes; human relation resources; and language and service delivery was important in order to thoroughly support cultural competence (Miyake, 2002).

Lastly, drawing from critical theory principles, the model used for this study emphasizes equality at the macro level. It looked at equality amongst ethnic cultures and the influence of politics in cultural competence. One of the aims of this theoretical framework was to aid understanding of the processes by which mainstream cultures maintain their dominant positions and, in the process, marginalize ethnic minority cultures (Shakeri, 2006). As Edmonds (2005) states, the aim of cultural competency practice models should be to reach an understanding of “socio-demographic and racial/ethnic population differences in general, as well as [an understanding of] how ethnic, cultural, social, environmental, and historical facts may influence specific behaviours” (Edmonds, 2005). In this study, an examination of cultural competency at the macro level looked at the ways older NES Hispanics become disconnected from services.
3.5 Summary

This chapter described the theoretical framework that guided the study. The present study combined critical theory with models of availability, accessibility and cultural competency in order to create a theoretical model that captured the micro, mezzo and macro level aspects applicable to this investigation. Inserting critical perspectives encouraged awareness of the micro, mezzo and macro issues concerning ageing, and the underlying values that were intrinsically involved. Critical theory was used as a way to bring about awareness of political issues that affect the person’s life, notably their experience with ageing and oppression. Furthermore, the study’s theoretical framework was used to define and build conceptual models for availability, accessibility and cultural competency. In the following chapter, the theoretical framework with the study models was used to guide the methodology of the study.
Chapter 4

Methodology

4.0 Introduction

The methodological approach used in this study was an interpretative, phenomenological approach. The purpose of this approach was to examine the experiences of non-English speaking Hispanic elderly people in reference to 1) availability/accessibility of services and 2) cultural competency of social service providers. There were a few reasons to choose a phenomenological approach. This approach involves close interactions and extended engagement with the participants in order to see the patterns and relations of meaning of the phenomena (Miller, 1992). As a result, using a phenomenological approach allowed for the examination of some common themes amongst the study population. As well, using a small number of participants, as is typical of phenomenological studies, allowed for more in-depth conversations and analysis of what the participants had to say on the topic. Therefore, the process led to a better understanding of the experiences of non-English speaking older Hispanic immigrants with the availability and accessibility of community-based social and health care services and the culturally competent practices of service providers. There were other qualitative methods available such as grounded theory and ethnography that were considered when searching for a methodological approach. One of the methods considered was grounded theory, which is a qualitative method that focuses on uncovering themes and patterns within the data to develop theories or processes. Another alternative approach was ethnography, which seeks to gain cultural descriptions of populations (Cresswell, 2007). Neither of the above methods addressed the purpose of this study however.

4.1 Phenomenological Methods
A phenomenological method was chosen over other qualitative approaches such as grounded theory or ethnography because of its focus on the subject’s experience(s) and its meaning. Also, the purpose of the research was not to develop theory or to provide a general description of an ethnic population as is the case for grounded theory or ethnography. Phenomenology, through an explorative stance, allows the researcher to learn more about new research topics where there is limited information. Since there is very little information on the experiences of non-English speaking older Hispanics and their interactions within social services, this type of research was particularly useful to the studied population.

Phenomenology follows a flexible approach to explore a phenomenon and helps the researcher obtain a better idea of people’s behaviours by allowing them to act naturally and thereby express more freely what their experiences might be (Van Kaam, 1969). In phenomenological research, “the researcher identifies the essence of human experiences concerning a phenomenon, as described by participants in a study” (Cresswell, 1998). It concentrates on studying the entire experiences rather than looking only at its parts. Ultimately, phenomenology searches for meaning of experiences and not its explanations.

The origins of phenomenology lie in the assumption that there is a range of different ways of making sense of the world. The aim of phenomenology is to discover the meanings and views of the world as observed by those who are being studied rather than the views of the researcher (Creswell, 1998). Another assumption inherent to phenomenology is that the information collected about an experience is “as important to understanding human behaviour as evidence to scientific investigation” (Moustakas, 1994). Phenomenology is often the starting point for empirical research on a new subject because phenomenology provides a preliminary study on an unknown topic. Finally, this approach does not replace traditional methods, rather it
complements them (Moustakas, 1994). According to Creswell (2003) one of the purposes of phenomenology is to search for the essential meaning of an experience, taking into account the intentionality of consciousness “where both the outward appearance and inward consciousness are acknowledged” (Creswell, 2003). This is done through a process of reflection on people’s experiences to reach an in-depth analysis of what they consist of. Furthermore, gathering the accumulated explanations of individuals who share a common experience with the phenomenon creates the understanding of a phenomenon.

Phenomenological method works by using long in-depth interviewing. These interviews take on a casual and interactive process which utilizes open-ended questions. These questions may be prepared in advance in order to obtain a comprehensive description of the interviewee’s experience. However, they could be changed or not used at all depending on the feedback that the interviewer obtains from the interview (Moustakas, 1994). The use of broad questions may be helpful in order to obtain ‘rich, vital, substantive descriptions’ as they provide the freedom for the interviewee to expand on the points they see necessary (Moustakas, 1994).

In a phenomenology study, analysis of the collected data takes place in several steps. The data is analyzed and organized as the researcher reads through the transcriptions of interviews a number of times. The researcher studies the contents through methods and processes of phenomenological analysis (Moustakas, 1994). While engaging in these processes, the researcher has to be cautious of the biases, values, and judgment (Creswell, 1998).

Under a phenomenological approach, examination of personal biases takes place throughout the study, particularly when data is analyzed and interpreted. The researcher “brackets” his or her experiences and biases to give understanding to the subject’s experience (Moustakas, 1994). In this stage, the researcher brackets this knowledge by attempting to put it
aside and entering consciousness with a new mind frame; thereby, looking at this phenomenon and the related issues as if it was the first time (Moustakas, 1994). This stage is referred as the “epoche” stage.

During the “epoche” stage, the researcher tries to eliminate consciousness, prejudiced thinking, past knowledge, and any experiences that can create or provide preconceived notions. This step of self-reflection is fundamental to the researcher in order to ensure that the structures and meanings formed are those of the participants only. Self reflection is also necessary in order to distinguish between the participant’s and the researcher’s meanings and themes (Morrow et al., 2001). The specific steps used to analyze the data are further discussed in this chapter.

In order to collect the data two techniques were used. In-depth interviews were utilized first to ascertain the experiences of interviewees with services, particularly, with availability/accessibility of services and culturally competent practices. Also, a focus group was included with the purpose of providing insight and direction on how to move forward with the information gathered from the seniors' interviews and their own expertise with these topics. Service providers included nurses, doctors, social workers and social service workers who did not hold a degree in social work.

4.2 Researcher’s Perceptions

Possible biases that may have influenced the study are important to discuss in order to expedite the process of bracketing these ways of thinking and preventing them from influencing the study as much as possible. My relation to the topic of investigation is based on the experiences that my grandmother went through when she came to Canada. As someone who was very close to her grandmother, I was able to witness her adaptation to Canadian life. My grandmother came to Canada when she was in her early seventies. She had two children, my
uncle and my mother. She was living with them at the time that she arrived to Canada but could not stay with them for too long because she did not want to infringe on their lives. Therefore, my mother and uncle helped her rent a room close to where my uncle lived. In her new home, she felt very unsafe and scared, and it appeared that she was feeling very lonely at that time, even though she lived close to my uncle. Also, there were many other changes that my grandmother had to adjust to when she came to Canada. She had to adjust to the weather conditions, not speaking the English language, living by herself, and being completely dependent on her children who also had their own families to look after.

In terms of housing, my grandmother needed help to look for another place. She did not want to continue living at the place she was living. However, there were no housing services that she knew of or that she could easily access and get some assistance. My mother was the person that was mostly involved in helping her obtain the necessary services. After some time, my grandmother was provided with a bachelor suite in a subsidized building where there was a lot of drug dealings, and she did not feel safe. She had no choice but to live there since it was bigger than her previous room and more affordable. Throughout all the changes that my grandmother was going through she did not access services even when they were in Spanish. She talked about not feeling comfortable doing so because this was something that she was not used to, and she did not have a means to get to them.

In terms of supports, my grandmother talked about feeling isolated because her informal supports did not have enough time for her and her formal supports were very scarce.

After five years of living in Canada my grandmother became ill. She then needed more supports but there were not enough services she could access under her circumstances. She did
not speak English, did not feel comfortable with the existing services and could not transport herself to places.

Witnessing my grandmother go through the above experiences motivated me to conduct this study. I wanted to engage in these studies so that I would have a more in-depth understanding about the issues facing older adults, and help draw attention to the issues that plagued my grandmother and people with similar immigrant experiences to at least start a public dialogue about the many concerns of ethnic older adults.

Witnessing my grandmother’s life in Canada, has contributed to my biases about the issues being investigated. These biases include beliefs that community-based social and health services need to be better equipped at addressing the needs of non-English speaking Hispanic elderly immigrants. Often times these services place the care of the seniors on the families’ hands and provide families with very little assistance. Furthermore, services work under the philosophy that there is a limited number of resources and, therefore, there are few efforts placed at trying to expand resources. In terms of the attention given to Hispanic people, this is very scarce despite of the needs that they may be facing.

These are my personal biases based on what I saw were my grandmother’s experiences in Canada and few interactions I have had with people in similar situations. I realize that hers was only one experience and that others could have had different and perhaps more positive experiences. In either case I do not know and hence the point of the study.

4.3 Sampling

In a qualitative research, the aim of sampling is to “purposefully select participants that will best help the researcher understand the problem and the researcher’s question” (Maxwell, 2005). When choosing the sampling technique and number of participants, the following
considerations were taken into account. First, a qualitative study requires a flexible method of sampling (Husserl, 1931). In this study, the people that the researcher sought were not necessarily connected with many services or easily found through centres because the study aimed to find people who were most isolated. As a result, a less structured sampling method needed to be used. Second, the number of people interviewed depends on how long it takes to reach saturation point meaning the point were enough participants are interviewed to collect enough data that would answer the research questions. One sign that saturation has been reached is when no new themes appear with the addition of more participants, a ‘rule of thumb’ used in this study.

4.3.1 Sampling Techniques

There are three sampling techniques commonly used in qualitative research: convenience, theoretical, and purposeful sampling. Each technique has its advantages and disadvantages. Convenience sampling involves recruiting participants who are most accessible and available however, with this method the participants chosen may not meet the criteria completely although they are easy to find. In the case of theoretical sampling participants are recruited for the purpose of designing theories. However, this study was more concerned about obtaining the experiences of non-English speaking older Hispanics (NES) than developing theory. In judgment sampling, the approach used in this study, recruitment is carried out by people in the field who are familiar with the characteristics of the respondents - usually agency social workers who maybe in contact with the population studied. They are used as guides to find participants who meet the characteristics needed. Based on judgment sampling principles, service workers were chosen since they would know where to find participants. They helped
recruit only people who met the study criteria. Using these steps, ten participants were recruited for the interviews and five service providers were recruited for the focus group.

**4.4 Inclusion Criteria**

This study focused on non-English speaking Hispanic older adults. Their participation in the study was key to achieving a better understanding about availability/accessibility of services and cultural competency from service providers offering the services. Often times, older NES Hispanic people run the risk of not having their voices heard because of the status they hold as elderly, immigrant, non-English speaking people, among other factors. In order to fill this gap in the research, the older adults included in the study met the criteria of not speaking English, being Hispanic, and being over the age of sixty-five. They had to be living in Canada for five years or less. Conversely, the exclusion criteria included being able to communicate in the English language; living in Canada for more than five years; residing outside of Toronto; being unable to communicate in Spanish, immigrating from countries other than Spanish-speaking Latin American countries; having strong ties with the researcher before the interview and being younger than 65 years of age.

Recruitment of the participants was a long process since, often times, older adults that use services on a regular basis have been in Canada for more than five years. Settlement services which could have been a place to find older Hispanic newcomers were not able to help in the recruitment process because the clients they worked with did not meet the inclusion criteria of the study. They were either younger immigrants, or they had some knowledge of English or have been in Canada longer than five years which meant that they may not face the issues newcomers face. Many of the recruited participants were either involved in social clubs, churches or they were friends of people who participated in these settings.
The researcher also included service providers as the participants for a focus group. At least three of the service providers had to be Hispanic in order to avoid recommendations for improvement of service delivery that were mainly created by people outside the Hispanic community. The five participants in the focus group met the criteria of speaking English, having worked with non-English speaking older Hispanics in a formal setting for two years or more and having this work experience take place in Canada. If they were able to speak both English and Spanish they were also eligible for this study since this factor did not interfere with the requirements for the study. I was able to recruit workers for the focus group faster than interviewees since workers who met the criteria were more abundant than interviewees who could meet the criteria.

4.5 Recruitment Process

Recruitment was done with the help of key informants from different centers that work with Spanish-speaking seniors and people of all ages. The sample of older adults was selected from the Toronto Hispanic Seniors Association, St. Lorenzo’s Church, Mennonite church, and senior social groups that take place throughout Toronto. Co-ordinators of seniors’ programs were contacted. The research project was explained to them and they were asked to participate in the study. With their permission, the researcher followed up with potential candidates who were interested in participating and who met the criteria. Service providers gave the researcher information of the candidates who showed interest in participating when requested. These potential candidates had agreed to have their contact information be passed on to the researcher. About five older adults who showed interest to participate declined because some felt uncomfortable and the timing was not convenient for them.
The service providers were recruited from Spanish speaking services and mainstream senior services which serve non-English speaking Hispanic seniors. The recruitment consisted of contacting the agency supervisors and workers themselves via mail and telephone calls. The researcher explained to them what this study was about and asked for their help in the recruitment of service providers for the study. Through these agencies the researcher also obtained the names of other potential agency workers that qualified for the study and contacted them via phone. They were informed about the research if they did not know about it already, and were invited to participate.

4.6 Data Collection

The data from the interviewed older NES Hispanic immigrants were collected through a semi-structured, face-to-face, interview schedule. The interviewees were given the option of conducting the interviews either at the centres/churches that had offered their space to conduct the interviews or at their homes. Most of the interviewees chose to have the interviews at their homes with the exception of one interviewee who preferred to be interviewed at St. Lorenzo’s Church. The interviews lasted about an hour and a half on average.

The focus of the interviews was to obtain in-depth information about the participants’ experiences with the phenomena under study. The interview questions were centered around: 1) the participants’ in-depth experiences with culturally competent practices and availability/accessibility of community-based social and health care services; 2) issues influencing availability/accessibility of services and cultural competency of service providers, 3) barriers that participants may/or may not face in these areas, if so, 4) perceived causes for these barriers and 5) recommendations to improve service delivery in the area of availability, accessibility and cultural competency.
The three phenomena examined were discussed using guiding questions based on the research questions. The phenomenon of availability was explored according to whether or not adequate services existed for the Hispanic older adults. Accessibility was discussed in terms of service utilization, satisfaction with services, geographical distance to services, familiarity with services, cultural barriers and accessibility to information regarding services. Examination of the cultural competency of service providers was discussed in terms of the ability of service providers to take account of language barriers when interacting with non-English speakers; the inclusion of cultural aspects in their practice; the approach taken to examine issues concerning cultures; and the importance of cultural competency practices in organizations and structural systems. These general areas were addressed with the older adults and the service providers. Demographic information was also collected from the participants with a particular focus given to socio-demographics (age, sex, income, health status, years living in Canada, place of residence, formal supports, informal supports). Please see Appendix A for a copy of the interview guide.

The data from the focus group was collected through a semi-structured discussion with the service providers based on the issues identified by the interviewees in terms of service provision and the cultural competence of service providers. These discussions involved the workers’ feedback on the themes identified by the participants and feedback on how to integrate the information collected from the participants and use it in order to make recommendations for better service delivery and policy changes. The focus group lasted about two hours. The protocol for the focus group discussion is found in Appendix C (basic outline of themes identified and discussed). The protocol was developed from the interviews with the older Hispanic adults.
Interviews with participants and the focus group were conducted in Spanish. The focus group participants also felt more comfortable doing the interviews in Spanish even though they were bilingual. The interviews were digitally recorded and transcribed verbatim. The Spanish transcriptions were given back to the interviewees to review for errors. In case they did not feel the information provided was correct, there were few changes made based on their feedback after reading the transcripts. However, several participants did not read the transcripts because they were too long. The transcriptions and the translation of the interviews and focus group discussion were carried out by the researcher who is proficient in Spanish.

4.7 Data Analysis

Data analysis involves developing in-depth knowledge of the phenomena being researched, and it entails a number of steps. The beginning stages of the data analysis was based on Moustakas (1994)’s description of the Horizontalization process. The steps involved in the Horizontalization process are the following:

1. Collection of data to provide a complete description of the phenomenon;
2. From the verbatim transcript of the participant’s experience there is an analysis of each statement and its significance to the participant’s experience;
3. All important/relevant statements are recorded;
4. Non-repetitive, statements are collected to obtain the meaning units of the formed experience.
5. The invariant meaning units are clustered into themes.

This procedure comes to be the process of Horizontalization. An analysis of the data using the above method is described in the following section to illustrate the steps of Horizontalization.

4.8 Steps for Invariant Horizontalization
Following the principles of invariant horizontalization, the themes from one of the interviewee’s transcripts were identified. To conduct invariant horizontalization, exact statements from the interview were described and themes were formed. These themes were then narrowed down to the core themes or the essence of the interviewee’s experience. These core themes are called basic units. The wording from the themes was changed in order to obtain the basic units from the experience.

A horizontalization process was conducted using one of the interviewee’s interviews, Mrs. CC. In the first stage, all of the themes mentioned were gathered, even if the themes were repetitive. The next stage involved reducing the themes until a description of the basic themes was obtained. Following is an example of the last step of the horizontalization process used in the interviews with older NES Hispanics participants for this study. Each phenomena identified in the study is presented in turn.

4.8.1 Example of Horizontalization

Themes gathered from interviews and focus group

Adaptation to Canada

1) Life in Canada: Weather does not affect me, people are great, very satisfied, thankful, great health care.

2) Age-related issues: Being old is not horrible, fear of falling.

3) Learning English at a later age: Hearing, eyesight problems; winter does not allow to go to school.

4) Transportation: TTC; walks (in summer).

5) Language barriers: Use mimics to talk; people need to speak slower.
6) Adaptation Barriers: People’s attitudes, coldness of people, people don’t greet.

7) Comparison of Canadian culture with culture in country of origin: very different cultures; people are more friendly in country of origin, misses culture of origin.

8) Interviewee’s response to their perceptions of people’s attitudes: adapt to their attitudes, don’t greet them, be cold to people.

Accessibility:

9) Accessibility of information: Access information through friends.

10) Use of health care: Not often, prefers homemade remedies.

11) Accessibility to services: great, gets everything, fine with wait lists to access services.

12) Interpretation Services: accessible, helpful, no charges.

13) Fees of services: services do not charge.

14) Transportation to services: Services offer transportation means to get to location, walks to services in summer.

10) Recommendations to service providers: be more friendly, courteous, respectable.

Availability:

11) Availability of services: Great.

12) Availability of interpretation services: Available; ‘if services do not offer it, referred me to other places that do.’

Cultural Competence:

13) Discrimination: Experienced it in Canada (based on ethnicity); discriminated by Caucasian people.

14) Importance of Cultural Competence: Important but not as much; it is difficult for workers to include all cultures; there are too many cultures.
15) **Recommendations to workers:** More courteous, helpful; newcomers need special care and to be respected

**Demographics:**

16) **Demographics:** Five years in Canada, lives with husband, son, many informal supports, no financial worries, health is fine.

After completing the steps of the Horizontalization procedure, various descriptions of the interviewees’ experiences with the phenomena are offered through thematic analysis.

**4.9 Thematic Analysis**

After having examined the data for significant statements and core themes from the participants’ experiences, another process in data analysis of phenomenological studies is utilized. This process is the development of essential descriptions (Creswell, 2003). These descriptions are based on the themes developed. Evidence from the data gathered is included in the descriptions. To strengthen the validity of the themes, passages or quotes from the interviews are also included. The next step in the data analysis process involved grouping together all of the aforementioned information in thematic connected categories (Bloomberg & Golpe, 2008). To add depth to the analysis, connections are made amongst themes. These steps are part of the qualitative narrative approach used in the study to illustrate the findings. The narrative process involved a discussion of several themes, sub-themes, and specific examples to support the themes. Multiple perspectives from participants and quotations were also included.

In the final stage of the analysis, interpretations and meanings of the data are made in order to extract the ‘lessons learned’ (Bloomberg & Golpe, 2008). Explanations and
understandings of the results are elaborated based on the researcher’s own thoughts and opinions on the topic. As well, meanings are elaborated from comparisons of the findings and information from literature or the theories used. In this manner, authors confirm past information or provide some proof for its rejection.

Another technique used to interpret the meaning units is through network analysis. In network analysis, researchers map the links between different entities, people and themes, and illustrate sets of relations (Bloomberg & Golpe, 2008). In order to understand the link between categories of themes, methods of comparison and contrast can be used. As a result of this interpretation process of meaning units, questions emerge for future research and direction in services.

4.10 Verification

In order to verify the validity of the study, verification measures are carried out while conducting a study. Validity measures are one of the strengths of qualitative research (Moustakas, 1994). Validity refers to the degree to which a study accurately reflects or assesses the phenomenon that the researcher is attempting to study (Cresswell & Miller, 2000). It refers to whether or not the findings are based on well grounded and supported evidence from the data. In qualitative research, validity is measured through trustworthiness. The measure of trustworthiness refers to the extent to which one can believe the result findings. Using this measure provides more assurance that one can trust the results. In the following section, there is a description of how trustworthiness is strengthened and this study is provided in the following section.

4.11 Trustworthiness
In this investigation, trustworthiness could be harmed in many ways. One of the ways this could occur is if the researcher influenced the contents of the subjects’ description by misinterpreting the actual experience with the phenomenon (Polkinghorne, 1989). In this study there were a few opportunities where the researcher could have misinterpreted the interviewees’ recorded experience. These mistakes may have taken place during the transcription/translation processes, data analysis, interpretations of the essences of the interviewees’ experiences or during the derivation of conclusions from the interviews.

Participants did not have an opportunity to create their own themes of their experiences. This could have also affected trustworthiness. The researcher conducted the analysis of the transcriptions and the participants corrected the researchers’ already derived themes. The participants could have arrived at other themes surrounding their experiences however the study offered limited opportunities to do so. Another way in which trustworthiness could be harmed is if there were underlying themes other than those offered by the researcher or participants that could have been present, but neither the researcher nor participant is able to describe them. These are some of the limitations of using only a researcher and participants to analyze the data and not including a peer reviewer. To increase the level of trustworthiness however, one can examine the credibility of the results. This will be described in the following section.

4.12 Credibility

The credibility of the study refers to whether or not the results are believable. The interpretation given by the researcher about the participant’s experience with the phenomena needs to be in agreement with what the participant actually experienced (Lincoln & Guba, 2000). This ensures that the results are believable. Some strategies used to increase credibility in this
study are member checking, triangulation, examination of own biases, presentation of discrepancies, detailed accounts of the research stages and other additional strategies. Each of these strategies will be discussed in turn.

4.12.1 Member Checking

The concept of member checking involves the interviewee acting as a checker throughout the different stages of the study. In this research, member checking involved ongoing dialogues between the interviewee and the researcher to assess the accuracy of the transcriptions and the researcher’s interpretations of the interviewee’s reality and meanings (Creswell, 2003). The purpose of using member checking was to avoid biases as much possible. The interviewees were encouraged to point out any misinterpretations/mistakes. They were asked to verify, add, and/or subtract any themes. After engaging in this process, the participants agreed with the researchers’ transcriptions, the themes, and the interpretations of the data collection.

There is acknowledgement that the accuracy of using the interviewees as member checkers may have some risks. The reason for this is that a researcher may have higher power in this study setting based on their role as researcher. For example, if the participants disagreed with the researcher’s statements, they may not feel comfortable pointing this out to the researcher. Therefore, the possibility that the researcher’s biases/misinterpretations were not corrected in this study is still possible.

4.12.2 Triangulation

Following the concept of triangulation, rich descriptions are gathered by using information from different sources to build a coherent justification for themes (Cresswell, 2003).
In this case, information was gathered from older non-English speaking immigrant participants, as well as from workers in the field.

There was a focus group made up of workers. This group offered some feedback on the experiences of older non-English speaking Hispanic immigrants with the phenomena. The focus group workers were given a summarized version of the experiences of all participants with the phenomena. The focus group workers gave their opinions about the themes underlying the interviewees’ experiences. This step provided another check to the analysis of themes. Still the focus group’s contribution to the data analysis was limited since they were only provided with a synopsis of the themes. The lack of peer debriefing meant that no one outside of the research study reviewed/analyzed the data or verified translations.

### 4.12.3 Examination of Own Biases

As stated before, throughout the steps of the study, the researcher looked at her own biases to identify how these ways of thinking affected the data collection and analysis. The researcher tried to be unbiased and bracket her own experiences with the phenomena. Still the effectiveness of bracketing processes is limited. The role of the researcher in the study was described in detail on previous sections of this chapter.

### 4.12.4 Presentation of Discrepancies

Another important step taken to increase the credibility of the study was to present negative/discrepant information. There were many discrepancies in interviewees’ experiences. For example, many interviewees thought services were great but, there were times during the interview, when interviewees were also very critical of workers’ overall performance. Still there was consensus reached by participants over these conflicting opinions. Notes were made of
these contradictory opinions. These descriptions were analyzed to determine the meaning they carried within the person’s experience with the phenomena. Mention of these discrepancies also allowed for a better understanding of the complexities involved in the studied phenomena.

4.12.5 Detailed Account of the Research Stages

The rigor with which the study was conducted is described in previous sections. There was detailed information about the study design and a description of the care taken to conduct measurements and decisions concerning what was/was not measured (Miller, 1991). The researcher looked at the degree to which the study accurately reflected the specific concept that attempted to measure. The questions used to explore the experiences of the participants were revised a few times to improve the probability that they indeed measure so. In terms of the choice of interview questions, these were discussed with the thesis supervisor and feedback was also given by the Ethics Review Committee.

4.12.6 Additional Strategies

Other strategies used to ensure that the descriptions of interviewees’ experiences were derived directly from the transcriptions involved the use of specific quotations. Another strategy involved tracing back the descriptions from the transcriptions to ensure that they were a direct result of the interviewees’ statements.

In terms of assessing the accuracy of the translations and the transcriptions, the researcher increased its accuracy by reading the transcriptions a few times, as well as the translations. The researcher is bilingual and has proven proficiency in both the English and Spanish languages. As well, the researcher has strengthened their translation skills through additional Spanish courses at the university level.
The above methods were used to improve the credibility of the study.

4.13 Transferability of Results

To improve the credibility of the study, the researcher also took into account the transferability of the results and included methods to improve it. Transferability refers to the extent to which the results of the study can be transferred to other situations (Cresswell, 2003). Assessing transferability of the results involves looking at whether or not the experiences of the studied subjects are situation-specific or whether they could be generalized to other situations. Following Creswell, transferability could be strengthened by using thick, rich detailed descriptions of the participants and their experiences.

4.13.1. Thick Description

A thick description of the participants’ experiences and a description of the closely connected factors help provide a holistic picture of the interviewees’ situation (Cresswell, 2003). Thick descriptions were followed by asking detailed information about the experiences with the phenomena and the factors affecting these experiences, as well as obtaining demographic information from the participants. Earlier in the study, there are thorough descriptions of the research context and the assumptions that were at the core of the research. Until now, methods to account for trustworthiness and transferability have been discussed. Another strategy used to verify the study processes is by looking at dependability.

4.13.2 Dependability

In qualitative research, dependability refers to the degree of duplicability of the results obtained if the participant was to narrate their experiences again (Cresswell, 2003). Since the experiences that participants share come from open-ended questions and they follow a flexible
format, it will be very difficult for the same results to be obtained if the study was repeated. Instead, qualitative research looks at increasing the consistency in patterns of theme development (Cresswell, 2003).

In this research there are similar methods used to develop theme patterns. There is consistency in the development of themes from one interviewee to another. To achieve consistency, the steps illustrated to describe Mrs. CC’s experiences were followed with the other participants. Furthermore, dependability in qualitative research focuses on trying to describe the many changing factors in the contexts. In this study, the changing factors in the participant’s experiences are described thoroughly and accounted for in the Data analysis section. As well, there is a description of how these changing factors affect the study processes and the results. Another technique that helps increase dependability is the use of recording as a method of data collection. Recordings and transcripts allow for more precise information about the details of the contexts and the actual experiences with the phenomena. Using this technique, thereby allows for better representation of people’s experiences.

The above strategies helped verify the study results and account for the limitations of the study. These limitations are described in more detail in the following section.

4.14 Ethics

The researcher followed the protocols mandated by the Health Science Review Committee at the University of Toronto. The researcher started by writing a proposal that was revised by the thesis supervisor and then approved by the Review Committee. Also, the questions asked were first approved by the Ethics Review Committee before any steps to begin interviews were taken. The participants of the study were well informed of the details of the study. The researcher provided them with verbal and written information about the details of this
project. The participants were informed about the confidentiality of the study, as well as the potential risks and benefits. They were also informed that if at any point they wanted to withdraw from the study they could do so without any penalties and without any explanations.

Participants were told about the purpose of the study and the results, and that the study was part of the requirements for a Masters degree in Social Work at the University of Toronto. After receiving this information participants were asked to sign consent forms for the interview and another one for the digital recording of the interviews. All information was translated into Spanish to address language barriers that the interviewees faced. Similar steps were taken with the focus group participants who were also asked to sign two consent forms. The forms were written in English since they all spoke English. Please see Appendixes D and F, for copies of the consent forms for the individuals and members of the focus groups.

From the beginning of the study the participants were informed of the procedures involved in the investigation in order to most effectively guarantee privacy and confidentiality and minimize any risks for the participants. All interactions with interview participants were kept confidential. The discussions from the focus group were kept confidential to the extent that the group members were able to maintain confidentiality about the information shared in the group.

After the focus group and interviews took place, the faculty supervisor and the researcher were the only people having access to the transcriptions. These transcriptions were locked in a personal storage space to which only the researcher had access. The transcriptions for each service provider and service recipient were coded with a personal code. Information was kept in a personal computer secured by a password to which only the researcher had access. The participants’ names were not used at any point of the study. During the study, field notes,
audiotapes and schedules were stored in a locked cabinet by the researcher. For no reason was information containing personal identity released to other than the Faculty Supervisor. The audiotapes were destroyed after taped information was transcribed and edited. This protocol follows the University of Toronto’s REB recommendations. Following best practices, transcripts, consent forms and data stored will be kept for five years in the above secured place and after which they will be discarded.

4.14 Limitations

Despite the efforts made to increase validity of the study, still there were many limitations in each of the steps. As mentioned before, one of the limitations of the study was the lack of peer reviewers. There were no resources available to hire a peer reviewer. As a result, the themes obtained from the transcriptions were only reviewed by the researcher and the participants. There were no external opinions used. Another limitation of the study involved the power dynamics between the interviewee and the researcher/interviewer. The power that the researcher held as the person asking questions about social services, while the researcher was also a social worker could have influenced the opinions of the interviewees by not allowing them to be very open about their thoughts.

Another limitation in the study involved the sampling of the interviewees. There may have been a few conflicts of interest that arose when recruiting participants. The study sampling was gathered from Hispanic senior groups which are run by Spanish-speaking workers. The participants were told that all the information they shared with the researcher was confidential. Still the participants may have held some reservations about trusting the researcher. They were aware that the researcher had contact with the group facilitators. Therefore, the participants may have believed that disclosing negative information about services to the researcher may
negatively influence their relationship with group facilitators. Another limitation in the study was that many participants disclosed having many problems. Even though the researcher offered some resources available to address these issues, still there were time limitations to offer participants more alternatives.

4.15 Summary

This chapter gave a detail description of all the steps taken on this research based on qualitative phenomenological principles. It discussed the steps taken in sampling methods, data collection, data analysis processes, the verification of data and the limitations of the study. Chapter Four also illustrates the data analysis process by using an example of an interview with Mrs. CC. Furthermore, this chapter provided reasons for choosing specific methods and approaches throughout the study and described the measures taken to follow ethics review principles as much possible. In addition, the researcher situated herself in relation to the study and described the biases the researcher may hold based on personal connection to the study, providing ways to reduce the effects of these biases.
CHAPTER FIVE

Results

5.0 Introduction

The purpose of this chapter is to provide a summary of the themes from the interviews and the focus group. The results from the interviewees and the focus group participants are summarized in summary data tables (Figure 5) according to themes. A rich description of these themes will be presented in the following sections. The format adopted to provide this description is “a story that should be vivid,…while also accurate and credible” (Bloomberg and Golpe, 2008). This chapter is divided into two sections. The first section involves a demographic description of the study population. The second section involves the narrative of the findings. The narrative consists of the themes from the interviews and the focus group.

5.1 Demographic Information

This section will include a description of the participant’s age, income, place of origin, immigration status, number of years in Canada, living arrangements and employment history.

5.1.1 Age

The participants interviewed met most of the criteria for inclusion in the study, however, two of the participants were 62 and 63 years of age so they were slightly younger than the required age of sixty-five. They were included in the study because they met the other required criteria such as not speaking English, living in Canada for less than five years, and being Hispanic. Even though they do not qualify for public pensions because their ages are two and three years younger than 65, this fact did not significantly change their experience accessing
services for the purposes of this study. One of the interviewees did not want to reveal her age but she stated that she was older than 65 years old. The age range for the women in the study was from age 63 to age 72; most women were in their mid to late 60's. The age range for the men in the study was from 62 to 74 years of age. Most men were in their late 60’s except for one man in his early 60's and another man in his mid 70's.

5.1.2 Gender, Marital Status and Living Arrangements

The interviewed group consisted of seven women and three men. Their gender, marital status and living arrangements were as follows. Of the three men, two were married and one was single. Of the married men, one man lived with his wife and two dependent children in a two bedroom, market rent apartment. The other married man lived with his wife in a one bedroom, market rent apartment. The single male was divorced and lived by himself in a subsidized rent apartment.

Of the seven female participants, two women were married. From these two married women, one of them lived with her husband and one son in a two bedroom, subsidized rent apartment. The other female lived with her husband in a bachelor market rent apartment. From the unmarried five other females, four of them were divorced and one of them was widowed. From the four divorced females, two of them lived on their own. One of the females lived in a market rent apartment, and the other female lived in a subsidized apartment. The two divorced females lived with their children and their families. One of the females lived with her daughter and her grandchildren in a three-bedroom market rental apartment. The other female lived with her son, daughter-in-law and grandchildren, in a three-bedroom house owned by her son. The widowed female participant lived by herself in a subsidized rent apartment.
5.1.3 Immigration status

All the participants had families living in Canada except for one. Seven participants came to Canada under the Canadian Sponsorship Program. Three participants came to Canada under Refugee status fleeing from war-torn countries. These were three families that came as refugees and they were in the younger range of age. One of them was a man with his wife and his two dependent children.

5.1.4 Income

For many participants, talking about their lives in their new country and their adaptation levels was stressful. In an effort not to compound this stress, questions regarding their actual income sources were not asked. To have some understanding of income level, questions were asked about whether or not people experienced financial stress according to a scale from one to ten (one meaning that the person has no financial stresses and ten that the person has a lot of financial stresses).

All of the interviewees expressed having financial worries except for two of the participants. One of these interviewees was a woman who lived with her husband and son. She came to Canada under Refugee status and had a very positive demeanour. In her country of origin she had enjoyed a financially comfortable life, but in Canada her main source of income was government financial assistance. She was very thankful for all the assistance she was receiving in Canada and felt that, although her income was low, this was sufficient for her. The other interviewee was a man who was living by himself. One of his main concerns was feeling lonely and suffering from depression. His daughter sponsored his immigration to Canada. His main source of income consisted of the profits he received from his investments in his country of
origin. He expressed having an adequate income and was satisfied with what he received. He was also comfortable asking his son for financial assistance if he ever experienced financial stress.

The eight remaining participants provided information about their income as the interview carried on. Three of the respondents told the interviewer they were receiving financial assistance from the government. One person was on a disability pension, and the other two people were receiving social assistance as refugee claimants. Two interviewees noted that they received support from their children. One of the interviewees who was sponsored to come to Canada by his son, was 71 years old, and was working and supporting his wife. Another interviewee received a pension from her country of origin. One of the participants did not disclose their income source.

5.1.5 Place of Origin

The interviewees were from a number of different countries in South and Central America. Three people were from Peru, two people from El Salvador, two people from Colombia, one person from Argentina, one person from Panama, and one person from Guatemala. The three people that came to Canada as refugees were from El Salvador and Colombia.

5.1.6 Number of years in Canada

Seven of the interviewees had been living in Canada for 5 years and one interviewee had been living in Canada for three years. Only two interviewees had been living in Canada for two years.
5.1.7 Employment history

To avoid possible embarrassment or class issues, employment history was not discussed with everyone. The interviewer followed the lead of the participants and asked further questions if the subject was mentioned.

There were a few people who identified having a profession/occupation in their country of origin. Amongst the males, one man was a judge, one man worked in the business sector, and one man worked as a labourer in their country of origin. Of the male participants, all with the exception of one person who worked, wished they had a job. Nevertheless, only one participant was actively looking for employment mainly because he had a family to support. The only interviewee who was able to obtain a job was the labourer.

Amongst the women, the professional breakdown consisted of a social worker, a nurse, a businesswoman, and a housewife, all of who worked in their professions or occupations in their country of origin. The other three female interviewees did not mention their employment history. Of the female interviewees, two of them had casual jobs and the other women did not express the need to work. Four of them did volunteer work on a regular basis. One woman was not involved in any volunteer work or employment and did not express a desire to do so.

5.1.8 Summary

The respondents represented a group of immigrants and refugee claimants with a medium to low financial status. They were mainly women who came to Canada under sponsorship by their children. More than half were divorced or widowed, the remaining were married. In terms of profession, there was a range of professions from nursing and law to general labour. From all
the participants, three of them lived on their own, the rest lived with their partners and/or children, but all of them had close contact with their families.

After providing a demographic overview of the participants, the next section presents the essential themes identified in the transcripts of the interviews.

**5.2 Findings Overview**

The findings will be organized based on the research questions of the study. The inquiry questions of this study were: 1) What are people’s perceptions in terms of the availability and accessibility of services and culturally competent practices? 2) How did lack of language fluency affect availability/accessibility of services and culturally competent practices? and 3) How could availability and accessibility of services and culturally competent practices be improved? The last question will be answered in chapter seven.

The major themes that answered the study’s enquiry questions are generated from the summary data tables presented in Fig. 5. The themes identified as having higher affects on interviewees’ experiences are language barriers, discrimination and immigration. Presentation of these core themes will be arranged based on the subtopics of availability and accessibility of services, culturally competent practices, and overall adaptation to Canadian life.

**5.3 Overview of Summary Data Tables – Fig. 5**

The summary data tables in Figure 5, present the eleven main themes that were gathered from the interviews and focus group responses. These themes were language barriers, integration, life in Canada, discrimination, financial situation, quality of services, service workers’ treatment, service provision, cultural competence, supports and additional age-specific
issues. These themes were gathered by following the process of horizontalization as described in Chapter Four. From these eleven themes, the study’s core themes were generated.

5.4 Service Provision

Based on Summary Data Table, Figure 5.1.8, Service Provision, themes about service provision will be discussed in terms of availability of services, accessibility to services, costs of services and accessibility of information of services.

5.4.1 Availability of Services

In the interviewees’ views, the geographic distance of services in relation to people’s dwellings affected availability of services. One interviewee stated: “Many services that I need are unavailable in my surroundings or they are not available in Spanish”. Location of services becomes a more crucial issue during the winter time when there are less means of transportation. As one interviewee stated, “During the summer time I walk everywhere. I try to get everything close by so that I do not have to take the bus. But during the winter time, I just stay home.”

The number of workers available also affected availability of services deeming services unavailable according to some interviewees. In terms of health care, some interviewees thought that there were not enough doctors available and, in particular, there were not enough Spanish-speaking doctors available. In general, finding available services in Spanish was a major challenge for interviewees. One interviewee responded: “How could I tell the doctor my health problem if we cannot communicate. There needs to be more doctors who speak Spanish. I am ill for a few days now but I do not go to the doctor because I need an interpreter to tell him my symptoms.” As a result of the limited availability of services in Spanish, there was a dependence
on other people, such as friends and families, and inability to access services and voice their opinions and needs on their own.

Dependence on friends and families was difficult at times because the interviewee had to accommodate to the availability of the escort person. For example, one of the interviewees had an appointment at the hospital to address an issue with his vision. He could not find an interpreter for his appointment. He said:

“..now I will see if someone can come with me to interpret because if you do not know how to answer the doctors, it is the same as if you did not go. My daughter works so she can’t go but at the hospital there is a person that I have made friends with and he speaks Spanish. I have to see if he can help me but he works at the pharmacy so he would have to come on his break.”

He had to make the arrangements to find the interpreter or cancel his appointment until he found one.

Contrary to these views, other interviewees stated that services were available. When asked questions about availability of services, these interviewees stated that services were available. However, in other sections of the interview, while narrating their experiences with services, the same interviewees stated that services were not available. When asked about availability of services, one of the interviewees stated: “So far I have found the services that I needed and I am very grateful for it.” However, earlier on, when asked about her experiences with services, this interviewee said: “many times I get lost when I use the public transport. It helps me when I have an escort who guides me the first few times. But there are rarely any available escort services.”
Furthermore, some of the focus group members addressed concerns about the dependence of older people on their children/friends due to lack of language skills and the lack of appropriate supports available to them. Workers explained that, in some cases, this dependency can become very unhealthy leading to abusive relations between family/friends and the older person:

“..in many cases, the children are in charge of the money. If the cheque comes in from welfare or ODSP under the name of the senior, the family is the one who is in charge of it. The older person does not have any freedom, no independence because they cannot speak the language. I do not know why they bring them here for, to bring their parents to this state of loneliness, of abandonment, of dependency for everything, it's abusive.”

This example illustrates how language barriers interact with financial dependency and lack of supports to place non-English speaking older Hispanic immigrants in very vulnerable positions.

In general, interviewees felt they did not have enough supports. When they made this statement they were referring mostly to formal supports as opposed to informal supports. However, there were interviewees who also felt unsupported by anyone including their family. For example, one interviewee who lived with her son, said: “He has his own family, I can’t bother him for things. He tells me: ‘Mother if you need money you need to tell me, but I don’t. I know he has his own debts. He can’t look after me.” Interviewees shared that their children usually have a family of their own to look after and are not able to support them. A few of the interviewees stated that they did not receive enough formal community supports: “Besides him (God), all people around you always have a vested interest when helping you. There is no real help, there is no real help. And we feel very depressed...” This interviewee talked extensively
about feeling depressed because she had few supports to help her deal with her poor financial 
and health conditions. Many focus group participants also talked about the supports that older Hispanics 
received from their families and the way this impacted availability of services. One of the focus 
group participants stated:

“..the families bring the older relative, they bring them from their country of origin, 
thinking that they will be under better conditions here, but once they are here they are 
alone most of the time. Each one of the family members has their own responsibilities 
and the person is left alone, lost, does not even know what to do, where to go.”

According to focus group participants, acknowledging this situation amongst family members is 
important for planning the availability of services for older NES Hispanic immigrants. When 
services rely on family members to interpret for their older Hispanic relatives but the families are 
unable to do so, older adults run the risk of not having interpreters available to access services.

A few of the interviewees stated that they needed more formal supports since there was a 
lot of paper work that they had to do, and they did not have anyone to help them complete it. 
Although they had some people help them, their help was limited. Some interviewees talked 
about missing important appointments because they did not have anyone to help them go to these 
appointments. According to interviewees, having more supports was very important to address 
issues of isolation, financial needs, transportation and interpreting services: “If you have people 
you can go to for help, it makes a big difference. You do not have to be alone. You won’t face 
isolation. If something happens you can ask for help. You can trust someone will care what 
happens to you.”
5.4.2 Summary

Overall, the services the interviewees identified as unavailable were interpretation services, Spanish-speaking doctors, escorts and English classes. These services were very helpful and important to the study population since they address their basic needs such as health, mobility and communication related issues.

5.5 Accessibility of Services

Interviewees’ experiences with accessibility of services were impacted by language, interpretation services, costs of services, and interviewees’ assumptions and attitudes about services.

5.5.1 Interviewees’ Experiences with Accessibility of Services

Accessibility of services was deeply connected to language barriers. Interviewees talked about having to access Spanish speaking services only due to the language barriers they faced in mainstream services. One interviewee stated: “…people prefer to use Spanish speaking services because of the language barriers. They are not able to access regular services.” Also, some interviewees talked about needing someone to accompany them to their appointments in order to be able to access services. Besides possibly needing an interpreter, some interviewees did not feel comfortable using the transport system on their own. Therefore, not having available escort services to accompany interviewees to appointments prevented some interviewees from accessing mainstream services.

An added challenge was the limited accessibility of translators and interpreters to help interviewees with their paperwork and translations. One of the interviewees stated: “I use the
Spanish speaking centres to get an interpreter but they are always very busy. Then, I have no way to get my paperwork done.” A few interviewees mentioned that their needs were not met at these centres due to the amount of people that accessed them and the availability of workers. Also, translation services in Spanish speaking services were described as being very difficult to obtain.

In addition to the perspectives of the interviewees, the focus group participants also provided feedback on how language barriers affected accessibility of services. Focus group participants talked about the long wait lists that existed in order to be accepted into some services and the way the system handled critical cases in terms of wait lists. One of the participants stated: “For urgent health care assistance, there was no case by case treatment of patients. They still had to wait for their turn.” Regarding interpretation services, focus group participants mentioned lack of access to interpretation services as one of the main barriers to accessing services for older Hispanic people. One of the focus group participants who worked in a shelter talked about an experience she had with a Hispanic, ex-resident, who was blind and needed an interpreter. The ex-resident lived in an apartment, and she needed to make arrangements with public transportation to pick her up from her home. She did not speak any English. The focus group participant stated:

“..she [ex-resident] has to use Wheel Trans [public transport for people with handicaps disabilities] and she lives alone. She is not able to call them and get an appointment because she speaks Spanish only. She has to call us [shelter], since some of us speak Spanish. I have to call to get her an appointment but sometimes we are very busy... The woman did not come out of her apartment for days because no one could call Wheel Trans. Here [at the shelter] there are not enough workers to help ex-residents.”
As a result of the lack of interpretation services, the above client’s accessibility to mainstream services became limited since she could not depend on the worker to make these arrangements. Overall, language barriers and interpreting services were identified as the main obstacles to service accessibility.

The costs of services were also described as determinants to accessibility of services. Some interviewees thought that services were too expensive and, therefore, they could not access them at times. According to some interviewees, services such as interpretation or translation cost too much, and, when they asked to have fees reduced, service providers were not flexible with their costs. As one interviewee stated: “If one does not have money for services, then they are not available.” Another interviewee had to send her immigration documents to Citizenship Canada. However, due to the costs of the translations, she could not send her documents on time: “I was sent from one of the Spanish speaking centers to another and the general wait list for the translator was a month. I needed the documents sooner.” In terms of requests for subsidies, another interviewee said:

“...they [services] do not take into account if the person can or cannot [pay], I have called and asked for a subsidized fee. If I am asking for a reduced fee is because I need it, right? and when I have paid a subsidized fee, I see a very bitter face and I leave from there very vulnerable.”

In this case, the interviewee was very offended by the treatment from service providers due to her lack of financial means.

On the other hand, a few interviewees stated that centres considered the person’s situation when charging for their services. They specifically referred to interpreting services: “I am very satisfied with their interpretation services. They are easy to access and, most of the time, they
are free of charge.” In general, costs of services were seen as a barrier by some interviewees while for others this was not an issue that hindered their accessibility to services.

Access to information regarding services was another determinant of people’s experiences with accessibility of services. A few interviewees agreed that they needed help finding out about the services nearby. One interviewee stated: “If someone could help me find a centre nearby, around here, to communicate [learn English]… I have isolated myself because it is a bit far to get to some places.” Other interviewees stated that their language barriers did not allow them to ask for information: “How can I ask for services if I do not speak the language. Even if I learn what information to ask, I am not going to understand the answers.”

Similarly, focus group participants believed there was no one available to help non-English speaking elderly Hispanic immigrants find information. Also, focus group participants thought that older Hispanics did not have enough information about the different resources they could access:

“..many older Hispanics are unaware of services such as transportation services for people with handicaps disabilities, food banks, legal aid clinics. They suffer in the snow, without food sometimes when they could have an easier life. Their families also do not know.”

Focus group participants talked at length about the inability of family members to learn about the different services available for their older relative since they have their own family to look after.

However, generally speaking, people stated that it was easy to access information about services. They accessed information with the help of service providers, family members or the Hispanic media. One of the interviewees stated: “I listen to the radio. They have a lot of
information about services, programs, workshops, all the time.” Other interviewees talked about other forms of media that help them keep connected such as newspapers, Internet and Hispanic channels.

Moreover, limited knowledge of entitlements in terms of services and assistance also contributed to inaccessibility of services. Knowledge of entitlements may include eligibility to financial assistance from the government if their sponsors are not supporting them financially, additional transportation allowance if they are receiving social assistance and are engaged in volunteering activities, and others. Lack of information on entitlements limited older immigrants’ financial circumstances. One of the focus group participants had an older non-English Speaking Hispanic client who was without an income because she did not know she was entitled to apply for her old age pension:

“..my client was depending on food banks because she did not have an income. She did not know that she could qualify for an old age pension. There was no one following up with her to let her know about her entitlement for this pension.”

In some cases such as the above, limited knowledge about people’s entitlements to assistance had a tremendous impact on quality of life.

Accessibility of services was further influenced by interviewees’ views on who deserves services. A few interviewees expressed the need to justify why they deserved services. One interviewee stated: “If we, older populations, can no longer work, but we worked before and our children are working, we deserve services.” In this case the interviewee was talking about how some people make immigrants feel based on their immigrant status. They are made to feel that they do not have the same rights as everyone else, meaning other Canadians.
In general, interviewees thought they had to put their needs aside and have the majority of resources directed to younger people who had not lived as long as older people. Many interviewees saw their lives as coming to an end soon, therefore, in their opinion, there was no reason for investing in older generations. “They are the future of tomorrow, not us. We are finishing this life cycle.” In general, it was difficult for them to accept that they deserve the same services as anyone else regardless of their age. This was particularly the case when accessing financial assistance.

Many of the seniors felt very uncomfortable requesting for financial assistance and were very reluctant to ask for it even if they were in need. One of the interviewees said: “people think that we like to ask for financial help. For me this is the most embarrassing act that I could do. I have no choice. If I did I would take it.” Most of the interviewees felt they would prefer to work as opposed to obtaining financial assistance.

5.5.2 Assessment of Services

Assessment of accessibility of services was discussed based on whether or not services were accessible and the level of satisfaction of people with the services. A group of interviewees felt it was improper to judge services in Canada. They thought people had to be thankful for whatever services they obtained regardless of its quality since this was offered to them. “You cannot criticize services. There are people who say: ‘the government doesn’t give the assistance I need.’ These expectations from services are wrong.” Interviewees did not see services as something they were entitled to receive; instead, they saw it as something that was given to them out of kindness. Furthermore, they were very angry at people who criticized
services. An interviewee stated: “Some people demand things and only see their needs, not the needs of other people. We need to consider everyone’s needs. Not only ours.”

Other interviewees who were asked directly to assess accessibility of services responded generally by stating that services were accessible. There were a few interviewees that found services very accessible. Some interviewees mentioned receiving help from referral services to access interpretation services when they faced language barriers. “I have no complaints. If I need an interpreter I go to the Spanish centers and ask them to help me find an interpreter. I can get a volunteer interpreter this way.”

In terms of the health care system, some interviewees were very satisfied with the health care system in Canada. One interviewee stated: “we always see ourselves marginalized back home. If we do not have a financial status we do not have access to health services. Instead here it is apparently for free; health care and education.” Having said that, while talking about their experiences with accessibility of services, interviewees expressed the need to make services more accessible. According to interviewees, having more supports was very important to address issues of isolation, financial needs, transportation, and interpreting services: “If you have people you can go to for help, it makes a big difference. You do not have to be alone. You won’t face isolation. If something happens you can ask for help. You can trust someone will care about what happens to you.”

Interviewees also talked about the way services were limited in the help they could provide to clients in need of assistance. For example, one interviewee stated:
“..I need to get my application for Old Age Security Pension. But I do not know how to do it. They [Social Assistance] tell me that I could go to my previous shelter worker to get help for this. The worker at the shelter is great. She helped me a lot but she is always so busy.”

This interviewee was going from one worker to another to ask for help and finally, she stopped trying.

Other interviewees commented on the quality of services that support workers offered to clients with chronic illnesses. One interviewee stated:

“..she [personal support worker] comes for a little bit. It could be because they pay them less, I do not know... but she showers her [his wife] very fast. At times she [worker] gets upset. It looks as if she was doing us a favour.”

These experiences with services are related to in-home services that are offered in the privacy of people’s homes where there is less supervision of staff. Interviewees also reported their concerns with regards to Spanish speaking services. One interviewee stated: “Many times services where they speak Spanish, there are very few people that work there.” As a result, it made it very hard to offer quality services.

Focus group participants also described accessibility of services as being limited based on its quality of services. Focus group participants talked about their challenges working with other agencies that placed too many barriers in the way of clients or worked at a very slow pace:

“..sometimes I refer clients to the appropriate services they need. The agency that I am referring to has many papers to fill out and sometimes, do not accept clients because the client does not live in their catchment area, even though their services may be more appropriate for the client than other nearby agencies.”

As a result, people are unable to access services due to agency policies or service providers’ work ethics.
Contrary to these views, some interviewees stated that, the services offered were high quality. One interviewee stated that when he used services in Toronto, service providers worried that people were satisfied with their services:

“..when I went to a worker to see how I could apply for ODSP, the worker went over all the steps with me. And at the end of his work, he asked ‘was that information helpful? Did you need anything else?’ He made me feel comfortable.”

Overall, interviewees’ assessments on accessibility of services were divided. Some interviewees were very satisfied with services while others were not. Still some interviewees had conflicting views. In terms of looking at the reasons that may lead to low quality of services, interviewees and focus group participants offered some possibilities.

5.5.3 Causes for Low Quality of Services

According to the interviewees, one of the causes for limited quality of some services is lack of funding. As a result of the lack of funding, there is an excessive amount of clients for the number of workers available. An interviewee stated: “How could a worker be efficient in her work when they are overworked with a caseload and only two workers. These are the conditions of many agencies”. In addition, views from focus group participants discussed the way quality of services was affected by regulations from bureaucratic agencies. One of the focus group participant stated:

“..for example, ODSP [Ontario Disability Support Pension], or Ontario Works [social assistance], looks at what is their highest priority - either to save money for the government or to help the people…. Because the worker has to do what comes from
above. Even then, there are workers that carry within them the desire to help and they go beyond regulations.”

Based on the views of focus group participants, low quality of services is also caused by lack of available workers. “It is almost impossible to provide quality services. You are being asked to engage in many different tasks at the same time, and all of them are priorities.”

According to focus group participants, lack of available workers to navigate the services leads to a lack of knowledge pertaining to the information clients need to access the service. One participant stated: “when one needs to find out about taxes, workers do not give information, so clients do not have the proper information.” At the same time, low quality of services also affects the trust that service users had with services.

Participants pointed out that there was a problem of trust in the Spanish speaking communities. Spanish speaking clients did not trust workers because they either had bad experiences with services in the past or they had been taken advantage of by some for-profit agencies before. One worker stated:

“there were people who were applying for refugee status and a private immigration agency wrote a story in English for 20 people, the same story, the same….and they charged the people a lot of money. Therefore people do not trust non-profit agencies anymore.”

The focus group participants also talked about the high expectations that Hispanic people have about employment opportunities in Canada which may lead to conclude that social services are not helpful. One participant stated:

“…there are people that were lawyers in their country, engineers. Here, they are 65, 63 years old and they think that they can do much more…and they cannot because they do
not speak the language and, no, they do not accept this. It isn't that the worker does not want to help them but there are no possibilities.”

Focus group participants found it challenging to work with newcomers who were in these situations. One of the participants stated: “You feel torn. On one hand you want to keep the dreams that newcomers have and help them persuade them, on the other hand, these dreams do not seem realistic. You do not know what to do.”

Besides not having the resources available to assist service users, differences in Hispanic cultures also interfered with the quality of services offered. Focus group participants talked about the differences in Hispanic cultures and how the political conflicts amongst Hispanic countries made it more challenging sometimes for Hispanics to work together in Canada. One focus group participant talked about her personal experiences with clients who came from Latin American countries that were, or still are, at war with the worker’s country of origin: “How to overcome these barriers? To get closer to that client when all their lives they have seen your country as an enemy?”

Lastly, according to the focus group participants, one of the biggest barriers to integration was people’s own beliefs and past lifestyles that they brought with them. According to participants, older Hispanics have a hard time accepting their new reality in Canada making them very “inflexible” when it came to the systems in Canada, particularly the health care system:

“..Canada has a structure under which it operates, and Latin people are used to another one completely different. They are used to the doctor back home that listens to them for an hour, the doctor that would make special accommodations for their needs. Here the health care system works another way. They [older Hispanics] rebel furiously but the only thing they accomplish is getting sicker.”
Focus group participants expressed their frustration while trying to help clients. They have the intentions to help their clients but are unsure on how to advise them in their settlement processes.

In general, these barriers to quality of services may be similar to other elderly ethnic minority people. However, Hispanics are recent immigrants that have few resources within their communities. The resources available to assist older Hispanic immigrants in their settlement process are scarcer than in other communities. Additionally, the Hispanic populations in Canada do not have a high economic status and struggle to have their voices heard when requesting higher quality of services.

5.5.4 Summary

Service provision was discussed in terms of availability and accessibility of services/information. It was linked to other factors that challenge people’s lives such as language barriers, transportation barriers, knowledge about entitlements, amongst other factors. Overall, according to interviewees and focus group participants, the services that require more availability and accessibility are interpreting services, health care services and transportation services. In the next section, service provision will be discussed in terms of cultural competency from service providers.

5.6 Cultural Competence

Cultural competency was a difficult concept for people to grasp. It was generally understood as multiculturalism or having knowledge about all cultures. Some interviewees thought that cultural competency referred to whether or not workers ask about the level of education that a person has when they come from another country.
Based on the results shown in the summary data tables, Figure 5.1.9, Cultural Competence, this section will discuss importance of cultural competency practices, experiences with cultural competency and causes for culturally inappropriate practices.

**5.6.1 Importance of Cultural Competence**

According to some interviewees, cultural competency was important and should be included in service provider’s training. As the clients stated: “If you have knowledge on multiculturalism, you are going to be more flexible with your clients.” This interviewee described the concept of cultural competency as being the same as multiculturalism where the focus is acceptance of other people’s cultural factors such as food, music, traditions and others. Another interviewee stated that workers should know about the clients’ specific cultural aspects. The interviewee said:

“…you have to learn about a lot of things. For example, if you have an Egyptian client, you have to learn about the history from Egypt because, otherwise, how are you going to ask the person questions… All, all those things are part of the job, you know.”

The definition of cultural competency used by this interviewee is different from the one used in this research. The definition of culturally competent practices that the researcher used was:

“.. service provider would have some general knowledge about the political, historical and present contexts of cultures but cannot limit their practice to this knowledge (Gubrium, 1999). Service providers acknowledge the gaps in their knowledge about the client's culture. The reason being that the client’s personal experience with culture still needs to be understood. Under this model, cultural competency starts to be built by having workers establish a transparent relationship with the client. Only in this manner would the client's individual experiences with culture be revealed (Dean, 2001).

The definition of cultural competency used in the study concentrates on examining the individual experiences of people with culture.
Some interviewees thought that cultural competency was important because it makes people feel more comfortable. Based on more conventional definitions of cultural competency, interviewees thought it was very challenging for workers to learn about the different aspects of all cultures. Also, clients thought that cultural competence was not the main challenge in service provision. An interviewee stated: “It is more about the treatment of the client that you should know. Not the culture.” Other interviewees shared similar opinions. They thought that more important than including culture in practices, was the need to have workers offer constant good treatment to clients.

On the other hand, focus group participants believed cultural competency was very important and needed to be implemented by all workers. In the participants’ views, it was important that service providers know general facts about the client’s culture. Additionally, it was important for workers to ask clients about their personal experiences with their culture and how it affected other aspects of their life. According to a focus group participant:

“..cultural competency is important to consider because it helps us avoid making generalizations about people’s countries. We have to learn from the particular experience of the client. Their experience with culture is what we need to learn. Even if we know nothing about a culture, it is important that we establish a rapport with them. They may tell us what is important for them about their culture. This is the knowledge we need.”

In general, the decision on whether or not culturally competent practices should be included and how they should be included remained debatable. As well, the frequency of its use was another questionable factor.
5.6.2 Experiences with Cultural Competency

According to interviewees, cultural competency was partially considered by service providers. Service providers asked about the client’s country of origin and from this information, general facts about one’s culture were formed. According to one interviewee: “workers did not see culture beyond food, music and traditions.” Service providers did not seem to take into account how experiences with culture may have shaped people’s life paths and views. Also, interviewees felt it had become their responsibility to raise issues of culture with service providers. An interviewee stated:

“..a person’s culture is not discussed unless the person from that culture raises it. For example, if I am from El Salvador, I have to talk about the country if I wanted my culture to be included in the conversation with the worker. It would not come from them [service providers] to talk about this culture.”

Overall, interviewees were not satisfied with how cultural competency was practiced by workers: “I would like to be able to discuss culture more freely. It is not usually included in the dialogues with workers.” In general, most interviewees thought that cultural competence was somewhat important but not a priority.

Some of the comments from the interviewees resonated with the thoughts of the focus group participants. The participants also stated that cultural competency from service providers was limited: “Sometimes, workers talk about the external aspects of culture to try to make the client feel comfortable but they do not investigate what is the individual’s experience with culture.” In the participants’ views, learning about clients’ individual experiences with culture was part of forming a strong rapport with them.
Interviewees talked about improving culturally competent practices in order to stop discrimination. One interviewee stated: “Attention to one's nationality is important because, there are peoples from everywhere here, but we are from Latin American countries and they treat us like this. They discriminate against us, yes, people with blue eyes.” In this case, the client suggested that cultural competency could serve as a tool to help clients and service providers fight discrimination in society. At the same time, some interviewees stated that workers’ practices held many culturally inappropriate characteristics. Culturally inappropriate practices and discrimination were part of interviewees’ experiences with service providers. Interviewees talked about the discriminatory behaviour exhibited by service providers who generalized older Hispanics’ experiences with culture. One interviewee said:

“…when I spoke with the worker they told me...get a letter from work.. If you can ask your employer to give you a letter that you are a servant…” … What that worker told me hurt me, not because I consider a servant’s work humiliating, I have worked doing that…But the way that the worker told me this, it hurt me.”

A few interviewees described similar incidents of discrimination.

Interviewees talked about instances of discrimination based on their identity and their inability to speak English. One of the interviewees shared his experience when he went to see a service provider at a community centre. He stated: “Yes, when the lady who speaks English sees me, she tells me: ‘Oh no, a Spanish.’ …She does not know what to do to be able to communicate with me.” Another interviewee talked about workers’ overall attitudes towards people who do not speak English: “Since we do not know English, they treat us as if we were imbeciles.” This interviewee also stated: “People discriminate against those who do not speak English….It is something that happens to most Latin immigrants in Canada.”
Interviewees also talked about discrimination at the macro levels. They referred to unequal distribution of resources for the Hispanic communities. Many interviewees stated that compared to other ethnic groups, they thought Hispanics got very few resources:

“..the government needs to place more attention to the financial status of the Hispanic person. They should pay more attention and invest on initiatives for Hispanics so we progress. We need more financial attention. Compared to other minorities, they seemed to be better off than we are. Why does the government support other ethnic groups and not the Hispanic communities?”

The need for financial assistance to support the Hispanic community was an on-going issue amongst interviewees and participants.

Discrimination in service provision based on immigration status was also widely discussed by interviewees. They described services for refugees/landed immigrants as being of poor quality. One interviewee talked about his experience with a social service worker: "when the worker found out that I knew how to read and write [in Spanish], she started to change. She started to treat me with respect. Before that, she would humiliate me for not understanding her.”

The worker had assumed that the client was not educated and proceeded to treat him badly because of it.

The ill treatment that people without immigration status receive was another concern raised by interviewees. Some interviewees stated that people without immigration status (illegally living in Canada) have no rights and no place to complain about the bad quality of services:
“the people that don't have papers, I feel sorry for them because they are working for many years, suffering, struggling to get their papers and they have no rights, no help from workers, or the government.”

Interviewees urged workers and people in general to offer equal treatment to people without papers since treatment quality should not be based on immigration status.

5.6.3 Causes for Culturally Inappropriate Practices

In the interviewees’ views, some of the causes that led to culturally inappropriate practices were lack of training on how to work with people in general. One of the interviewees stated: “They [workers] need to learn how to work better with people. Workers need to learn how to establish rapport with them.” According to focus group participants, lack of agreement in what cultural competent practices meant may also contribute to culturally inappropriate practices. As a result of not having an understanding of what cultural competence is, service providers engaged in a low quality of culturally competent practices. One of the participants talked about the common mistakes made by workers. She stated:

“…we [workers] cannot generalize and assume that because you are from a country or because you are Catholic or because you are from a certain religion, you are like everyone else from that culture. Not because you are from a certain country and you speak the same language... it means you are like everyone else from that culture.”

In this case, individual experiences need to be considered in order to get a complete synopsis on people’s cultural experiences.

Furthermore, according to focus group participants, one of the biggest barriers to offering culturally appropriate services was people’s own beliefs and past lifestyles that they brought with them. According to participants, older Hispanics have a hard time accepting their new reality in
Canada making them very “inflexible” when it came to the systems in Canada, particularly the health care system.

Focus group participants recommended that service users try to adapt to Canadian systems in order to make their own lives more pleasant. At the same time, according to focus group participants, systemic structures that overlooked the operation of services sometimes posed challenges for service providers to offer culturally appropriate services.

5.6.4 Summary

Cultural competency was a difficult concept to grasp for interviewees. Its definition was confused with multiculturalism, and there was a tendency to use more conventional definitions of cultural competency. Interviewees thought this was an important practice to include in service provision but, overall, they thought that people’s treatment and quality of services in general, were a better choice of focus when improving services. Workers linked cultural competence to anti-discriminatory practices and, therefore, consider it as an important practice to include.

5.7 Overall Adaptation to Life in Canada

Besides sharing their experiences with service provision, many interviewees discussed their overall experiences adapting to life in Canada. Based on summary data tables (Fig 5), themes of transportation, language, employment, discrimination, integration and overall conditions of the interviewees’ lives in Canada will be presented.

Some interviewees found the transportation system to be very expensive and confusing. They talked about their avoidance of using the system since they could not understand it. They
found the signage to be poor. Also, some interviewees mentioned that public transportation was not their choice of transportation due to health problems and weather conditions:

“...there is no bus shelter, you are left like that in the open... That is very difficult for me..... In the winter, I don’t go out because my sons tell me, ‘mom you are too old’. Well, being old does not mean that I am made of clay but[son tells his mom] ‘mom you cannot take a fall,’ so I am scared [interviewee]....”

In this case, the interviewee wanted to be more independent from her family and be able to use the transit and go out during the wintertime. However, she was aware that this may be a hazard for her and, therefore, she stayed at home. One of the greatest fears of the interviewees who did not use regular public transportation was not finding their way home.

A different perspective is expressed by some interviewees who found the transportation system very easy to understand and very helpful to travel around the city. They were able to understand the maps and they were not scared of getting lost. One of the interviewee stated, “I love going on the TTC; especially getting lost; is an outing for me.” Some of them also described receiving assistance from service workers who gave them directions on how to get to places.

Besides transportation, interviewees described language as a crucial factor affecting their process of settling in Canada. Many interviewees talked about not having a voice and feeling ‘mute’ because they could not express what was on their minds to service providers and people in general. The interviewees talked about their difficulties learning English. Among the comments, one of the interviewees stated that in the English language: “every word becomes complicated.” Furthermore, interviewees talked about the age barriers to learning English. Interviewees tried to attend English classes at some point but sometimes their health conditions
did not permit them to do so. One interviewee stated: “I was taking classes but because my eyes are not healthy, I am not able to go into a school…All my life it [eye sight] has been like this… so for this reason I had to leave it.”

Interviewees also talked about the impact that financial conditions had on learning English. One interviewee stated: “I only go to school sometimes otherwise it gets too expensive with the fares.” Other challenges to learning English were discussed in terms of the time factor. Many interviewees were either babysitting or engaged in job-related activities with little time for the study of a new language. One of the interviewees stated:

“… I have not gone [to English classes] because the time absorbs me, I have to work, I have my wife that is sick … At the same time I am the cook. I have to take my wife to the hospital for dialysis, come back. She needs care. So I am practically enslaved, slave of myself.”

This interviewee was in his early 70’s. He had many responsibilities and almost no support. Learning English was not his priority. Overall, interviewees attempted to learn English despite some of the frustrations they had experienced in the process. Some of interviewees stopped going to classes but at some point, they all had tried to attend ESL classes. The need to speak the language was very clear to them as it affected all aspects of their lives.

Volunteer work was another activity that affected interviewees’ adaptation process. Interviewees discussed their positive experiences with volunteer work and saw it as an alternative to employment. It helped interviewees feel included. One interviewee talked about his volunteer experience:
“..in my volunteer job, I tell people how to turn on a computer, what is the purpose of a window, what do we see there... The agency has taken me in as a volunteer. So I have a good rapport with Canadian people and this lifts my spirits. I feel very calm. Staying at home… I was becoming very depressed...it was very helpful for me to volunteer.”

Feeling welcome and useful was very helpful for this interviewee. It helped him overcome his depression and feel accepted by Canadian society.

In terms of employment, more than half of the interviewees talked about their unfulfilled expectations about their lives in Canada in terms of employment. They talked about coming to Canada with a dream for a better life but this dream was not fulfilled. They did not realize what their financial situation would be like until they arrived in Canada. One of the interviewees stated: “We did not know this before coming to Canada because my son did not tell us and the information given in Latin American about Canada is mainly about its wealth.” Interviewees talked in-depth about their expectations when they arrived to Canada. As another interviewee stated:

“..when one arrives to Canada, one tells oneself, ‘I will put my efforts in what I know how to do.’ But once here I hit myself with a wall because I am not able to do what I know how to do – be a lawyer. So, what do I do? What can I do? I am in a job that, in the long run, is going to be harming for society itself. If you are going to work dissatisfied and you are going to live frustrated, this is not productive for you or others around you.”

Often times, interviewees talked about how their skills were misused in their volunteer settings and by the government as a whole. One of the interviewees who came to Canada under refugee status stated:
“. . . the government opens their doors to refugees and gives them a home. But they do not think
refugees can offer them any skills. The majority of us that arrive here, we know how to read and
write. Many of us come here with university knowledge. This is all wasted because Canada does
not value this knowledge . . . .”

This interviewee was very frustrated about his employment situation, particularly because he had
two children and his wife to support on a very limited income.

Many people linked their past job experiences to racism. As a form of oppression, racism
was seen as a critical component in the lives of the interviewees. For example, many
interviewees talked about the discrimination they suffered in the labour market. Some
interviewees discussed specific experiences of getting fired for not speaking English. There was
one particular interviewee who had gone through many hardships in her workplace and wanted
to have her experiences known. This interviewee was an African Latin woman who was in her
late 60’s but wanted to work because she was not financially secure. This is her story:

“.... what happened three years ago with this job. I lost it [employment], they fired me
because of the language. None of us spoke English well. A friend made a mistake in
understanding the job duties, and that cost us the job, they fired us.... What I was talking
to you about.... I had never seen a human being be fired in that way....Since you cannot
express yourself you get really mistreated. That has been an experience that I would like
to be taped and that it be printed so that they see how one suffers when one does not
know the language.”

This interviewee was a woman who was experiencing many hardships, particularly, financial
hardships. Even though she did not speak English, in the past she had been able to work in
English speaking environments as a cleaner. She managed to do so by asking for help from
others, or she would try to use body language to understand the job tasks. Similarly, other interviewees talked about the exclusion that they experienced in the job market for not speaking English and being Hispanic.

As well, a few interviewees talked about discrimination in the workforce based on age. For example, an interviewee talked about not being offered a job because, according to one of the employers, she was too old: “When I went to do a cleaning job, they saw me and sent me home. They said that the job was very hard and they did not want me to be injured on the job. I told them I could do it. They refused.” The interviewee needed to earn an income to pay her expenses but there were no appropriate jobs for her. In general interviewees felt that employers did not see their worth or value. One interviewee stated: “There are many Latin Americans who are very well-trained and they [Canadian people] think of us as useless. You are bringing into the Canadian market, knowledge from your country.”

A few interviewees talked about their experience trying to obtain validation for their degrees so they could work in their professions. “They make it very difficult to have your credentials be validated. Sometimes you need to pass examinations under their standards in order to work.” As a result, some interviewees talked about feeling discouraged to engage in this processes.

With respect to Hispanic interviewees who were of African descent, interviewees talked about their experiences of being black, Hispanic, and a senior: “One learns to cope with discrimination over the years but its seeds stay inside.” These intersectionalities between ageism and the other ‘isms’ illustrate the different layers of discrimination that an individual may experience.
Besides discrimination in society, differences in cultural norms also made it difficult for interviewees to integrate into Canadian culture. Interviewees talked about the vast diversity of cultures that existed in Canada that, at times, caused people difficulties in integrating into Canadian culture. One interviewee explained:

“..my culture [Hispanic] is very different than the cultures that you see here in Canada where there are people from so many places. Sometimes these differences make it more difficult for people from different cultures to understand each other.”

Interviewees were aware of the different cultural values and attitudes in Canadian society, and the cultural clashes that these diversities may cause. Still most interviewees’ experiences concentrated on the polarities in attitudes and behaviours between Anglo-Canadian cultures and Hispanic cultures that may also be based on stereotypes about both cultures.

In this respect, interviewees talked about the barriers that arose from trying to get along with people who had different behavioural patterns. For example, interviewees talked about the general communicating style in Canada as one of the strongest barriers to integrating to Canada. One interviewee stated: “Here, people do not even look at you. You tell them some things and they don't even greet you.” Many interviewees described being very hurt by similar behaviours. Furthermore, a few people responded to this treatment by adopting this behaviour and acting in a similar way. One of the interviewees also expressed anger at the change that had happened within her as she tried to cope with people’s “distant” attitudes. A few interviewees also mentioned individualism as a major barrier to adapting to Canadian culture. One of the interviewees stated:
“..you have neighbours but each lives their own life, not like in our countries. It [country of origin] is different there. Neighbours back home would say: ‘how are you? You are sick, ok let's go to the doctor. I’ll take you.’ Here you do not find that.”

Interviewees had a hard time getting used to these individualistic ways of living. Furthermore, interviewees described missing their country of origin and having difficulty adapting to new ways of life in Canada. One interviewee said: “I would go outside my home and I will find a neighbour or someone to talk to. I miss that. I miss my family, my friends the life I had. It is not the same here.”

In terms of integration into Hispanic cultures based in Canada, many interviewees felt that there were many differences amongst Hispanics in Canada such as different dialects and cultural practices, which made it harder to integrate. One interviewee stated:

“..sometimes you talk to someone from Mexico and their culture is so different than ours [Peruvian]. The way they talk, their ceremonies... This happens with other Latin American countries. But we come here and we are seen as one. We are expected to get along. We are expected to support each other. Sometimes this is not our reality.”

Other interviewees had opposite views than the above. Some interviewees talked about the support they obtained from the Hispanic community here in Canada: “When you see another Hispanic, you feel that something opens up inside, well, life at last. They greet you and start a conversation with you. This is normal life”

In addition, a few interviewees described having very positive interactions with Canadian cultures. Some interviewees found people in Canada to be very friendly and approachable. One interviewee said: “Many people in Canada are easy going. They are nice; I don't have any problem with them. If I needed some information, people have given it to me without any
The different experiences that interviewees had while living in Canada speak to the diversity that exists amongst Hispanic people.

Regardless of the kind of experiences interviewees had in Canada, they were also thankful to be living here. This was particularly the case for interviewees who came from war torn countries: "I have the peace, tranquility and security that I did not have in my country". Another interviewee stated: “Since I arrived I feel happy. Everything is fair. Yes, I feel in high spirits." A few interviewees commented on specific things about Canada that they liked. They commented on the health care system and described it as very good. One interviewee stated that: “For a procedure that in my country I could not afford, here I get it for no charge. That is incredible.” Also, a few people were very thankful to Canada for the safety it provided them. One of the interviewees stated:

“..first of all I am thankful to Canada because I come from a country that is very unsafe with a lot of risks, too much danger, and here I have found tranquility, although not financially, but tranquility to live without any fears.”

Overall, interviewees were indecisive about their quality of life in Canada. One interviewee described life in Canada as being tolerable as it had positive and negative factors:

“..you live in a beautiful city but you leave under many financial limitations, and no matter how much you try, you cannot find a job in your field. Without the English language you are limited to cleaning jobs.”

According to some interviewees, immigrating to Canada as older Latin American adults placed them in a difficult position such as living in poverty, having their needs dismissed and receiving ill-treatment from society for their age and ethnicity.
5.8 Chapter Conclusion

The above presentation of the themes described the responses of the interviewees and their experiences with service provision, cultural competency and overall adaptation to Canadian life. As well, it attempted to capture the views discussed in the focus group. Themes reviewed were transportation, language, employment, discrimination, adaptation and overall conditions of the interviewees’ lives in Canada. Also, the focus group made up of service providers provided their feedback on their experiences with the study population about service provision, cultural competency and overall life conditions of older non-English speaking Hispanics. Some of the issues that they highlighted were the effects that service provision policy, mandates, and funding had on the study population and on service provision in general. This information from the study population and the service workers provided the framework for the discussion and recommendations in the next chapter.

Within these themes, interviewees talked about a few aspects that they enjoyed about their life in Canada. However, for many, coming to Canada was a culture shock that was very difficult for them to overcome. Focus group participants also agreed that the lives of older Hispanic immigrants involved hardships a lot of the time and questioned if older Hispanics were better off living here in Canada or staying in their country of origin. Still, interviewees expressed no desire to return to their country of residence.
<table>
<thead>
<tr>
<th>Emotions linked to Language Barriers</th>
<th>Translation</th>
<th>Learning English</th>
<th>Consequences of language barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels like he is mute</td>
<td>Needs to find a translator to go to appointments</td>
<td>Age becomes a barrier to learning English</td>
<td>People mainly use Hispanic centres to obtain services</td>
</tr>
<tr>
<td>Not knowing English is scary at times, frustrating</td>
<td>Translators are not available at times</td>
<td>Some Hispanics have not completed their education which makes it harder to learn English</td>
<td>Workers don't want to work with this population</td>
</tr>
<tr>
<td></td>
<td>Sometimes does not have anyone to go with him to appointments</td>
<td>Not enough time to learn English</td>
<td>&quot;Since we do not know English they treat us as if we were imbeciles&quot;</td>
</tr>
<tr>
<td><strong>WORKERS SAY:</strong></td>
<td></td>
<td></td>
<td>Very hard to communicate</td>
</tr>
<tr>
<td>People are too busy to learn English because they are looking after grandchildren or working</td>
<td></td>
<td>Prevents people from moving forward</td>
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<tr>
<td>It is harder to learn English for older people</td>
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<tr>
<td>Language is one of the biggest barriers</td>
<td></td>
<td></td>
<td>Becomes harder to find work</td>
</tr>
</tbody>
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**Recommendations**

More services where people could be served in Spanish

**Language Barriers**
**FIG. 5.1.2 INTEGRATION**

### BARRIERS TO INTEGRATION

<table>
<thead>
<tr>
<th>DIFFERENCES AMONGST PEOPLE</th>
<th>LIMITED KNOWLEDGE</th>
<th>PRE-CONCEIVED ATTITUDES/LIFESTYLES FROM IMMIGRANTS</th>
<th>ATTITUDES FROM CANADIAN CULTURE</th>
<th>COMPARISONS TO LIFE BACK HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Difficult to integrate because so many people come from very different cultures.</td>
<td>- Some people do not know their rights when they are been discriminated against.</td>
<td>- Used to been accompanied, now feels alone.</td>
<td>- People are more distant here than back home: “people do not come to see you. They use the phone”.</td>
<td>- “Is just that in one’s country they are more corteous”</td>
</tr>
<tr>
<td>- Even amongst Hispanics there are so many differences.</td>
<td>- Spanish language is different depending where people come from.</td>
<td>- not used to health care system where sometimes they can only see a doctor by appointments.</td>
<td>- People are less caring: “Everything is a legal matter so people do not touch anyone if they fall”</td>
<td>- People here are colder, less friendly, ignore others.</td>
</tr>
<tr>
<td>- Important to realize it is a cultural chock for people who come here.</td>
<td></td>
<td></td>
<td>- “People are cold. That bothers me a bit, the coldness of people”</td>
<td></td>
</tr>
</tbody>
</table>

### RECOMMENDATION / SOLUTIONS

**ACCEPTANCE**

- Acceptance of canadian community by Hispanic seniors is very important.
- Acceptance from canadian community.
- Even if people do not speak the language, they need to learn about this system.
- Some people choose to move away from Hispanic culture to integrate into Canadian culture.

Integration

134
<table>
<thead>
<tr>
<th>BARRIERS TO INTEGRATION</th>
<th>FACTORS THAT HELP INTEGRATION</th>
<th>ATTITUDES FROM CANADIAN CULTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSPORTATION SYSTEM</strong></td>
<td><strong>TRANSPORTATION SYSTEM</strong></td>
<td><strong>ATTITUDES FROM CANADIAN CULTURE</strong></td>
</tr>
<tr>
<td>Transportation is confusing</td>
<td>Winter makes transportation harder</td>
<td>Service providers help people understand the transportation system</td>
</tr>
<tr>
<td>-She does not go on the bus if she can avoid it</td>
<td>-Hard to go out during the winter time</td>
<td>-Referral services give directions on how to get to places</td>
</tr>
<tr>
<td>-Needs help to move around/go to places</td>
<td>-There is no one to help people understand the system</td>
<td>-Service providers do not ask clients if they have a way to transport themselves.</td>
</tr>
<tr>
<td>-Does not know how to move around</td>
<td>-Service providers do not help clients use the TTC</td>
<td>-Workers assist with transportation so client has access to services</td>
</tr>
<tr>
<td>-Hard to use due to health problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Integration
### FIG. 5.1.3 LIFE IN CANADA

<table>
<thead>
<tr>
<th>Isolation</th>
<th>Expectations of Canada Unfulfilled</th>
<th>Employment / Education</th>
<th>There is little help for immigrant seniors</th>
<th>Glad to be in Canada</th>
<th>Not sure how life in Canada is</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hispanics put more barriers on other Hispanics.</td>
<td>- Canada is not what one thought before coming: “Because really what we get are leftovers”</td>
<td>- Credentials are not recognized.</td>
<td>- People do not know what services are available for their older relatives.</td>
<td>- Very good medical system paid by government.</td>
<td>There are good and bad things about living in Canada</td>
</tr>
<tr>
<td>- When in need no one helps.</td>
<td>- “Every immigrant has come here to look for a better life than the one back home”</td>
<td>- Employment is very hard, limited to doing cleaning.</td>
<td>- Seniors come to look after their grandchildren.</td>
<td>- Feels safe in Canada</td>
<td></td>
</tr>
<tr>
<td>Do not feel safe at home nor do they feel they can ask for help if something happens</td>
<td>- Not doing what she wants to do professionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No time to relax too many responsibilities i.e. work, take care of grandchildren, spouse</td>
<td>Some people have a residence back home. They have to leave this and everything else. When they come here, life becomes too hard.</td>
<td>- People say government does not put into use immigrants' skills.</td>
<td>- “Since I arrived I feel happy. Everything is fair. Yes, I feel in high spirits”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- People live in isolation. “One can die, nothing happens”</td>
<td>- Too many barriers to find work.</td>
<td>WORKERS SAY: Families bring older people to live in worse conditions than they were in back home</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Life in Canada**

136
<table>
<thead>
<tr>
<th>Discrimination from Services</th>
<th>Discrimination of undocumented people</th>
<th>Discrimination in the Workplace/School</th>
<th>Overall Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Humble people have to wait longer, no space for them.</td>
<td>- Illegal people have less rights; there is no place to complain about this.</td>
<td>- Bad treatment at work for being Hispanic</td>
<td>- Hispanic suffer a lot of discrimination from Canadian culture.</td>
</tr>
<tr>
<td>- People who do not complain because they cannot speak are ignored.</td>
<td></td>
<td>- Discrimination in school</td>
<td>- Not only Hispanics are discriminated but also black people</td>
</tr>
<tr>
<td>- Workers assume client is a &quot;servant&quot;.</td>
<td></td>
<td>- Fired for not speaking English.</td>
<td>- &quot;Yes, they discriminate you-the ones with blue eyes do it&quot;.</td>
</tr>
<tr>
<td>- Mistreatment of client based on status: &quot;when the worker found out that I knew how to read and write, she started to change&quot;.</td>
<td></td>
<td>- Social trauma caused by jobs that exclude immigrants.</td>
<td></td>
</tr>
<tr>
<td>- A lot of discrimination from TTC services.</td>
<td>- People's education back home is not validated</td>
<td></td>
<td>- Do not see people's worth.</td>
</tr>
<tr>
<td>- Services for refugees/newcomers have lesser quality</td>
<td>- Too many barriers to validate degrees.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIG. 5.1.4 DISCRIMINATION**

Discrimination
<table>
<thead>
<tr>
<th>PERSONAL WEALTH</th>
<th>COSTS OF SERVICES</th>
<th>ATTITUDES ABOUT FINANCIAL HELP</th>
<th>NO LACK OF MONEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Money</td>
<td>No Lack of Money</td>
<td>Services cost too much</td>
<td>Impact of service charges are not considered</td>
</tr>
<tr>
<td>-Prevents people from going to school.</td>
<td>-No financial worries</td>
<td>-&quot;If one does not have money for services, they can not obtain services&quot;</td>
<td>-Services charge without asking clients</td>
</tr>
<tr>
<td>-Have to work to earn a living.</td>
<td></td>
<td></td>
<td>-Costs too much to access services</td>
</tr>
<tr>
<td>-No financial comfort.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Little money for leisure activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Lack of info about financial help leads to having less money, i.e. access to pension.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Dependance on children for money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-There is high levels of poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Sponsored seniors are suffering financially&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations**
- Volunteer centres need to pay volunteers

**Financial Situation**
<table>
<thead>
<tr>
<th>Quality of services is not Good</th>
<th>Quality of services is good</th>
<th>Causes for Low Quality of Services</th>
<th>People are scared to judge quality of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service workers have no experience</td>
<td>Health services are good.</td>
<td>Lack of funding.</td>
<td>People feel they have to be thankful about services</td>
</tr>
<tr>
<td>There are no people that speak the language</td>
<td>Medical support is very advanced compared to back home.</td>
<td>Politicians put so many barriers to quality of services.</td>
<td>“It would be wrong to complain about what they do not give you because services are not good worldwide”</td>
</tr>
<tr>
<td>The quality of services is low.</td>
<td>Health care “is great”; back home this is not available.</td>
<td>Clients do not receive proper services because they are not informed of their rights</td>
<td></td>
</tr>
<tr>
<td>Clinics use student doctors to fill vacancies.</td>
<td>Health clinics make an effort to have interpreters.</td>
<td>People do not know what they are entitled to</td>
<td></td>
</tr>
<tr>
<td>Services do not help in emergencies.</td>
<td>Services worry that clients are satisfied with services.</td>
<td>Not enough workers.</td>
<td></td>
</tr>
<tr>
<td>Health services do not provide interpreting services.</td>
<td>Some community health services are very helpful.</td>
<td>Shortage of subsidy for services.</td>
<td></td>
</tr>
<tr>
<td>Services are not as good as assumed.</td>
<td>Excellent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are gaps in all services</td>
<td>Reasonably affordable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreting services offered very low quality of services</td>
<td>Community health services that have complete services are helpful.</td>
<td>Services take too long to do something and then “there are many workers who don’t help the client”.</td>
<td></td>
</tr>
<tr>
<td>Workers do not have information on issues regarding health care coverage.</td>
<td>Emergency services are very good, helpful</td>
<td>Long wait lists for people in crisis.</td>
<td></td>
</tr>
<tr>
<td>-Social and community services are essential</td>
<td>Quality of interpreting services are good and affordable</td>
<td>Government bureaucracy affects service quality.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Services make an effort so that clients could come back</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quality of Services
### Recommendations for the Government

<table>
<thead>
<tr>
<th>Resource allocations from Government</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding</strong></td>
</tr>
<tr>
<td>More funding</td>
</tr>
<tr>
<td>-More funding is needed</td>
</tr>
<tr>
<td>-People ask for more money needed to support centres although they are aware that funding is limited</td>
</tr>
<tr>
<td>-“Government needs to stop wasting money on war and use it on its people”</td>
</tr>
<tr>
<td>-More clinics are needed</td>
</tr>
<tr>
<td>-Government needs to stop cuts</td>
</tr>
</tbody>
</table>

### Recommendations for society

<table>
<thead>
<tr>
<th>Resources for more isolated communities</th>
<th>Social conscience</th>
<th>Senior groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Society needs to give more supports to black people</td>
<td>WORKERS SAY: -Society could use senior groups to help seniors adapt to society</td>
<td>-Mainstream society needs to let immigrants know their rights and entitlements</td>
</tr>
<tr>
<td></td>
<td>-Need for a social conscience - caring for people in the community. Society needs to work together to develop a social conscience amongst its members.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Need for equality at all times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Need for more advocacy for services for seniors</td>
<td></td>
</tr>
</tbody>
</table>

### Quality of Services
<table>
<thead>
<tr>
<th>Social Services Workers Treatment is Bad</th>
<th>Workers Give Good Treatment</th>
<th>Lack of Training</th>
<th>Discrimination from Workers</th>
<th>Others Issues Affecting Worker’s quality of Work (Services providers say)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-There are good and bad workers.</td>
<td>-Very good social workers.</td>
<td>-Lack of proper training for workers.</td>
<td>-Social workers criticize clients for not speaking English.</td>
<td>-Workers’ treatment depends on the mandates of agencies.</td>
</tr>
<tr>
<td>-Workers do not have good will.</td>
<td>-Workers are very friendly.</td>
<td></td>
<td>-Volunteers are exploited.</td>
<td>-Mandates guide workers practices.</td>
</tr>
<tr>
<td>-Workers do not have manners to talk to their clients “she (worker) never saw my face. Neither did she looked at my eyes”</td>
<td>-Workers try to understand Spanish.</td>
<td></td>
<td></td>
<td>-Mandates sometimes do not support the client.</td>
</tr>
<tr>
<td>-Service providers are not informed about own procedures.</td>
<td>-There are workers that go beyond their job.</td>
<td></td>
<td></td>
<td>-Workers burn out.</td>
</tr>
<tr>
<td>-Workers do not care about clients when clients are waiting for services “no one asks if you need something warm; nothing”</td>
<td></td>
<td></td>
<td></td>
<td>-Workers work too many hours “what can you give when you don’t have anything”.</td>
</tr>
<tr>
<td>-You get ill treatment for requesting a interpreter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers take their anger on clients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers are not mindful when it comes to clients’ time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers are working against each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers take own problems on clients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORKERS SAY:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers from different services do not help each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers have no patience with the client.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers make the client feel very humiliated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Workers generalize; they need to see case by case.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Services Workers’ Treatment**
## Recommendations for Workers

<table>
<thead>
<tr>
<th>Professionalism of workers</th>
<th>Training for workers</th>
<th>Individualizing treatment for clients</th>
<th>Attitudes towards clients</th>
<th>Involvement of seniors with services</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Workers need to stop favouritism with clients</td>
<td>- There needs to be better training for workers</td>
<td>- Workers need to help each client based on individual need</td>
<td>- Workers need to change overall attitude towards clients</td>
<td>- Workers need to offer more talks to educate seniors on issues concerning aging</td>
</tr>
<tr>
<td>- More respect with clients' time</td>
<td>- There needs to be a refreshment course</td>
<td>- Workers need to talk to clients at the level the client is at</td>
<td>- Workers need to smile more, body language is very important</td>
<td>- Implementation of tutoring programs run by seniors so that senior immigrants can offer their knowledge in Spanish and feel valuable</td>
</tr>
<tr>
<td>- Workers need to be more professional - &quot;Because we don't speak English people think they can trick us… and they see you as if you were a toy&quot;</td>
<td>- Workers need to follow a training on how to treat people</td>
<td>- Workers need to learn words in other languages.</td>
<td>- Workers need to improve contact with client and have better people's skills</td>
<td></td>
</tr>
<tr>
<td>- More professional: &quot;you work in the morning, you leave all the problems from your life in the corner of your thoughts&quot;</td>
<td></td>
<td></td>
<td>- Workers need to know their clients better to increase clients' accessibility of services</td>
<td></td>
</tr>
<tr>
<td>- Workers need to respect client's privacy and confidentiality</td>
<td></td>
<td></td>
<td>- Workers need to be friendlier, more courteous, more respectable</td>
<td></td>
</tr>
<tr>
<td>- Worker's need to treat people in a non-offensive manner</td>
<td></td>
<td></td>
<td>- Workers need to spend more time understanding people</td>
<td></td>
</tr>
<tr>
<td>- Worker's need to treat refugees better</td>
<td>WORKERS SAY:</td>
<td></td>
<td>WORKERS SAY:</td>
<td></td>
</tr>
<tr>
<td>WORKERS SAY:</td>
<td>- Workers need to talk to each other</td>
<td>- Workers need to be more polite when setting limits with clients</td>
<td>- Workers need to be more polite when setting limits with clients</td>
<td></td>
</tr>
<tr>
<td>WORKERS SAY:</td>
<td>- Workers need to change negative relations with each other in order to help client</td>
<td>- Workers need special skills to work with seniors</td>
<td>- Workers need special skills to work with seniors</td>
<td></td>
</tr>
</tbody>
</table>

**Services Workers’ Treatment**

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## SERVICE WORKERS’ TREATMENT (CONTINUED)

### RECOMMENDATIONS FOR SERVICE USERS

<table>
<thead>
<tr>
<th>Attitudes of service consumers</th>
<th>Language skills of service consumers</th>
<th>Senior groups</th>
<th>People's attitude towards their own situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers need to access more services</td>
<td>People need to make an effort to learn the language</td>
<td>Senior groups could be used as places where people can learn about Canadian culture.</td>
<td>People need to inform themselves before voting</td>
</tr>
<tr>
<td>Women who are marginalized by their husbands need to come out more often and use services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People need to give positive feedback to good workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People need to be patient with workers who don't speak Spanish when the workers are trying to communicate with them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients need to co-operate with workers and answer their questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People complain too much</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WORKERS SAY:**
- People need to accept their limitations as immigrants in Canada
- People need to use their social clubs to raise their issues
- Senior groups need to work together
- Older people need to learn how the system works and adapt to it
- People need to advocate for themselves and brainstorm solutions
- Hispanic seniors need to do more outreach work
- People need to form leaders in their communities to guide others
- Hispanic communities need to work together
- People need to accept their limitations as immigrants in Canada

---

**Services Workers’ Treatment**

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FIG. 5.1.8 SERVICE PROVISION

ACCESS TO SERVICES

<table>
<thead>
<tr>
<th>General Services are hard to access</th>
<th>Barriers to Accessing services</th>
<th>ACCESS TO INTERPRETING SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>- People end up accessing only Hispanic places because of language barriers</td>
<td>- Wait Lists</td>
<td>- Costs</td>
</tr>
<tr>
<td>WORKERS SAY:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Services are not accessible: “too many waits”</td>
<td>- Geographical Distance</td>
<td>- Interpreting Services are accessible</td>
</tr>
<tr>
<td></td>
<td>- English classes become inaccessible because they are too far away for the person to travel</td>
<td>- Referral centers help find interpreters</td>
</tr>
<tr>
<td></td>
<td>- “The closer to health services the more helpful/ accessible the services”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lack of money; “it costs too much”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- There is not enough funding for interpreting services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Client is sent from one worker to another when requesting interpreting services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- “Couldn’t send important papers” because interpreting services costed too much”</td>
<td></td>
</tr>
</tbody>
</table>

ACCESS TO INTERPRETING SERVICES

<table>
<thead>
<tr>
<th>Interpreting Services are not accessible</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- More workshops on immigration issues</td>
<td></td>
</tr>
<tr>
<td>- More information in Spanish</td>
<td></td>
</tr>
<tr>
<td>- More English Classes</td>
<td></td>
</tr>
<tr>
<td>WORKERS SAY:</td>
<td></td>
</tr>
<tr>
<td>- Need an information centre for newcomers located in airports, centres</td>
<td></td>
</tr>
<tr>
<td>- Need more information in Spanish</td>
<td></td>
</tr>
<tr>
<td>- Need more Hispanic centres for Hispanic people</td>
<td></td>
</tr>
<tr>
<td>- Need a helpline for older Hispanics</td>
<td></td>
</tr>
</tbody>
</table>

Recommendations

<table>
<thead>
<tr>
<th>Education</th>
<th>Support services</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>- More workshops on immigration issues</td>
<td>- More community centres: “there needs to be services in each community”</td>
<td>- More money to make services more available</td>
</tr>
<tr>
<td>- More English Classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- More information in Spanish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service Provision

144
## SERVICE PROVISION (CONTINUED)

<table>
<thead>
<tr>
<th>ACCESSIBILITY OF INFORMATION</th>
<th>AVAILABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is accessible</td>
<td>Information is hard to find</td>
</tr>
<tr>
<td>- Easy to find</td>
<td>- &quot;They (clients) don't have help available to find information re: health care&quot;</td>
</tr>
<tr>
<td>- English schools help find information</td>
<td>- People don't know about information centres</td>
</tr>
</tbody>
</table>
## FIG. 5.1.9 CULTURAL COMPETENCE

<table>
<thead>
<tr>
<th>Evaluation of Cultural Competency in Workers</th>
<th>Causes for Lack of Cultural Competency in Workers</th>
<th>IMPORTANCE OF CULTURAL COMPETENCY</th>
<th>The Concept of Cultural Competence is hard to Understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competency is Lacking</td>
<td>Workers Are Culturally Competent</td>
<td>Cultural Competency is not Important</td>
<td>Cultural Competency is Important</td>
</tr>
<tr>
<td>-Culture is not considered by workers.</td>
<td>-Workers act in a culturally competent manner.</td>
<td>-&quot;Workers need to know only very general things about a culture, not be an expert on a culture.&quot;</td>
<td>-Cultural competency is important.</td>
</tr>
<tr>
<td>-Cultural aspects are considered only when people of that culture bring it up.</td>
<td>-Workers need to have general manners. They don't know that.</td>
<td>-&quot;It is the treatment (knowing how to treat a client) that you should know, not the culture.&quot;</td>
<td>-Workers need to include the theme of culture.</td>
</tr>
<tr>
<td>WORKERS SAY:</td>
<td>-If workers were well trained, they would be culturally competent</td>
<td>-Cultural inclusion is somewhat important.</td>
<td>-More culturally competent practices allows people to have more trust on workers.</td>
</tr>
<tr>
<td>-Generalizations are made about people's culture.</td>
<td>-Too many cultures to learn about all of them.</td>
<td>-It is important to know general concepts of culture but also to ask the client.</td>
<td></td>
</tr>
<tr>
<td>-More understanding of cultural inclusion in job settings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-People are suffering because of lack of cultural competency.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations on Cultural Competency

- It should be included in worker's training.
- Worker's should know basic aspects of the client's country.
- The workers need to be trained in the work that they are doing; not so much in cultural competency specifically.
- Better training for workers.

### Cultural Competence

- Workers Are Culturally Competent
  - Workers act in a culturally competent manner.
  - If workers were well trained, they would be culturally competent.
  - Too many cultures to learn about all of them.

- Cultural Competency is not Important
  - "Workers need to know only very general things about a culture, not be an expert on a culture."
  - "It is the treatment (knowing how to treat a client) that you should know, not the culture."

- Cultural Competency is Important
  - Cultural competency is important.
  - Important for workers to take culture into account.
  - Workers need to include the theme of culture.

- The Concept of Cultural Competence is hard to Understand
  - Interviewees do not understand meaning of concept.
  - Concept is hard to grasp.
  - Cultural Competency is understood as multiculturism.
### FIG. 5.1.10 SUPPORTS

<table>
<thead>
<tr>
<th>Informal supports (family and friends)</th>
<th>Do not have supports</th>
<th>Need for supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses informal supports</td>
<td>-There is no help here; &quot;feels depressed&quot;</td>
<td>-It is difficult to do paper work</td>
</tr>
<tr>
<td>Children help with paper work</td>
<td>-No friends</td>
<td></td>
</tr>
<tr>
<td>Strong supports from family and friends</td>
<td>-Families cannot look after seniors because they have their own family to look after</td>
<td></td>
</tr>
<tr>
<td>Lives with son</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and friends help with transportation</td>
<td>-Not enough support to help family look after seniors</td>
<td></td>
</tr>
<tr>
<td>Informal supports besides family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Family helps so much&quot;</td>
<td>-Hispanic culture does not help each other</td>
<td></td>
</tr>
<tr>
<td>Children are the main support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family supports are very important</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong community and family supports</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WORKERS SAY:**

- Client prefers to go to friends for assistance and not access services

**Supports**
### FIG. 5.1.11 ADDITIONAL AGE SPECIFIC ISSUES

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>ENTITLEMENT TO SERVICES BASED ON AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Age needs to be considered when assessing health</td>
<td>Seniors Deserve Services</td>
</tr>
<tr>
<td>- People's overview on their own health is mostly low.</td>
<td>People do not Desserve Services</td>
</tr>
<tr>
<td>- Hearing problems make it harder to understand others.</td>
<td>Shame for Using services</td>
</tr>
<tr>
<td>- Age alone brings many health related topics.</td>
<td></td>
</tr>
<tr>
<td>- Important to realize it is a cultural chock for people who come here.</td>
<td></td>
</tr>
<tr>
<td>- Senior's think that their stage of life is closing.</td>
<td></td>
</tr>
<tr>
<td>- Poor health affects all aspects of one's life.</td>
<td></td>
</tr>
</tbody>
</table>

- Older people deserve services: "if us older populations can no longer work, but we worked before and our children are working, we deserve more services."

- Older people deserve less.

- Life belongs to the youth: "we have to give youth a chance to continue to live so that they reach high"

- Important to put youth first, make a better world for them.

- Senior's think that their stage of life is closing.

- Shamed for being supported by government since they have been bread winners all of their lives

---

**Additional Age**
### FIG. 5.1.12 OVERALL CONDITION

<table>
<thead>
<tr>
<th>Seniors are Having a Hard Time</th>
<th>Other consequences of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not doing well</td>
<td>- Age takes away drive.</td>
</tr>
<tr>
<td>- People on the streets are very rude to elderly people</td>
<td>- Harder to learn English due to hearing problems.</td>
</tr>
<tr>
<td>- Others believe that being old is being brainless.</td>
<td>- Need more accompaniment to appointments.</td>
</tr>
<tr>
<td>- Older people are living under poverty.</td>
<td>- Fear of falls in winter.</td>
</tr>
</tbody>
</table>

**WORKERS SAY:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Older people are isolated.</td>
<td>- It is harder to learn.</td>
</tr>
<tr>
<td>- No one asks elderly people if they are experiencing abuse from relatives.</td>
<td></td>
</tr>
</tbody>
</table>

**Overall Condition**
Chapter Six

Discussion

6.0 Introduction

Based on the results from the interviews and focus group in Chapter five, themes were gathered for analysis. Following the phenomenological tradition, a critical analysis of the results was completed for the purpose of “seeking significant patterns among the findings, making use of description and interpretation, and providing integration [of the results]” (Bloomberg, 2008). A qualitative analysis took place in order to reach to the essential meanings of the service provision experiences of the interviewees as older non-English speaking Hispanic adults in Canada. The results suggested that the experiences of older Hispanics were closely connected with immigration, levels of adaptation and discrimination. Key issues identified include the need for available and accessible services and culturally competent practices from service providers to take place at the micro, mezzo and macro level, difficulties of overcoming language barriers and the need to review the function of families as main supports for better service quality.

In this Chapter, the above topics and themes are analyzed and discussed using the theoretical framework for this study, namely, critical theory. In order to conduct the thematic analysis and address the enquiry questions of the study, four main guiding areas were analyzed as follows: (a) power relations in availability, accessibility and cultural competency, (b) the influence of immigration in people’s experiences with services, (c) Discrimination and multiple identities, and (d) challenges of service providers in the provision of services to assist clients.
This chapter aims at providing an understanding of the findings based on an in-depth thematic analysis. Before describing the thematic analysis, the principles of critical theory are summarized below.

6.1 Review of Theoretical Framework Principles

The theoretical framework of this study was reviewed in Chapter three; however, this section presents a brief review of the principles used to conduct the thematic analysis. This study was based on critical theory. The main tenets of the perspective are: i) meanings of aging involve reflective analysis, ii) ageing bodies and social contexts interact, iii) analysis of power relations and structural injustice are key, and iv) identity formation occurs within oppressive environments. Based on the above principles, the following sections present the analysis and provide an introductory understanding of the overall experiences of the interviewees.

6.2 Power relations in Availability, Accessibility, and Cultural Competency

An analysis of the power relations in interviewees’ experiences with availability, accessibility and cultural competency will be offered at the micro, mezzo and macro levels.

6.2.1 Power Relations in Availability of Services

At the individual level, interviewees talked about how services were not accessible to them because they could not speak the language in which they were being offered. By offering services that are only available when the service user is able to access an interpreter, an inequitable availability of services is created. Another factor that made services non-existent for some interviewees was transportation to services. For interviewees that did not have a way to transport themselves to service providers, those services became non-existent. It seems that
under this set-up, people who are in more vulnerable situations and may need services the most may not be able to obtain them. Frameworks of service provision that do not consider these basic barriers may be interpreted as oppressive. Although probably non-intentional, under these systems, older non-English speaking Hispanic immigrants may have no choice but to make ends meet without services. Since older Hispanics’ voices are still struggling to have a place where they can be heard, issues such as the above may go on unnoticed.

At the mezzo level, focus group participants brought up the issue of agencies becoming gatekeepers of services. Through policies and mandates, agencies make decisions on who is accepted or rejected for services, instead of working with each other to offer services to all the people that request them. For example, many interviewees talked about their experiences of being rejected for services and only a few stated that agencies made an effort to find them appropriate services. Regulations such as the use of catchment areas, specific age categories, and other inflexible criteria, made some services unavailable to the study population, which had very specific needs based on language barriers, transportation limitations and so forth. This lack of sensitivity to accommodate clients’ needs on a case by case basis may contribute to disparities in availability of services for older adults in general.

Based on the interviewees and focus group participants, it is suggested that many agencies do not support the hiring of more Spanish speaking staff nor do they provide interpreters; thereby excluding the needs of non-English speaking Hispanics. According to interviewees and focus group participants, there was a lack of language-specific services, including a lack of Spanish speaking staff within mainstream services. Besides addressing availability of interpretation services, Spanish speaking staff was also needed to address issues of
cultural adaptation. Some interviewees talked about being isolated in Canada and feeling more comfortable with services offered by Hispanic workers and agencies.

In terms of the coordination between agencies, focus group participants alluded to the barriers that agencies placed on each other when they needed assistance for their clients. One worker stated: “there are clients that do not meet the criteria for particular services because of where they live. But the agency that offers the services do not have Spanish speaking workers….the agency dismisses that and rejects the client for services.” It is suggested that agency policies do not accommodate for the special needs of individuals either.

The tendency is to follow agency protocols only, when providing services, which in turn, reduces the quality of services. The underlying rationale is that if an exception is made for one client, then every service user would request ‘special considerations’. However, such ways of thinking disregard the diverse needs that clients may have; thus, labeling everyone’s experiences as the same. Interestingly, only a few interviewees talked about how service policies influenced the availability of their services, or the barriers put in place by agencies to disqualify people from receiving services. Furthermore, the lack of consideration of the needs of older Hispanics by other communities in general may be a side effect of the many divisions that exist amongst Canadian cultures, Hispanic and non-Hispanic. It seems that often communities are too focused on advocating for their own needs that they fail to recognize the needs of other vulnerable communities.

At the macro level, there were interviewees and focus group participants who addressed the lack of language-specific services. Currently, there is limited research available on the efficacy of language-specific services. Hwang (2008)’s study looked at the Chinese population
and their use of services. Hwang (2008) found out that it was very helpful for Chinese communities to have agencies nearby offer services in the same language. However, within the Hispanic community, there is little research done to show what are the advantages and limitations of Spanish speaking centers in order to be able to implement appropriate programs for older non-English speaking Hispanic immigrants (NES). It is important to note that even if there is an increase in language specific services, there may still be a strong need for mainstream services to serve older NES Hispanics. The reason being that mainstream centers have specializations that language specific centers may not be able to achieve even if the centers have more staff. Also, there is some evidence suggesting that older NES people would like to participate more in mainstream programs (Guberman and Mahen, 2004). A study was conducted by Guberman and Mahen (2004) in which interviewees were more satisfied using mainstream services that were not in their language of origin as long as they were provided with an interpreter.

In general, most of the participants found services “available”. Yet, as they described their experiences with availability of services, many services they needed were not available to them. Perhaps interviewees believed they could not complain about the availability of services because they did not deserve to do so based on their status as immigrants.

**6.2.2 Accessibility of Services**

In terms of accessibility of services, there were several themes that were identified from the interviews and focus group. Some of the themes discussed were a) at the micro level, mistreatment of service users and power dynamics in the client-worker relationship; b) at the
mezzo level, power relations within frontline workers and management; and c) at the macro level, cuts in funding.

At the micro level, there was a suggested bias in the treatment offered to clients by workers. Focus group participants and interviewees raised the point that service users were often mistreated by other workers, Hispanic and non-Hispanic. The focus group participants stated that when they called other workers on behalf of their clients, their clients were offered a better quality of services than if the person had called on their own. Focus group participants talked about the disempowerment that these biases caused their clients to the extent that their clients felt incapable of advocating for themselves. Under these forms of practice, workers have the power to choose when to provide timely access to services based on who the client is. Unfortunately, abuse of power is hard to monitor particularly in agencies where the service providers work independently. The biased treatment from workers becomes, then, a subtle way of ignoring client needs and oppressing them. As critical theorists argue, the subtleness of oppression is what makes it successful and long lasting (Phillipson, 1999).

Many of the clients talked about services that were of poor quality and the agency that offered the services did not have good quality control of services. The case of the interviewee and his wife who were receiving poor quality services from a personal support worker portrays the lack of procedures in place whereby clients could feel supported by supervisors in case they received ill treatment from frontline workers. In settings where clients are in vulnerable situations, regular supervision may be necessary to ensure that these clients are not abused by workers.
Offering low quality of services may result in clients no longer using the services. Since older Hispanic communities already have a hard time accessing services, a further decrease in service use would place them in an even more isolated and vulnerable situation. At the same time, if they were to continue to obtain poor quality services, their mistreatment could possibly become worse. Past literature has also discussed the poor quality of services that older Hispanics have historically received. For example, Kohen’s (2009) study provided some evidence as to the unmet needs of older Hispanic clients who received community-based medical health care in British Columbia. According to this study (Koehn, 2009), Hispanic and Vietnamese people had the highest unmet needs in terms of services.

At the mezzo level, focus group participants talked about the power relations that existed between them, as workers, and management. They stated that in their positions as workers, they felt disempowered and helpless because they had no say in the changes the agency made. Under this model, it would be very hard for them to make sure the voices of clients were heard. As critical theory states, often forces that are beyond the control of frontline workers operate to determine quality of services. These forces provide the structural injustices found in many agencies and since they exist at a level that is structural, people can do less to change them or even control their effects.

Salary of workers was another identified factor that impacted service quality at the mezzo level. Low salaries of frontline workers were raised by interviewees and focus group participants. The aforementioned interviewee who discussed his wife’s experiences with a personal support worker thought the worker may be underpaid and this was the reason for her ill efforts to provide proper services. Low salaries should not be a justification for poor service,
yet, as discussed by the current study, there is a suggested relation between poor service quality and low paying jobs. One of the focus group participants raised the issue that sometimes, workers have to secure a few extra jobs to meet their expenses and they end up feeling ‘overworked’ and ‘burned out.’ In such conditions, it makes it more challenging to offer high quality services. Even if agencies are aware of this issue when they look at ways to improve their accessibility of services, often times financial resources are allocated somewhere else and not for the salaries of frontline workers. As one of the focus group participants stated: “we are often the last priority for the government. We are usually underpaid, working under stressful environments with very vulnerable people.”

At the macro level, interviewees and focus group participants talked extensively about the cuts in funding. They argued that services needed more financial assistance to address funding gaps, training of workers, hiring of more staff, and implementation of new programs; yet the government was still cutting funding. Some of the roots for these cuts may have stemmed from philosophies guiding the present economies. Under a capitalistic economy that aims for the survival of its members and not the quality of life they have, funding for social services becomes less important. Instead expenses for accumulation of valuable resources, war financing, competition in businesses, and others become higher priorities. Support to have tax revenues be used to increase service delivery, address needs of older people or support immigrants in their integration processes is not a priority.

6.2.3 Cultural competency
With respect to cultural competency, themes such as culturally inappropriate practices, misconceptions on what cultural competency is and assessment of cultural competency practices were analyzed in relation to interviewees’ experiences.

At the micro level, one of the issues raised was the power imbalance between workers and clients. The establishment of inequitable partnerships together with culturally inappropriate practices led to feelings of fear that older non-English speaking Hispanic immigrants had of their service workers. As one interviewee stated: “I had to tell her [social worker] that never has my voice broken down when I gave 30-or 40-year convictions to criminals, but each time I go to see her, it is a thing that I get, my voice breaks down.” The interviewee feared criticism from the worker because she had previously belittled him for not understanding what she was saying in English. This experience exemplifies the hardships and fears that some older NES adults experience from service providers.

Some of the roots of abusive power relations from service providers may be based on prejudiced attitudes or internalized oppression that the service providers themselves may be experiencing. The client becomes the person to whom the service providers unload their internalized oppressions or other frustrations. Although the above example illustrates lack of professionalism, it also alludes to the fact that service providers can be vulnerable human beings. As such, if they are not seeking and receiving proper supports to take care of themselves, they may turn against more vulnerable populations such as older newcomers.

Under conditions where clients are fearful of their workers, it becomes very challenging for clients to disclose their problems and it is unlikely that they will seek the help that they need. Furthermore, these kinds of practices contradict culturally competent approaches which
encourage service providers to include the client’s background and overall life experiences when working with them. Such an approach would include considering the vulnerable condition of the individuals based on their position as immigrants, non-English speakers, etc. In addition, culturally competent practices that originated from critical theory assume that the worker would acknowledge the power dynamics in their rapport with the client.

When discussing ways that culture sensitivity had been implemented in the worker-client relationship, many of the interviewees described workers engaging in discussions of culture that were mainly based on general stereotypes. This finding is apparent in similar studies, which incorporated general aspects about Hispanic cultures such as geographical factors, types of food and dancing. However, none of the studies described instances where workers had also included the interviewees’ personal experiences with their culture. In research conducted by Machizawa & Lau (2010), it was argued that workers needed to approach this theme with the aim of understanding the client’s personal experiences with culture so that people’s behaviours would be better understood.

Furthermore, often interviewees talked about their cultures being grouped into the generic “Hispanic culture” by service workers as opposed to recognizing the different cultures that exist in Latin America. These sometimes oppressive ways of looking at culture are based on how-to guidelines for culturally competent practices, which do not include a critical analysis of the underlying factors involved in a culture (Lozano, 1998; Betancourt, Green, Firempong, 2003). Similarly, in one of her studies, Williams, (2006) pointed to the common error in culturally competent models where how-to-guidelines are described without having any theoretical frameworks on which they are built. Interestingly, one interviewee saw this how-to-approaches
as inappropriate. This person had been in Canada the longest compared to all the interviewees and had a social services background, which may have allowed her to analyze these topics in a more critical way. As well, having lived here longer, this interviewee may have come to realize that immigrants have the same rights as anyone else living in Canada and that they deserve to be treated fairly and not be ‘eroticized’ or ‘stereotyped.’ In general, there is a need to have more workers include clients’ personal experiences with culture in their interventions, as opposed to only including external, stereotypical factors.

The interviewees’ perceptions about cultural competency unwittingly supported the stereotypes offered by the workers. Most interviewees were content that workers did include their cultures even though the themes about culture were addressed in oppressive ways. The attitudes from interviewees could be interpreted as lack of knowledge about appropriate forms of cultural competency practices. Overall, as this example illustrated, oppression can take on different forms that may be harder to identify; therefore, a reflective stance as prescribed by critical theory is needed in order to uncover the different faces of oppression.

At the mezzo level, some interviewees suggested the use of assessment tools to monitor culturally competent practices in agencies. There are some studies such as Chow’s (2008) study where tools to assess culturally competent practices were used. In Chow’s (2008) study, even though the studied agency provided a method to measure the level of culturally competent practices within the agency, they also engaged in oppressive practices. Therefore, it is suggested that utilization of assessment tools for cultural competency does not guarantee that practices would actually be culturally competent. It is only part of the process of achieving culturally competent practices.
Moreover, interviewees suggested that workers needed to get more training on culturally competent practices. Interviewees felt even stronger about workers completing ‘psychology’ trainings on how to work with clients in general. In order to incorporate such trainings, agencies need to support these educational projects and allocate some funding for them. Although agencies consider cultural competent practices important, there is limited training offered to workers on this topic. Currently, it appears that the main message given to society is that resources are scarce; therefore, training on topics involving minority groups and how to properly address their needs are not identified as priorities. Furthermore, at present, there is limited research known on the effectiveness of cultural competency trainings. Also, there is little consensus on what this type of training should include and the theoretical frameworks it would use. If such training was incorporated, it would need to be assessed for its quality.

At the macro level, similar to availability and accessibility of services, the identified themes involved reduction in program funding, funding cuts and overworked staff. In order to obtain more funding to address these issues, the state needs to recognize the importance of providing cultural competency practices and overall quality of services. As well, the state should consider the consequences of offering substandard quality services in terms of long-term costs for the government and the people who are affected by these limitations. For example, not being able to obtain proper assistance may lead to failure to cope and possible hospitalization. Taking more preventative measures to avoid possible long term expenses and deterioration of people’s overall independence and well-being may lead to the government allocating more funding to programs.

6.2.4 Summary
The themes analyzed at the micro, mezzo and macro level were discussed in reference to the power relations in service provision. There is an imbalance in power amongst all three levels of services. However, all three levels depend on each other in order to work or they can also work with each other in a negative manner to re-enforce oppressive practices. As argued by Visandgee et al. (2010), finding ways to support older NES Hispanics at all three systems is crucial in order to increase their satisfaction with services and possibly increase quality of life. Furthermore, besides power dynamics in service provision, immigration and resettlement are other factors that influence people’s experiences with services and overall life in Canada.

6.3 Influence of Immigration on People’s Experiences with Services

As older NES Hispanics move to Canada they are faced with many changes in their lives that, in turn, determine their experiences with services. As studies have suggested before, factors such as immigration, changes in family roles, and generational differences affect the needs ethnic minority older people have and the responses from service providers (Guberman and Maheu, 2004; Visandjee et al., 2010). Interviewees talked about the changes caused by immigration, such as modifications in family roles, societal roles and overall relationships. As well, these changes in relationships also affected the interviewees’ aging processes. Furthermore, examining the immigration process of interviewees in relation to gender, marital status, and living arrangements, provided an insight on their overall experiences. Together, these factors affected the needs that interviewees had and the treatment they would receive from services.

6.3.1 Changes in Family and Societal Roles

According to interviewees, as immigrants come to Canada their roles in the family change. Interviewees talked about their children being very busy with their own families;
therefore, they did not spend time with them or offer the supports they need as newcomers adjusting to a new country. This information is in line with past studies stating that immigrant families are often unable to offer appropriate supports due to their own stresses as immigrants. (Delgado, 1997; Brotman, 2003; Guberman and Maheu, 2004; Kohen, 2009).

Previous studies such as Feser and Bernard (2003) discussed the kinds of supports older ethnic immigrants would like. In Feser and Bernard (2003)’s study, one issue that was of particular importance to the participants was that they did not want to be a burden to their children. They tried to be as independent as possible but there were few opportunities to do so. As Brotman (2003) argues in her study, the systems in place work in a way that offers ethnic minorities little independence from their families.

For instance, immigration policies for older adults who come to Canada and re-unite with their families can hinder the independence of the sponsored individual. As discussed in Chapter 2, under Canadian immigration law, older adults who are sponsored by their relatives are under the responsibility of their sponsored relative for 10 years. Such regulations force older adults to be financially dependent on their children. As well, immigration regulations encourage dependence in all aspects of the older adults’ settlement processes by offering limited assistance to older newcomers. In this manner, although older Hispanic newcomers may be able to take care of themselves with proper supports, here in Canada, they may be forced into becoming socially and financially dependent on their relatives. Examining these changes in roles is important since they help create a particular dynamic amongst the older adult, their families and the state.
In the current study most of the interviewees expressed the desire to be independent. In their countries of origin, they held a different status, being the head of the family and often supporting their children. In Canada, when older non-English speaking Hispanic newcomers immigrate, they are faced with a change in roles from being the teachers of their children who offered valuable knowledge to being the learners who have to learn the basic aspects from social services to the health care system, etc. As many of the interviewees stated, often they were unable to go to places because they did not know the transportation system, and they did not have someone to accompany them.

The transportation system in place does not address the needs of non-English speaking newcomers. The assumption is that everyone knows how to speak English and, therefore, as suggested by the interviewees, there is very little patience for people who do not understand drivers or the instructions in transportation facilities. As one of the interviewees stated: “I love using the TTC but one time I got in the streetcar and the bus driver started to tell me something. He was very upset but I did not understand. I smiled at him but he continued to yell. That offended me a lot.” Also, the signage system is often hard for people to understand, since signs are only written in English or French. As a result, people are unable to have the freedom to be mobile and travel as they wish. Often, they have to rely on others to do so.

Furthermore, moving from the role of the teacher to the learner implied a backwards movement in the older person’s life. For the interviewees these changes had a negative effect on their self-esteem and overall self-image. In addition, according to Wash et. al, (2007) these changes in family dynamics that come with immigration, aging and other major processes can have severe consequences such as intergenerational family violence. In the present study, there
were no instances of family violence revealed; however, it may also be that this is a very delicate topic that interviewees would have a hard time disclosing such instances. Also, other studies suggested that having only a few informal family members, who support the older person in their settlement process are not healthy choices (Parra-Cardona, 2007; Ashtor, 2007). Yet, most of the interviewees were in this situation. Although there are some settlement services available for Hispanic newcomers, interviewees mostly accessed them on an emergency basis.

In terms of societal expectations, people have certain expectations for themselves depending on their age. However, when older Hispanics come to Canada, they may not always be able to keep up with the expectations that society poses for them. There is the pressure from society to have newcomers learn the language, regardless of their age. However, issues that affect learning such as aging, financial situation, motivation state or any other factors that may affect a person’s learning processes are not considered. In spite of these difficulties, older people are still trying to learn English. Furthermore, some interviewees talked about having the expectation to have a better job at their age and not having to do service jobs like cleaning anymore since they had already passed that stage of their lives. Coming to Canada meant that they were no longer able to meet societal expectations. As a result of these unfilled expectations, people’s views of self-worth may also be affected.

It may be worthwhile questioning how the above expectations are established and the purpose that they serve. As discussed earlier on, according to political economy perspectives, economic systems often work together at shaping cultures in ways that will benefit capitalism and transnational structures. For example, by establishing an image of the older person who has financial stability and is well established, societies may work towards these goals as opposed to
other ones that are less materialistic. This concept of ‘the older adult’, may lead to feelings of frustration and defeat when people cannot fit into these images.

6.4 Discrimination and Multiple Identities

Other factors that affected interviewees’ experiences were based on the multiple identities within them and their relation to discrimination. These identities could be based on sex, financial status, marital status, living arrangements, etc. In terms of gender, seven of the interviewees were women and three were men. From the women interviewed most of them considered their financial status poor, and they wished they could be employed. Some female interviewees lived with their children, and they babysat for them. One of the women who babysat for her children stated that taking care of her grandchildren was not something she wanted to do, but she felt forced to do it.

Female interviewees who were left with the responsibility to care for their grandchildren were generally sponsored by their children. In retrospect, the role that sponsored older women take on by virtue of the fact that their children sponsored them becomes an act of subtle oppression, not only by their children, but also by the government that sets up the immigration regulations. The two married female interviewees did not have to take care of their grandchildren but they were still in charge of cooking and caring for their husbands. The role of caregiving held in spite of the education the female interviewees had. The roles of female interviewees as caregivers may either be already established in their countries of origin or they could be part of the norms guiding the roles of women in Canada. Either way, most of the female interviewees quickly assumed the caregiver role in their families.
Also, most of the women interviewed seemed to be very eager to access services and join groups. They were interested in participating in group sessions and helping to form social networks. However, these attitudes seem to be uncommon for the general population of older Hispanic immigrants, as some interviewees and focus group participants stated earlier in the paper. It may be that the female interviewees did not necessarily represent the more isolated hard-to-reach female older Hispanic immigrants. As one interviewee said: “I tell all the older women to come out of their homes. At least go to the grocery store. Their husbands do not let them do that. They want them to stay at home. How are they going to learn English that way. They will just end up being very depressed.” The points raised by this interviewee are important to consider when developing strategies for service provision.

There was no differentiation between men and women in terms of financial status. Both groups described their living situations as poor. Some of them complained about it and others accepted it. There were no significant differences in the worries they had. In general, male interviewees seemed to be busy in the community by either working, searching for work or doing volunteer work. They were generally more active in the community than the female interviewees, but female interviewees were also active. Both groups expressed feeling very vulnerable in terms of whom to go to if they needed supports or they were in unsafe situations. As a result, both groups of interviewees attempted to establish informal supports for when they needed help. In general, both male and female interviewees were facing similar barriers in terms of language, employment, discrimination, and so forth. It seemed that immigration and aging were more prominent issues than gender differences. However, gender still had an impact on the type of activities interviewees engaged in, such as caregiving, social and employment activities. Despite the barriers that the interviewees were experiencing, they were very thankful to Canada
for allowing them to come. As mentioned before, this gratitude is important to understand when examining what older Hispanics say about their experiences with services.

The experiences that the interviewees shared illustrated the multilayered discrimination that they faced. Factors such as age, gender, class, ethnicity and skin color were all factors that intersected with each other to assist or harm people’s experiences with services and overall life in Canada. In terms of racism, it is the researcher’s speculation that discrimination based on ethnicity may have come as a surprise for some interviewees. They had come from countries where the majority of people were of the same ethnic background as opposed to Canada’s ethnically diverse populations. In general, interviewees expressed having been deeply affected by instances of racism.

In terms of ageism, many interviewees were surprised of the ageist remarks and treatment they faced at times, because, in their opinion, older people were respected and received better treatment in their countries of origin. Perhaps forces such as capitalism and transnational economies have an influence in how older adults are viewed. As stated before, under these forces that dominate western societies, older Hispanic adults may be left behind since they do not contribute to the overall goals of transnational economies and capitalism. Ageism is an issue for English speakers as well, but people may not be affected by it in the same manner because it is an issue that may have become more normalized in western societies. People may not even notice that ageism is taking place if they have become accustomed to ageist norms.

Under views of critical theorists and political economies the marginalization of people is a subtle on-going process that is entrenched in the structures of society. One of these subtle ways in which oppression takes place is through discourses used to refer to older adults. People who
offer support to older adults are often said to be carrying the “the burden of caregivers”. Another phrase used in immigration regulations is ‘the responsibility of sponsors to look after their sponsored relatives.’ The implications of these terms are that older adults and sponsored immigrants are a burden to society. Such messages can become internalized by the people that they allude to, and society in general; thereby, promoting the oppression of these groups.

Immigration laws and procedures are another source of discrimination that re-enforce subtly unequal treatment of immigrants. For example, the number of years for residents to be able to sponsor and bring their relatives to Canada are increasing; thereby, placing more barriers to family re-unification. Although the present study highlights the barriers that older Hispanic immigrants face when they come to Canada, it should be the family’s rights to be able to re-unite. The barriers for family re-unification change depending on the country the family member comes from. Furthermore, if the family member is not a parent, to sponsor another older family member from a Latin American country becomes a very challenging procedure.

In terms of multilayered discrimination, being a member of several groups that are marginalized does not necessarily mean that marginalization doubles or triples if one belongs to two or more marginalized groups. The idea that the more marginalized categories one belongs to, the greater the discrimination one experiences, can be misleading and disempowering. For example, there are contexts in which belonging to minority groups is empowering. It may allow people to be empathetic and understand others’ experiences with different forms of discrimination, and form stronger partnerships. Also, it may allow people to become more aware of the different forms of oppression and feel a stronger commitment to advocating for minorities and speaking out against oppression in general.
In addition, despite the oppressive systems that may be operating in one’s experiences, people have strength and resilience to overcome strenuous circumstances. As many of the interviewees stated, they were able to surpass the difficulties that they were experiencing in their lives in Canada and manage to some extent. Sources of motivation may vary depending on the person. Amongst the interviewees, a few had something that they drew encouragement from to help them cope with and overcome the barriers they were facing. Interviewees who had no close ties to their families or no one that depended on them, were usually more driven to feelings of depression and wanting to give up on life. As one of the interviewees stated: “you are by yourself, no one speaks to you. The children have grown up, they have a life of their own…sometimes you do not have anything to struggle for.” In all the interviews, finding a purpose in life was a theme that affected people’s emotional well-being, regardless of who they were. However, although many interviewees struggle with this notion, they were still able to find strength to continue on with their lives.

Another theme that emerged from the results was the importance of considering the different experiences people have throughout their lives. As discussed by Kolb (2004)’s study, more models that include the different layers in people’s experiences and identities are necessary to get a comprehensive understanding of people. For example, one of the clients talked about having come from a war torn country where she had lost her son due to the war. Furthermore, she was used to working as a nurse before. When she came to Canada, she was unable to find a job and now she was trying to learn English. This interviewee was experiencing the loss of her son, in addition to leaving her previous life in her country of origin, and adjusting to a new life in Canada. All these factors in the interviewee’s life influenced her overall being and her
experiences with services. Therefore, all these changes need to be considered by service
providers in order to offer appropriate services that include culturally competent practices.

6.5 Challenges Faced by Services Providers

Focus group participants spoke extensively about the challenges they faced while trying
to provide services to older non-English speaking Hispanic immigrants. Some of these
challenges included the differences in beliefs and lifestyles between service providers and older
NES Hispanic immigrants, the opportunities available for their clients, and regulations and
policies that guide service providers’ work. In addition, the information gathered from the focus
group participants was very valuable since most of the studies have only included workers in the
health care sectors (Nailon, 2006). Instead, the current study uses service providers from
community-based social services to collect data.

6.5.1 People’s Own Beliefs about Health Care and Social Services

As described before by the focus group participants, older NES Hispanic immigrant
clients have their own ideas about health care methods and how to manage their health. For
example, one of the interviewees talked about using alternative methods to cure herself even
though she had access to mainstream health care. Service providers are faced with alternative
methods of health care that may differ from their own personal choice or the agencies’. This is a
practice that is strongly encouraged in critical theory. Under this theory, non-westernized ways
of living are encouraged since they are often less guided by socioeconomics and capitalism.
Furthermore, critical theories ask service providers to challenge their own beliefs in regards to
westernized lifestyles and to be skeptical of mainstream services.
In terms of diagnoses, interviewees had conflicting feelings about doctors’ opinions. One interviewee talked about the need to not take doctors’ diagnosis seriously otherwise one would get very discouraged. According to this interviewee, doctors in Canada find an illness for every health related problem so their information should not be believed without supporting evidence. However, in terms of the work done by the service providers, they are usually encouraged to work together with the medical system to address health related issues. In general, there is a strong support for medical models and more rejection for alternative ones. These attitudes are not only encouraged at the individual level, between client and worker, but also at the agency level. Furthermore, discrepancies between the medical model and people’s more traditional health care beliefs may place workers in an ethical dilemma. On one hand they may want to respect the clients’ choices of health care methods, but on the other hand, they may be pressured by the system in which they operate, to support medical models.

Studies such as Fornazzari et. al. (2009)’s have looked at the way personal beliefs in health care influence people’s views on specific illnesses. Fornazzari et al. (2009) looked at people’s views on Alzheimer’s (details of this study were mentioned on the literature review, Chapter 2). Participants in Fornazzari et al. (2009)’s study were skeptical about the symptoms for Alzheimers, its existence and methods of treatment. Regardless of their own feelings, service providers have to consider the clients’ beliefs as well as the doctors’, and, ultimately work according to the client’s decision. As it is encouraged by critical theory, people’s autonomy needs to be respected overall.

Other ethical conflicts that interviewees shared involved accessing financial assistance. Interviewees held conflicting feelings about receiving financial assistance. Interviewees
explained that they would rather earn the money they needed as opposed to receive financial assistance by the government. However, as explained by both focus group participants and interviewees, employment opportunities are rarely offered to people in their situations. Therefore, workers are faced with the challenge of helping clients obtain financial assistance through options that may harm their client’s self-worth.

A few studies have looked at the internal conflicts attached to receiving assistance (Kohen, 2007). It was argued that immigrants may not know what their entitlements are, based on their immigration status which may reinforce these feelings of shame. Therefore, workers may need to help clients learn about their entitlements so that they feel more comfortable accessing financial assistance.

Another challenge that workers talked about was trying to help clients understand and adapt to Canadian society when clients had lived in countries that were very different. Focus group participants were unsure on how to help clients who were used to the closeness and communal living in their countries of origin. According to focus group participants, Anglo Canadian societies are characterized by individualistic and independent lifestyles making it more difficult for older Hispanics to adapt to Canada. Focus group participants encouraged their clients to stay within their ethnic communities and join Spanish-speaking groups because these environments were more familiar to them. Besides this alternative, focus group participants were unsure what else to recommend for their clients’ adaptation process. Although it may be comforting for people to stay within their communities, it is also limiting since the person is not exposed to the positive and gratifying aspects of other cultures in Canada that they may enjoy.

6.5.2 Scarce Resources
Focus group participants talked about the scarce resources available to address clients’ needs. An example was given of a client who had a high profile job in his country of origin and expected to get a similar job here in Canada. The worker felt conflicted because she did not know how to help him find a job that was similar to the one he had. The client wanted to learn English so that he could continue his studies and have his profession as a judge be recognized here in Canada. However, the worker thought his goal was extremely difficult to accomplish due to all the educational barriers in place.

As many focus group participants stated, it can be discouraging when there are not many opportunities or possibilities for clients. Still, it is the client’s decision to pursue their own goals. Ultimately going through the process of learning English and attempting to obtain recognition of credentials may also open other opportunities. Most important is that service providers maintain a positive outlook when working with clients so they are able to install hope without offering false ideas.

In terms of people with disabilities, these populations are faced with a number of barriers. One of the focus group participants talked about trying to help a blind older Hispanic woman obtain transportation services. The client could not do so by herself because she did not speak English. The focus group participant talked about the few resources available to help disabled clients in situations such as this one. In this case, the focus group participant could not make arrangements for her client to obtain transportation services because she was a shelter worker and the client had already moved out of the shelter.

The above example illustrates how systemic discrimination is contained within the structures of social systems. A few studies such as Guberman and Mayhew (2004) state that
systemic discrimination in accessibility of services may include lack of availability of services for older people, inadequacy of available services in relation to people’s needs, bureaucratic access to services, amongst others factors. Interestingly, many of the service providers from the focus group expressed helplessness in situations that involved systemic discrimination. These reactions may paralyze workers and prevent them from engaging in advocacy work that challenges systemic discrimination. Therefore, service providers may also need to be empowered so they are able to see other alternatives and engage in social action activities that contradict systemic discrimination.

Lastly, focus group participants raised the issue of workers being overworked, underpaid, and undervalued by agencies and funders. One of the focus group members described how workers in the social services often get “burned out” after working in very poor conditions. Workers are being asked to engage in practices that are non-oppressive, although, they themselves are being oppressed by the systems where they work.

6.6 Chapter Summary

This chapter applied the theoretical framework chosen, critical theory, in order to analyze the themes that were found throughout the study. Based on critical theory principles, power relations in services and society as a whole were analyzed and reflected upon. Following critical theory, the impact that injustice had on interviewees and focus group participants were examined at every level of operation, the micro, mezzo, and macro level. Also, this chapter discussed the challenges that focus group participants faced in their work with the study populations and what are some of their needs in order to improve services. All these sections together provide the
essential components of the experiences of older Non-English speaking Hispanic immigrants with accessibility, availability and cultural competency.
Chapter Seven

Recommendations

7.0 Introduction

This chapter is the last stage of the study of the experiences of older non-English speaking Hispanic immigrants with availability, accessibility of services and cultural competency from social and health care providers. The first section of the chapter will provide an overview of all the stages of the study. The second section will use the results from the interviewees’ responses and focus group participants to offer recommendations and implications for social work, health care and other services in general. Chapter five contained the responses of the interviewees and participants and divided them into main themes with subthemes. The recommendations will be based on these themes and subthemes. Before starting with the recommendations, a review of the study is provided.

7.1 Review of Study

A review of the study is provided under the chapter topics of study introduction, literature review, theoretical frameworks, methodology, results, discussion of results and recommendations. The first Chapter described the type of study conducted. The present study was a phenomenological study conducted on non-English speaking older Hispanic immigrants to learn about their experiences with availability and accessibility of services and culturally competent practices from service providers. The study involved interviews with ten non-English speaking older Hispanic immigrants and a focus group with five service providers. The inquiry questions of this study were: 1) What are people’s perceptions in terms of the availability and
accessibility of services and culturally competency practices? 2) How does lack of language fluency affect availability/accessibility of services and culturally competent practices? and 3) How could availability and accessibility of services and culturally competent practices be improved?

The second Chapter was a literature review that examined previous research done in the study topic with the purpose of learning about the various factors linked to the phenomena studied and about the gaps in the literature. The literature revealed some of the gaps in present services and practices. It specifically pointed to the need for more interpretation services so that older Hispanics could navigate the medical and social service systems without facing so many barriers. The literature review also discussed some of the consequences of language barriers such as reduced employment experiences, isolation, disrespect from society and less independence. In terms of family supports, it revealed that family supports are often overwhelmed by the responsibility of assisting their older relatives and, may not be able to provide appropriate supports for them. Most of the studies used for the literature review came from research conducted in the US or research conducted on ethnic minorities living in Canada. Finally, there were a few literature sources which described how the needs of older Hispanics in Canada were unmet by services.

The literature review included a discussion on the importance of this study and its uniqueness in the research field. The current study is one of the only studies that focused on older non-English speaking Hispanic immigrants in Canada. ASHTOR’S study (2007) was one of the few studies that looked at the needs and assets of the older Hispanic community in Toronto. However, no studies have exclusively looked at older non-English speaking Hispanic
immigrants and the challenges they face for not speaking the language. It is the researcher’s belief that not speaking the language added a different layer to people’s experiences and needs.

The present study is a qualitative study. This type of study allows people to share their experiences with services in terms of availability and accessibility of services, and cultural competency from service providers. Qualitative studies also take an exploratory stance to uncover other issues related to the study topic. Since there is limited information on the studied phenomena, qualitative studies are particularly helpful. Furthermore, this study specifically addressed issues of oppression and discrimination that is rarely the case in previous Canadian studies on older Hispanics.

Chapter three introduced critical theory as the theoretical framework used for the study. Critical theory was implemented at all the stages of the study by including analyses of oppression, power relations, the influences of society on the aging body, and system structures at the micro, mezzo and macro level. All of these themes were used to analyze the experiences of the study population.

Chapter four provided the methodology used based on an interpretive phenomenological approach. This approach was chosen since it uses a small number of samples allowing for a more in depth-interaction with participants. In this manner, common themes could be identified and analyzed. The study used open-ended, semi-structured interview schedules for both the interviews and focus groups. Judgment sampling was the method of sampling chosen. Under this method, obtaining the support of service workers to help with the recruitment of participants was a crucial step. The criteria for the participants was that they be 65 years and over. They could not speak any English, and they had to have lived in Canada for five years or less. The focus group was made up of five service providers. The criteria for selection were that the
service providers had worked with older Hispanic communities within the last five years and the work must have taken place in Canada. It was necessary that they were familiar with issues related to older Hispanics in Canada. Their work settings could have been either in community-based health care or social services.

In Chapter five, the main themes affecting the interviewees’ experiences were described. The main themes were language barriers, immigration and discrimination. Amongst the subthemes were ethnicity, finances, geographical distances to services, and workers’ approaches to practice. Themes and subthemes were arranged under the headings of availability/accessibility of services, culturally competent practices and overall adaptation to Canadian life. The results section also included themes raised in the focus group by service providers. Some of these themes mentioned by service providers were similar to those introduced by the older Hispanic interviewees, such as poverty amongst older Hispanic newcomers, lack of funding to support the work of service providers, barriers to adaptation posed by lack of English proficiency, etc. Focus group participants discussed the influences of higher level policies and mandates in the provision of service. Also, focus group participants discussed how Canadian society’s and clients’ personal values and beliefs played an important role in the work they did and the opportunities available for their clients.

Lastly, Chapter six provided an analysis of the above themes from the responses of the interviews and focus group. There were discussions about the fact that none of the interviewees were able to work in professions similar to what they had been trained to do because of the lack of recognition of foreign credentials. Also, this section discussed how the health care and social systems allowed limited access to interpreters, which in turn limited the access and quality of services older non-English speaking Hispanics obtained. Furthermore, there was an analysis on
how structures in the social service and health care systems worked in a way to make older Hispanics dependent on their children. Through immigration protocols older immigrants who are sponsored by their children are encouraged to become more dependent on their families. Issues of abuse were also considered in relation to older adults who lived with their families.

The present chapter will provide recommendations to address the issues that the interviewees and focus group participants raised and include the recommendations provided in the interviews and focus group.

7.2 Recommendations for Service Provision

The following sections will present recommendations to improve service delivery and practices. The arrangements of the recommendations will be based on the study’s overarching themes of availability and accessibility of services and culturally competent practices. Also, additional recommendations on general issues related to adaptation will be provided.

7.3 Availability/Accessibility of Services

Recommendations to improve the availability and accessibility of services will concentrate on areas of program funding, language, transportation, employment and financial assistance. As well it will provide recommendations for service providers and service users to improve their communication so that quality of services is maximized.

7.3.1 Program Funding

In order to improve availability and accessibility of community based social and health care services, people’s needs would have to be seen as priority. In accordance to this, one of the
interviewees stated: “there needs to be less money spent on wars and more on services”. Only in this manner would funding be given appropriately.

In order to improve availability and accessibility there would need to be an increase in funds for the implementation of programs and staffing. Wait lists have become an on-going problem that requires attention. People wait so long for services that when they finally receive the services, it may be too late. Services would need to consider subsidies for their program participants since many members of the Hispanic communities are living under poverty.

In terms of programs geared to non-English speaking older Hispanics, older Hispanic communities themselves may need to take a more active role in the planning and expansion of programs. Proposals to improve services for older Hispanics may have to come from older Hispanic communities since they would have better understanding of what their needs are. Also, it is recommended that Hispanic people have community leaders that work in partnership with other communities to establish settlement programs for older Hispanic newcomers. In order for program initiatives to be implemented partnering with outside communities and entities would be necessary.

Another area overlooked is the field of research on older Hispanic immigrants. One way to properly address their needs is to have more funding for investigations on this topic. It is worth mentioning that older Hispanics who are included on research are usually people who are more involved in the community. Although their opinions are important, it is also important to conduct studies with people who are most isolated since they may need services most. Often, decisions about programming exclude isolated groups. For example, to address issues of isolation and depression, more Hispanic social groups have been created. Some older adults are
comfortable attending these groups but there are many others who do not participate in them. Therefore, it may be beneficial to research other alternatives for more isolated populations.

Lastly, the quality of services would need to be taken more seriously. Until now, there has been increasing attention on quantity of services and less focus on its quality. Most funding of programs is based on the number of people served and not on the quality of the program. They are both equally important and, thus, one should not eliminate the other.

7.3.2 Language Barriers

An increase in services available in Spanish is needed. Interviewees talked at length about the need to increase the number of workers in interpreting services and information centers. The rationale behind the increase in interpreters is that there are more immigrants coming to the country, including older immigrants, who tend to have language barriers. Interviewees talked about needing more Spanish speaking doctors. This is necessary since medical settings do not provide interpreters when the client is unable to provide their own interpreter.

Service providers need to be more conscious of the language barriers that clients are facing and be more understanding of their circumstances. Many interviewees and focus group participants talked about the humiliating treatment clients receive from workers when they do not know how to speak the language. Service providers need to find ways to cope with language barriers so that clients are not mistreated for not speaking English. Often, older Hispanics are expected to learn the language. Although it would be very useful for older non-English speaking Hispanics to learn English, for some people it is very hard to engage in such a learning process.
Older Hispanics may face many barriers to learning English such as lack of time, financial means, health and psychological problems, confidence to learn another language, etc.

Furthermore, providing interpreting services and hiring Spanish speaking workers may help increase the quality of life of older Hispanic adults and their families. Many older non-English speaking Hispanic newcomers become dependent on families to voice their needs and/or concerns. This close dependency on relatives to fulfill the gaps of the systems can lead to dismissal of the needs of older adults. To improve this situation, the government may need to take on a more active role and place more effort in providing subsidies for interpretation and translation services since they can be very costly.

Recommendations to have more language related services are not meant to have family members cease their involvement in the lives of their older relatives. Instead, these suggestions are meant to help the families of older non-English speaking Hispanics offer better support to their relatives and not feel overwhelmed by the responsibilities the government imposes on them. Furthermore, the government needs to stop expect families, particularly sponsors, to be the only supports for older newcomers. These expectations become unhealthy for both the older person and their family members. Also, as previously stated, it is important that family members be more aware of the different supports that exist for their older relatives. Often, people assume that services do not exist because they do not have someone to help them find out about available services. More services in Spanish may be needed to provide information about services to people who are more isolated.

7.3.3 Transportation
In terms of the transportation system, accessibility to transportation is another factor determining the level of independence a person may have in their community. Some recommendations to improve access to the transportation system involve having more services that assist non-English speaking people understand better this system. For example, there could be workshops offered to older Hispanic newcomers on how to use the public transport and self-explanatory pictures posted along transportation services. There may need to be more Spanish speaking workers or interpreters in public transport services so that non-English speaking Hispanics could get more assistance in these settings. However, there should be awareness that some people may not understand the transportation system, even after having the transportation routes explained to them in their language. An alternative mode of transportation services may need to be established for people who are in these predicaments and who do not have anyone to accompany them to places.

Access to appropriate means of transportation is a bigger issue during winter when people are less able to use public transportation. An affordable alternative would need to be created. If more options were implemented for older people in general who cannot afford private transport, they may feel freer and less bound to depend on the willingness of informal supports to help them.

7.3.4 Employment

Interviews raised the concern that older non-English speaking Hispanics cannot make ends meet with their limited financial resources. Therefore, many were in search of employment. What the interviews showed was that language barriers had a significant impact on the interviewees’ opportunities for employment. Many of them were desperately looking for a
job but they were faced with limited opportunities due to language barriers. To address this point, employment resource centers would need to advocate on behalf of older Hispanics so that they are able to obtain jobs in their trained professions. People need to be given an opportunity to use their professional skills regardless of whether they speak English or not.

Many interviewees talked about lack of recognition of foreign credentials. This is an ongoing issue for younger and older immigrants. Advocacy work could be done so that recognition of international credentials is easier, and people are not asked to undertake a significant amount of schooling or upgrading when they arrive to Canada. There are already centers and coalitions that work towards the recognition of international credentials (i.e. Ontario Council of Agencies Serving Immigrants). Other agencies that address overall barriers faced by the Hispanic communities are ASTHOR (Association for Hispanic Seniors in Toronto) and the Hispanic Council (in Toronto). An alternative is to join with one of the above agencies and apply for grants that create job initiatives for older non-English speaking Hispanic immigrants.

The above job initiatives may target people who are not able to go back to school for extensive upgrading or have too many difficulties learning the English language. Instead, they could be given short-term employment training in Spanish. Job training together with their credentials or/and past work experience could provide them with some recognition of their professions and allow them to find jobs in Spanish related to their careers. For example, one way to utilize the knowledge that older non-English speaking Hispanics have, is by hiring people as tutors/consultants so that their knowledge is passed on to other people.

Furthermore, lack of opportunities to work on one’s area of expertise may result on loss of self-worth, identity, and low self-esteem. Individuals may be faced with psychological
stresses which in turn, may become more costly to the state. Offering people more alternatives for their career plans, may allow them to have a healthier state of mind.

Lastly, employment sectors need to analyze the situation of older non-English speaking Hispanic immigrants in order to be inclusive of this population. For example, at the moment, many people have to volunteer instead of being offered remuneration for their work. Agencies need to be more conscious of people’s income and work towards getting at least transportation subsidies for volunteers with low incomes, such as the study population.

7.3.5 Financial Assistance

In the case of older immigrants, many of them come to Canada through the sponsorship of their families. Under these arrangements their families assume responsibility for the newcomers’ finances for ten years. Often times, relatives find that they are not able to afford the expenses of their older relatives. To address this problem, the government could adjust their support based on the sponsor’s income so older immigrant would not have to wait until the sponsorship is completed in full in order to enjoy a more secure and independent financial situation. Also, the government could reduce the number of years sponsors are responsible for their sponsored relative. Lastly, there could be more funding available for older people who are going through financial hardships. Thus, people may feel less compelled to remain in jobs in which they face ill treatment.

In regards to accessing financial assistance, interviewees expressed feelings of shame and embarrassment. There may need to be a different approach in how financial aid is viewed by society in general. At the present time, many people in society criticize and judge others for receiving financial assistance. Promoting these attitudes in society prevents some people from
obtaining the help they require and places them in much worse situations. Also, it can deeply harm the integrity of people and make them feel worthless. These attitudes, often encouraged by the government, need to stop so that older immigrants and people in general, are not feeling ashamed for accessing financial assistance. Society needs to have a deeper understanding of the forces that come into play in poverty and the reasons why people ask for financial assistance.

Also, service users need to be educated about their rights and entitlements so they do not feel ashamed for accessing what they deserve. It may be helpful to have more workshops on people’s rights and entitlements so that older Hispanics are more capable of protecting themselves from harassment and accessing services that they are entitled to.

The recommendations above are meant to address some of the barriers in service provision. Following are recommendations to service providers on how to improve direct service provision in their interactions with clients.

7.3.6 Recommendations for Service Providers to Improve Services

Service providers would need to be better informed about services available. If workers do not have the information requested by the client, they need to make an effort to obtain it. For example, interviewees described been sent from one worker to another and at the end, not been able to obtain proper information. That being said, offering better quality of services may be a difficult issue if service providers are underpaid and overworked. In these cases, service providers may need to raise these issues with their agencies as opposed to providing low quality of services to their clients.
Bureaucracy in service provision was another on-going issue that troubled the interviewees. In bureaucratic systems, the individual needs of clients take a secondary position to other priorities. Workers need to look at each individual client without making generalizations about their needs. As stated before, this is important since every client has unique needs to be addressed. People, whose situation does not fit into the general case, end up being lost in the system or not receiving services. Also, the biases that exist in the treatment from workers are issues that require attention. Many interviewees and service providers mentioned the unequal treatment clients get when they seek services by themselves as opposed to when the worker acts on their behalf. Workers would need to treat clients just as well as, they would treat another worker. At the same time, older Hispanics need to be flexible when working through the Canadian social and health care systems since they may differ from the systems in other countries.

In addition, when working with newcomers, it is important to be aware of their patterns of behaviours and what people were used to in their countries of origin. With this knowledge, workers could be more understanding of people’s expectations, and they could attempt to accommodate their services to better meet clients’ needs. At the same time, after immigrating to Canada people may have changed and no longer hold previous patterns of behaviours. Therefore, it is equally important that workers are aware of people’s changing behaviours and recognize that people are not static but dynamic beings.

Furthermore, it is important to note that the relationships amongst Hispanics in Canada may be affected by conflicts between Latin American countries. Many of these countries have been at war with each other and there is still tension carried on due to political conflicts. The
historical background may affect the relationship between Hispanic workers and clients, and Hispanic people in general. Therefore, more discussions may need to take place to address ways that Hispanics in Canada can work together despite the political turmoil amongst their respective native countries.

In terms of interpersonal skills, recommendations for service providers to improve their treatment and mannerism with older Hispanic clients were offered by interviewees. It was suggested that workers keep eye contact, and offer a courteous treatment to service users. Another recommendation was that service providers need to keep their personal problems separate from their work with clients. In general, clients should not be affected by the problems within the agencies and workers. In addition, more empathetic attitude from workers may be needed in order to understand why clients react the way they do. Focus group participants talked about how workers are often unable to see beyond the client’s behaviour. Another recommendation was to offer more client-centered approaches. In this way, the worker would help the client at the stage in which the client is at and not at the stage in which they are expected to be.

In terms of people who are undocumented, it is important that service providers and people in general, are aware of the issues that they experience and provide them with support. Often, undocumented populations are negatively judged in Canadian society for staying in Canada without documents. They may not be able to advocate directly for themselves since they may risk their deportation. Therefore, it is necessary that society becomes interested in issues concerning undocumented people and helps advocate for their rights to services and equal treatment.
In general, for people to receive better quality of services, a genuine care from workers is necessary. Still, it can be very challenging when the conditions under which service providers work, are not favourable. Therefore, agency leaders also need to work on providing healthy working environments and helping agency workers provide high quality of services. Besides having recommendations for service providers to improve services, it is also necessary to include service users in this process.

7.3.7 Recommendations for Service Users to Access Services

According to interviewees, older Hispanics need to use services more often. The interviewees recommended that older Hispanic women break the patterns of staying at home, and make an effort to go out more often and access the services they need. It is necessary to conduct a more in-depth examination to understand the reasons why some older Hispanic women do not engage in these activities or access services. By understanding the reasons behind their behaviours, one can better work with older Hispanic women at addressing the barriers preventing them from integrating more into Canadian culture. A few factors affecting the use of services by older Hispanic women may be related to their social location and immigration status. For example, older Hispanic women who are sponsored by family members to come to Canada may have come under certain conditions that force them to stay at home. These conditions, in turn, may inhibit them from using services more frequently, if at all.

Cooperation between workers and clients was also an identified area of concern by focus group participants. It is recommended that service users co-operate with workers and recognize the good work that some of them do. This is necessary in order for the worker to feel appreciated and to continue providing better services. In addition, some interviewees
recommended that older Hispanics stop complaining about services. It may be necessary to realize that there are service providers who do very good work and sometimes, because their efforts are not recognized, their commitment to the work declines. However, to prevent people from complaining may not be the solution since it may be necessary to complain at times. A possible alternative to address complaints is that people be encouraged to speak out about their needs at a higher level. Often, service users complain about service provision to frontline workers who are probably the least powerful in the hierarchy of agencies.

According to focus group participants, clients can also be unfair just as service providers can be. Clients may be having problems at home and they release their anger on workers by mistreating them. An alternative could be that workers establish their limits so that clients do not mistreat them. At the same time, workers may want to question the reasons that are causing clients to behave this way.

Focus group participants recommended that service users be careful of making generalizations about workers and their treatment, even though many service users may have had bad experiences with them. This way, workers would be given the opportunity to do their work and provide services for the client without having to face pre-conceived judgments about the quality of their work. Lastly, service providers also recommended that service users be conscious of the time constraints and limitations of the service providers. Making these small changes may help clients be aware of what to expect when they access services and to make better use of the services provided by workers.

Furthermore, older Hispanics were recommended to accept the conditions in which they live and the limitations they face in employment, education, etc. However, it is important to
note that although people may face barriers to obtain their goals, giving them up may be more
difficult and may have more negative consequences. Therefore, it may be more helpful for
workers to look for other ways so that clients can still work on the goals they traced for
themselves, but in a more realistic manner. Clients may need to be more flexible and adjust
some of these goals. Still they need to keep their hopes and drives alive through goals and
dreams.

Besides offering recommendations for better availability and accessibility of services,
this chapter also provides recommendations for culturally competent practices.

7.4 Cultural Competence

Recommendations for culturally competent practices will be provided under the themes
of quality of practices and its significance. Before providing recommendations, it is important to
highlight that cultural competency was a difficult concept for interviewees to grasp. Helping
service users better understand what cultural competence entails is the first recommendation.
Also, after doing this study and seeing the difficulty that older Hispanics had with the concept,
more research may be needed to see whether or not such a term should be used to describe
workers’ practices. It would be pointless to continue using it when the population, who is
directly affected by culturally competent practices, is unable to understand the concept.

7.4.1 Standards in Cultural Competent Practices

There are many stereotypes that are been used by workers when they engage in
conversations about ethnic minority cultures. Often, this is the way that workers know how to
integrate themes of culture into their practices. The present study suggested the need for better
training in what cultural competency consists of when working with people. It is recommended that there be more agreement amongst agencies, workers and clients on the principles and theoretical frameworks guiding cultural competency. As well, there needs to be more support from agencies and their policies on the use of culturally competent practices so that these practices are incorporated and assessed properly.

### 7.4.2 Importance of Cultural Competency

According to some interviewees, there were other aspects of practices that should be improved before looking at incorporating culturally competent practices. In their opinion, workers need to be better trained to help service users navigate the system for services. According to them, only after this is done, should culturally competent practices be addressed. However, in the present study, it is recommended that quality of services should include appropriate culturally competent practices. Therefore, even in the case that other aspects of service provision are lacking, still cultural competency should be regarded as equally important when investigating ways to improve services.

Workers need to be aware of the importance of cultures when working with people. Even if culture is not a theme that the client raises in their interactions with the worker, it should be considered an influential factor in the client’s life experiences. Furthermore, acknowledgement of the oppressions connected to culture is important in order to validate the experiences of the client due to their membership to a particular culture.

Discrimination was identified by interviewees as one of the major obstacles for culturally competent practices and service provision in general. Discrimination included oppression, stereotyping, and unequal or unfair treatment. Discrimination could be addressed by uncovering
the stereotypes and unequal treatment from workers towards clients. In line with the above recommendations, more training would uncover behaviours and ways of thinking that may be discriminatory and provide ways to properly address discrimination. In addition, interviewees recommended that service users take an active role in training service providers on anti-oppressive ways to work with clients. These activities may benefit service users as they would be able to address directly the issues they think need improvement.

In general, more sensitivity and assistance may be needed in order for service providers to provide more culturally competent practices and address issues of discrimination and oppression.

7.5 Overall Adaptation to Life in Canada

Overall adaptation to life in Canada was influenced by language barriers, perceptions about the study population, attitude from Canadian society, safety concerns and unfulfilled expectations.

7.5.1 Language Barriers

In order to assist older non-English speaking Hispanic immigrants with language barriers, some considerations and changes need to take place within the educational systems. ESL education sectors need to undergo some adjustments in order to accommodate to the needs of their older Hispanic participants. Age may need to be considered when asking or expecting older adults to learn English. Health conditions may also be important to look at when offering English classes to older adults. For example, older adults may have problems with their
eyesight. Therefore, accommodating for people’s health conditions may help to make English classes more accessible.

Also, people may not have a high level of education in their own mother tongue. This makes learning another language more difficult since they may not have the knowledge of the grammar and other linguistic structures of their own languages. Therefore, taking these factors into account is necessary to make people’s learning experiences more positive. Furthermore, possible lack of funds amongst ESL students is another point to consider when offering English classes. This reality makes it more difficult to attend classes as specified by interviewees in Chapter five. It may be necessary to look at the provision of TTC tokens for seniors. Although there are some programs that offer this assistance, not all ESL schools do. Another way to address the issues of poverty amongst older people in ESL centers may be by providing discounted meals at these locations and/or providing information about places that offer discounted or subsidized meals nearby ESL centers.

Also, amongst the interviewees there was a lack of knowledge about ESL classes available around their neighbourhoods. A few interviewees did not know where to go for English classes or they did not know of ESL classes that accommodated their needs. For example, information about places that offer transportation assistance to attend ESL classes is needed. Other factors that influence people’s ability to attend ESL classes are family responsibilities and work schedules. Therefore, convenient times to offer classes would be helpful.

In conclusion, it is important to address all aspects of the person’s life when providing classes and the conditions under which they are provided. In general since language barriers
are one of the most significant barriers to adaptation/integration, satisfaction and overall well-being, more efforts need to be placed to address these barriers at the individual, agency and governmental levels. In addition, another factor that affected people’s overall adaptation was their ability to integrate in Canadian society.

7.5.2 Perceptions about Study Population

There would need to be a change in Canadian society regarding their views on ‘diversity’. Although diversity exists amongst every single group even amongst mainstream groups, only some people are singled out as being ‘diverse’, ‘different’ and ‘less’ than mainstream society. One of these ‘diverse’ groups is composed of ethnic minorities. In order to improve services, ethnic minorities such as Hispanic people need to be seen through non-racist lenses and treated fairly. In order for these changes to take place, many steps need to be taken. One of these steps could include working towards changing people’s views diversity. The concept of diversity often implies division between mainstream society and minority groups. Under these lenses for ‘diversity’, mainstream society is seen as the baseline and ethnic minorities as the diversion.

An alternative to viewing ethnic minorities such as Hispanics, as diverse groups is viewing them as individuals with their own differences, just as any other group. The ‘diverse’ aspects that may need attention are the historical oppressions associated with some ethnic minority groups, and the consequences of these oppressions. These changes in attitudes would have to take place in discourse and practice in order to be helpful to the people directly affected.

7.5.3 Attitudes of Canadian Society towards Hispanic People
Canadian culture was described by interviewees as being very individualistic in nature. For most interviewees, an individualistic lifestyle was not something that they were accustomed. These attitudes affected them in a negative manner as it made them feel more isolated. Ideally newcomers should be able to find a place where they belong in Canadian society. Some people find this feeling of belonging amongst the Canadian Hispanic communities but others are not able to adapt so easily. Having more places that welcome Hispanics and cater to their needs may help them feel more comfortable. Under these environments, they may be able to form stronger ties with other people. Also, Spanish speaking and non-Spanish speaking people from the community may need to reach out to older Hispanic newcomers who are having difficulties integrating.

7.5.4 Safety Concerns

In terms of safety, there needs to be more attention paid to the concerns older non-English speaking Hispanic immigrants have. Their experiences with fear and unsafe situations have a high impact on their perception of life in Canada. Interviewees talked about feeling unsafe at home and on the streets. To address these identified fears, it would be beneficial to educate the public about ways to be more considerate and pay attention to the needs of the studied populations and older people in general. Furthermore, older Hispanics also need to let others know when they are feeling unsafe. Asking for help may be difficult since they either may not want to do so, or may not know where to ask or who to talk to. An alternative to assist with these concerns is to provide services or programs to address safety issues. Still, people may need to be encouraged by society to reach out for help when feeling unsafe.

7.5.5 Unfulfilled Expectations
Furthermore, the illusion of coming to Canada and not finding what one expected is a very common issue amongst older and younger immigrants. The common misconception in Canadian society is that older people do not come to Canada thinking that they will get a better life. The assumption is that they come to Canada to enjoy their time with their families. Based on the interviews conducted, most of the interviewees stated wanting to come here because they were looking for a better life and more opportunities. This is something that Canadian society, including the government, would need to consider when developing programs for older newcomers. In reality, people may be faced with unmet expectations of having a richer life in Canada. As well, they may feel isolated as they face many barriers to integration. There needs to be more supports for older Hispanics to deal with unfulfilled expectations since the consequences of living with these feelings are very negative to people’s psychological well-being.

7.6 Chapter Summary

Canadian society needs to consider how it feels for Hispanics to immigrate to Canada at a later age. It is necessary to look at the possible barriers that older Hispanics may face in services and in society as a whole, to better support their adaptation to Canada. Generalizing their experiences and comparing them to other older ethnic minority populations may dismiss the roots of their problems. Furthermore, considering aspects such as poverty, discrimination, language barriers, isolation, mistreatment in services and others is necessary since non-English speaking older Hispanic newcomers are facing these barriers on a daily basis when trying to access services and adapt to Canadian society as a whole.
7.7 Study Conclusion

This study attempted to explore the experiences of older Non-English speaking Hispanic immigrants with services and share their stories with others. Bringing awareness to the issues they face was an attempt to attract service providers’ attention and to have their concerns addressed in the long-term. Furthermore, although there are many limitations in this study, as discussed in the methodology section in Chapter three, there is useful information that can be obtained from the study. Advocacy groups and coalitions could take on some of the challenges identified in this study to improve services for older Hispanic newcomers. Also, this study could be used to expand the research on older Hispanics and service provision conducted in Canada, which in turn, would assist older non-English speaking Hispanic immigrants at having their needs be heard and eventually addressed.
REFERENCES


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Horkheimer, M. From Wikipedia, the free encyclopediaThis page was last modified on 16 January 2011 at 19:30. http://en.wikipedia.org/wiki/Max_Horkheimer


APPENDIX A

Interview Schedule
I would like to thank you for participating in the study. Before starting, I will like to clarify that:

1. Your participation in this study is voluntary.
2. You can withdraw your participation at any time.
3. If there are any questions you do not wish to answer you can skip them.
4. If you do not understand something I say, feel free to have it repeated.
5. Information you disclose here is completely confidential; only myself and my faculty supervisor will have access to this data.

Interview with Participants
Before we start the interview I will ask you not to reveal the names of service providers. If you need to refer to a particular person, please use pseudonyms to refer to them. When you are describing the work of a service provider, do not reveal the name of the agency where they work. Thank-you.

1. How do you find living in Canada?
2. What are your perceptions of community-based services (social assistance, social/recreational programs, public health services, etc.) in general? If you had to evaluate their services, what would you say?

Accessibility of services:

Accessibility to community-based services will be examined in terms of the number of people using the services and their level of satisfaction with the services, and the efforts that services put in making themselves accessible.

When measuring accessibility of services, specific attention will be paid to: access to information about the services, language barriers in services, geographical distance of services, affordability
of services, whether services consider the client’s health condition to make themselves accessible and whether client’s means of transportation to services are considered.

3. Do you have other suggestions to include in this definition?

**Accessing services:**

4a) What have been your experiences when you ask for services?

4b) when accessing services, did services consider your means of transportation, language barriers, your physical state, your financial resources?

4c) when searching for specific community-based services, were you able to obtain information about a service easily?

d) How comfortable did you feel when accessing services?

e) Could you physically get to services easily?

f) What were your experiences when needing community based services in general?

5. What are some of the difficulties, if any, you experienced in accessing community based services?

6. In your opinion, what are some of the higher scale issues affecting your accessibility to services?

**Cultural Competent Practices:**

For this study cultural competence in service providers means having service providers that take into account the client's culture when working with them and particularly, people’s individual experiences with their own culture.

7. Do you have other aspects to add or change to this definition?

8. What experiences could you tell me about service providers that showed to be culturally competent?
9. In these cases, how did the service provider showed to be culturally competent when working with you?

10. What do you think about the inclusion of ethnicity when service providers work with clients? Do you feel it is necessary?

11. What are some of the challenges you experienced (if any) in terms of cultural competence in service providers?

12. In your opinion, what are some of the challenges in providing culturally competent practices? In providing accessible services? In making services more available?

13) At the present time, what are some of the things that are working (if any) in terms of:
   a) cultural competence of service providers?
   b) accessibility of services?
   c) availability of services?

14. How does availability/accessibility of services and cultural competence in service providers affect your life?

   **Demographic Information:**

Could I ask you some background information?

1. Are you: 55 or older ___ 65 or older ___ 75 or older ___

2. Gender: Male ___ Female ___

3. When did you come to Canada?

4. How many children do you have?

5. Do you live on your own?
6. Do you have close friends in your neighbourhood?

7. Do you receive informal supports? Who?

8. Do you have financial stresses? (1-10; 1 = no financial stress; 10 = a lot of financial stress)

9. How do you rate your health overall? (1-10; one = delicate; 10 = excellent)
APPENDIX B

(TRANSLATION OF THE QUESTIONS)

PREGUNTAS PARA LA ENTREVISTA

Quiero agradecerle su participación en este estudio. Antes de comenzar, me gustaría clarificar lo siguiente:

1. Su participación en este estudio es voluntaria.

2. Puede retirarse del estudio en cualquier momento.

3. Si hay preguntas que no desea contestar las puede saltar.

4. Si no entiende algo que digo, sientase libre de pedir que lo repita.

5. La información que usted comparta aquí es completamente confidencial. Solo la supervisora de la Facultad y yo tenemos acceso a esta información.

Entrevista con los Participantes:

Antes de comenzar la entrevista, le voy a pedir que por favor no mencione el nombre de los proveedores de servicios. Si le es necesario utilizar nombres, por favor utilice seudónimos. Cuando este describiendo el trabajo de los proveedores de servicios, tampoco mencione el nombre de la agencia donde trabajan. Gracias.

1. Que piensa de su vida aquí en Canada?

2. Que piensa sobre los servicios de salud comunitarios y servicios sociales (estos incluyen servicios de recreacion, servicios de asistencia social, centros comunitarios, centros comunitarios de salud, etc.) en general? Si tuviera que

   evaluar estos servicios, que diría?

Acceso a Servicios:
Acceso a servicios de la comunidad va a ser examinado en términos de cuánta gente usa los servicios y su nivel de satisfacción con los servicios, y los esfuerzos que los centros ponen en hacer sus servicios accesibles.

Al evaluar la accesibilidad de servicios, particular atención se va a poner al acceso de información sobre los servicios, barreras de lenguas en los servicios, distancia geográfica de los servicios, costo de servicios, si es que los servicios consideran la salud del cliente para ser accesibles, y si es que se toma en cuenta el modo de transporte de los clientes.

3. Tiene sugerencias que le gustaría añadir a esta definición?

**Acceso de servicios:**

4a. Cuáles han sido sus experiencias cuando usted ha pedido servicios?

b) Cuando recurrió a servicios, los servicios consideraban el modo que usted se transportaría a los servicios, barreras de lenguaje, su estado/salud, su situación económica?

c) Cuando buscaba por servicios de salud (en la comunidad) o servicios sociales, pudo obtener información sobre los servicios fácilmente?

d) ¿Cómo se sentía cuando la atendían?

c) ¿Pudo llegar a los servicios fácilmente?

d) En general, cuáles fueron sus experiencias pidiendo servicios?

f) Cuáles fueron sus experiencias cuando necesitaban servicios sociales/de salud en general?

5. Cuáles son las dificultades que usted tiene al pedir servicios sociales/de salud?

6. En su opinión, cuáles son las causas a nivel de gobierno que afectan el acceso a servicios?

**Disponibilidad de servicios:**

En este estudio, el término se refiere a si es que los servicios que se necesita existen.
7. Encuentra usted que los servicios que necesita existen?

Inclusion Cultural en Proveedores de Servicios:

En este estudio, el termino se refiere a tener proveedores de servicios que tomen en cuenta la cultura original del cliente cuando trabajan con él (ella) y que en particularmente reconozcan y tomen en cuenta la experiencia individual que usted tiene con su cultura y como esta la afecta.

7. Tiene otros puntos que le gustaría añadir a esta definición?

8. Cuales han sido sus experiencias con el tema de la inclusion de cultura por parte de los proveedores de servicios?

9) En estos casos, como es que el (la) trabajador(a) lo demostró mientras que trabajaba con usted?

10) Que piensan sobre la necesidad de considerar los temas de etnia/cultura cuando los proveedores de servicios trabajen con usted? Siente que es necesario?

11. Cuales son las obstáculos que usted a experimentado (si alguna) con referencia a la inclusión cultural por parte de los trabajadores?

12. En su opinión, cuales son algunos de los obstáculos en ejercer inclusión cultural? en proveer acceso a servicios? para hacer los servicios mas disponibles?

13.) Que aspectos son benéficos para usted en terminos de:

a) Inclusión cultural en proveedores de servicios?

b) Acesso a servicios?

c) Disponibilidad de servicios?

14) Como es que el acceso/disponibilidad a servicio y la inclusión cultural en proveedores de servicios afecta su vida?
Información demográfica:

Le podría hacer algunas preguntas básicas sobre su información demográfica?

1. Edad:  55 o más ___ 65 años o más ___ 75 años o más ___

2. Género: Femenino ___ Masculino ___

3. Cuando llegó a Canadá?

4. Cuantos hijas(os) tiene?

5. Vive sola(o)?

6. Tiene amigos cercanos en su área de residencia?

7. Recibe apoyo informal? De quien?

8. Tiene preocupaciones financieros (1-10; 1= ningún problema económico; 10 = bastantes problemas económicos)

9. Como califica su salud en general? (1 = delicada; 10 = exelente)
APPENDIX C

Focus Group Discussion Questions

I would like to thank you for participating in the study. Before starting, I will like to clarify that:

1. Your participation in this study is voluntary.

2. You can withdraw your participation at any time.

3. If there are any questions you do not wish to answer you can skip them.

4. If you do not understand something I say, feel free to have it repeated.

5. Information you disclose here I ask all the participants to keep confidential. Besides the group members, only my faculty supervisor and I will have access to this data.

Guidelines to be followed in the discussions:

1. Information shared in these group discussions is to be kept confidential. Nothing that a participant reveals in these discussions should be disclosed outside this group.

2. There is no tolerance for discrimination based on ethnicity, class, gender, sexual orientation, religion and physical/mental abilities or any other kind of discrimination not mentioned.

3. Please, one person speaks at a time.

4. If there are many participants wanting to make a comment at the same time, please, raise your hand in order to speak and allow the person who is speaking to finish their comment.
As the basis for this focus group, I will use the feedback in a study I conducted looking at
the experiences of non-English speaking Hispanic elderly people in terms of service accessibility
and cultural competence in service providers. I will provide a summary of the points that the
interviewed service recipients found helpful in the areas of cultural competence and accessibility
to services.

[summary]

**Questions:**

What are some of your thoughts/comments about the points made?

Do you see their needs as being possible to fulfill in the system that we have?

In your opinion, what are some of the challenges you see in the factors identified by service
recipients?

What are some of the challenges you personally face when accomplishing these goals?

What are some possible steps towards working out these barriers?
APPENDIX D:
Study Information Sheet & Consent Form For Interview Participants

Title of Research Project:

“A Phenomenological Study Exploring the Experiences of non-English speaking Hispanic Elderly People with Cultural Competence in Service Providers and Accessibility of Social Services.”

Investigators:

Principal Investigator:  Brenda Polar, telephone #: (416) 243-0395

Faculty Supervisor:  Lynn McDonald, telephone #: (416) 978-7065

If you have any questions pertaining to the study, please contact the investigators at anytime. Before agreeing to take part in this study, it is important that you are informed of the purpose, procedures, benefits, risks and precautions of this study. Information about the study will be provided so you are able to make an informed decision regarding your participation in the study. In this manner you are engaging in an informed consent process. Should you have any questions or any confusion about the wording or concepts used, please contact investigator Brenda Polar for clarification.

Background & Purpose of Research:
This project is conducted as a Masters of Social Work thesis. The study will include 15 participants being interviewed and 7 participants, who are service providers, taking part of a focus group. The interviewed participants are from any Latin American country where the present dominant language is Spanish. The focus group participants are service providers from social services sector who work with non-English speaking older Hispanics. This study was designed to explore the themes of accessibility of services and cultural competence in service providers. The Hispanic community is a relatively new immigrant community. Very few research studies have been conducted in Canada to find out what the needs of older Hispanic people are and how they could be assisted accordingly. I invite you to participate in this study and, in this manner, advocate for the needs of older non-English speaking Hispanic people.

Eligibility:

To participate in this study you must be between ages 65 and over, not speak English, come from a Latin American country where the dominant language is Spanish, and live in Canada for no more than 5 years.

Procedures:

Arrangements for transportation are offered. The study involves an individual interview, which will last one to one and a half hours long. The interview will take place at the offices of the Hispanic Seniors Association in Toronto. Rides will be provided if you wish so. If this arrangement is inconvenient and you prefer the interview to be conducted in your home location, the interviewer would do so. The interviews will consist of open ended questions that will allow you to more freely describe your experience with service accessibility and service providers in terms of cultural competence. The interviews will be audio-taped, and after, they will be transcribed, and stored in a concealed storage space. The only individuals with access to the audiotapes will be the researcher, Brenda Polar, and the Faculty Supervisor, Lynn Mcdonald.
Voluntary Participation & Early Withdrawal:

Participation is completely voluntary. If at any time you wish to withdraw early or refuse to answer any questions, there are no penalties for doing so.

Early Termination:

In the case where circumstances are foreseen to require the termination of participant’s involvement in the study, this information will be shared with the participant as early as possible.

Risks/Benefits:

Participation in this study involves minimal risks. The interviews will involve disclosing in-depth experiences with service provision, which may lead to self-reflection. There is a danger that the participant may become more aware of the negative experiences they have had with services or with the lack of supports they have had. To take care of these risks the interview will also look at ways that accessibility of services and service practices can be improved. There will be information about projects and programs that are already working to improve the effectiveness of services and the acceptance of different cultures.

This study offers several benefits as it addresses factors that you are bringing up in your experience with accessibility of services and cultural competence. In the long term, your participation can help at obtaining better services and social work practices, which can potentially benefit you or people in similar situations that you are in.
Privacy & Confidentiality:

The information you disclose in the interview will not be shared with anyone and only the faculty supervisor and the researcher will have access to this information. Names will not be used at any point in the study. You will be assigned a number code which will be the only method used to recognize the participant and ensure privacy. Codes will be used for participants’ names right after the interview is conducted so identification codes are used in the transcriptions of the interviews. All data is stored in a computer which can be accessed through a code that only the researcher has access to. The computer will store the only copies of the interviews; this computer will be stored in a locked cabinet by researcher. The data will be destroyed in five years or earlier from the date the study began. The audiotapes will be destroyed upon completion of the study, September 2007. Notes, audiotapes and schedules will be stored in a locked cabinet by the researcher. For no reason would information containing personal identity be released to other than the Faculty supervisor.

Publication of research findings:

There is a possibility that research findings will be published. If this was the case, no data containing personal information or identifying information will be disclosed. Only aggregate results are used in the presented reports. Quotes will be used without the names and only when all identifying information is protected.

Possible commercialization of findings:

There is no foreseen conflicts- of-interest of researcher.
Compensation:

This study involves no compensation for participation, except for TTC transportation, gas and parking expenses.

Dissemination of findings:

I will give you a copy of the transcribed interview and any analysis conducted on the information you gave. You will be able to review this information and clarify any content in the report that you find inaccurate. These corrections will be implemented in the final report.

If you have questions about your rights as a research participant, please contact Jill Parsons, Health Sciences Ethics Review Officer, Ethics Review Office, University of Toronto, at telephone 416 946 5806 or by email: jcparsons@utoronto.ca
Informed Consent:

I have been able to discuss this study and my questions have been answered to my satisfaction. I consent to take part in the study under the understanding that I may withdraw at any time, refuse to answer any question, and ask for repetition or clarification of a statement.

________________________               ________________________   __________
Study Participant's Name (Please Print)    Study Participant's Signature       Date

Informed consent for audio tape recording:

I am aware that my participation in the study will be recorded on audiotape, and I give permission to have the researcher do so. I understand that I may withdraw my consent to be recorded at any time. I voluntarily consent to the audiotaping of my interviewer

_______________________________    ______________________     __________
Study Participant's Name (Please Print)   Study Participant's Signature       Date

I confirm that I have explained the nature and purpose of the study to the participant named above and I have answered all their questions.
You are being given a copy of this informed consent to keep for your own records.
APPENDIX E:

Informacion sobre Estudio y Consenso para Entrevistantes (Translation of Appendix D)

Informacion sobre Estudio y Forma de Consenso en un Estudio de Investigación

Título del Projecto de Investigación:
Un Estudio Fenomenologico sobre la gente Hispana Mayor no Hablantes de Inglés: Explorando sus experiencias sobre la competencia cultural de los Proveedores de Servicios y sobre el acceso a servicios

Investigadores:
Investigadora Principal: Brenda Polar, teléfono #: (416) 243-0395
Supervisora de la Facultad: Lynn McDonald, teléfono #: (416) 978-7065

Si tuviera alguna pregunta sobre el estudio, por favor contactar a los investigadores en cualquier momento.

Antes de acordar en tomar parte en este estudio, es importante que se infome sobre el propósito, procedimientos, beneficios, riesgos y precauciones del estudio. Información va ha ser otorgada para que usted pueda tomar una decisión informada sobre su participación en este estudio. Si tiene alguna pregunta o esta confundido (a) por el uso de alguna palabra o concepto, contacte a la investigadora (Brenda Polar) para su clarificación.
Antecedentes y Propósito del Estudio:

Este proyecto es conducido como una tesis para la Maestría en Servicio Social. El estudio va a incluir entrevistas individuales con quince personas mayores Hispanas que no hablan Inglés y un grupo analítico de siete trabajadores de servicio social.

Los participantes entrevistados son de cualquier país Latinoamericano donde el idioma principal es el Español. Los participantes en el grupo analítico son trabajadores de servicio social que trabajan con Hispanos mayores que no hablan Inglés.

Este estudio fue diseñado con el propósito de explorar las temáticas de acceso a servicios y competencia cultural en proveedores de servicios. La comunidad Hispánica es una comunidad relativamente nueva. Muy pocos estudios sobre esta comunidad se han realizado en Canadá con el propósito de conocer mejor sus necesidades y de esta forma poder servirlos mejor. Les invito a participar en este estudio y de esta forma abogar por las necesidades de los Hispanos mayores de edad.

Eligibilidad:

Para participar en este estudio tiene que tener 65 años o mayor, no hablar Inglés, venir de un país latinoamericano donde el idioma principal es el Español, y vivir en Canadá por no más de cinco años.

Procedimientos:

El estudio consiste de una entrevista individual que durara una hora y media. La entrevista va a tomar lugar en las oficinas de la Asociación para Hispanos Mayores en Toronto. Se podrá transportarla (o) en carro si lo desea. Si este arreglo no le conviene y prefiere que la entrevista se conduja en su hogar, la entrevistante puede hacer esto. Las entrevistas van a consistir mayormente de preguntas abiertas lo que le dara oportunidad de describir libremente
sus experiencias con la accesibilidad de servicios y con los proveedores de servicios en referencia a la competencia cultural. Las entrevistas van a ser grabadas, y, luego, van ha ser transcritas y guardadas en un espacio cerrado que servirá como depósito. Los únicos individuos que tendrán acceso a las grabaciones serán la investigadora y la supervisora de la Facultad.

**Participación voluntaria y retiro temprano:**

La participación es completamente voluntaria. Si en algún momento desea salirse del estudio antes de tiempo or rehusa responder alguna pregunta, no hay penalidades por eso.

**Terminación Temprana:**

En el caso que se prevea circunstancias que requieran terminar su participación en el estudio, esto se le comunicará lo más temprano posible.

**Riesgos/Beneficios:**

Participación en este estudio tiene pocos riesgos. Las entrevistas van an consistir en compartir experiencias personales con provision de servicios, lo cual puede llevar a la persona a reflexionar sobre si mismo. Hay un peligro que este proceso pueda llavar a una mayor clareza sobre experiencias negativas con servicios o falta de servicios. Para contrarestar estas experiencias negativas, la entrevista también va ha examinar formas que se pueda mejorar el acceso a servicios y practicas en las proveedoras de servicios. También se va otorgar información sobre projectos y programas que ya estan haciendo trabajos de abogacia para aumentar el acceso a servicios para personas de habla Hispana y la inclusión cultural en los proveedores de servicios.

Este estudio ofrece varios beneficios, entre otros, tratara temas que usted está resaltando en sus experiencias con acceso de servicios y competencia cultural. A largo plazo, su contribución puede asistir a proveer mejoras en estas areas teniendo el potencial de beneficiar a usted o gente que esta en situaciones similares a la suya.
**Privacidad y Confidencialidad:**

La información que compartió en la entrevista va ser guardada en confidencia. Solo la supervisora de la Facultad y yo vamos a tener acceso a su información. Nombres no van a ser usados en ningún momento en este estudio. A usted lo tocará un número de código; este va a ser el único método usado para reconocerla (o) y así proteger su privacidad. Codificación de nombres va ser hecho apenas la entrevista acabe y así códigos de identificación son usados en las transcripciones de las entrevistas. Toda la información va ser guardada en una computadora la cual puede ser accedida por un código que la investigadora tiene. La información va ser destruida en cinco años o antes, desde que el estudio comenzó. Las grabaciones van ser destruidas cuando se acabe este estudio en Septiembre del 2007. Apuntes, grabadoras, y esquemas de las entrevistas van a ser guardados en un armario con cerrojo por la investigadora. Por ninguna razón información conteniendo identidad personal de algún participante va ser entregada a nadie más que a la supervisora de la Facultad.

**Publicación de los resultados de la investigación:**

Hay una posibilidad que los resultados de la investigación sean publicados. Si este fuera el caso, no se va incluir ninguna de su información o identificación personal. Solo se incluirá resultados agregados en los reportes presentados. Citaciones se usarán sin nombres y solo cuando the información que la (o) indicaría a usted esta protegida.

**Posible comercialización de los resultados:**

No se prevee ningún conflicto de interés con la investigadora.

**Compensación:**

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El estudio no envuelve ninguna compensación más que transporte público, gasolina y gastos de parqueo.

**Diseminación de resultados:**

Se le dará una copia de su entrevista transcrita y los temas discutidos sobre la información que dio. Podrá revisar esta información y clarificar cualquier punto en el reporte que lo encuentre incorrecto. Estas correcciones serán implementadas en el reporte final.

Si tiene alguna pregunta sobre sus derechos como participante asistente, por favor contactar Jill Parsons, Oficial de revisión en las Ciencias de Salud, Oficina de Revision de Ética, en la Universidad de Toronto, teléfono 416 946-5806 o via correo electrónico: jc.parsons@utoronto.ca.
**Consentimiento Informado:**

Yo he podido discutir sobre este estudio y mis preguntas me han sido respondidas a mi satisfacción. Yo do consentimiento para tomar parte en este estudio bajo el entendimiento que puedo retirarme en cualquier momento, rehusar responder a cualquier pregunta y preguntar que se me repita o aclare la oración.

________________________               ________________________   __________
Nombre del Participante (letra imprenta)        Firma del Participante              Fecha

**Consentimiento informado para grabar:**

Estoy consciente que mi participación en este estudio será grabada en una grabadora y le doy permiso a la investigadora para hacer esto. Entiendo que puedo retirar mi consentimiento de ser grabada (a) en cualquier momento. Voluntariamente consiento ha ser grabado por la entrevistadora.
Confirme que he explicado la naturaleza y propósito de este estudio al participante de nombre anteriormente mencionado y he respondido a todas sus preguntas.

Usted recibirá una copia de este consentimiento informado para guardar en sus archivos.
APPENDIX F: Study Information Sheet & Consent Form for Service Providers

Study Information Sheet & Consent Form for Participation in a Research Study

Title of Research Project:

A Phenomenological Study with non-English speaking Older Hispanic People: Exploring their Experiences with Cultural Competence in Service Providers and Accessibility of Social Services

Investigators:

Principal Investigator: Brenda Polar, telephone #: (416) 243-0395
Faculty Supervisor: Lynn McDonald, telephone #: (416) 978-7065

If you have any questions pertaining to the study, please contact the investigators at anytime.

Before agreeing to take part in this study, it is important that you are informed of the purpose, procedures, benefits, risks and precautions of this study. Information about the study will be provided so you are able to make an informed decision regarding your participation in the study. In this manner you are engaging in an informed consent process. Should you have any questions or any confusion about the wording or concepts used, please contact the investigator (Brenda Polar) for clarification.
Background & Purpose of Research:

This project is conducted as a Masters of Social Work thesis. The study will include individual interviews with fifteen older non-English speaking Hispanic people and a focus group with seven service providers. The interviewed participants are from any Latin American country where the dominant language is Spanish. The focus group participants are service providers from social services who work with non-English speaking older Hispanics. This study was designed to explore the themes of accessibility of services and cultural competence in service providers. The Hispanic community is a relatively new immigrant community. Very few research studies have been conducted in Canada to find out what are their needs and how they could be assisted accordingly. In order to better serve older Hispanic groups it is necessary to explore the experiences of this population with service accessibility and cultural competence in service providers.

I invite you to participate in this study and, in this manner, advocate for the needs of older non-English speaking Hispanic people.

Eligibility:

To participate in this study you must be English speaking. You must have worked with older non-English speaking Hispanic people in a formal setting for two years or more in Canada (this experience must have taken place in the past five years).

Procedures:
The focus group discussion will last an hour. It will take place at the offices of the Hispanic Senior Association of Toronto. The focus group will involve discussions on the topics of accessibility to services and cultural competence in service providers. It will consist of semi-structured discussions based on a summary of factors older Hispanic people find helpful in terms of accessibility to services and cultural competency (this summary would have been obtained from my previous interviews with service recipients). The purpose of the focus group will be to see what you think about the factors that service recipients find beneficial; find out what service providers think about accessibility of services and cultural competent practices in general, obtain a better understanding of the obstacles service providers face in terms of these tasks, and see how we can move forward.

The discussions will be audio-taped. After, they will be transcribed, and stored in a concealed storage space. The only individuals with access to the audiotapes will be the investigator and the Faculty Supervisor.

**Voluntary Participation & Early Withdrawal:**

Participation is completely voluntary. If at any time you wish to withdraw early or refuse to participate in the discussions, there are no penalties for doing so.

**Early Termination:**

In the case where circumstances are foreseen to require the termination of your involvement in the study, this information will be shared with you as early as possible.

**Risks/Benefits:**
Participation in this study involves minimal risks. The discussions can involve sharing information that other members could disclose outside the focus group. To address this issue I will discuss the need to keep information revealed in the group confidential, so that the information disclosed in the group is protected. The focus group may also lead people to disclose some personal experiences in the areas of cultural competence and accessibility to services. However, this is not required in the study. You have a choice on what personal information you would like to disclose if anything. In case you choose to share personal experiences, you may be placing yourself in a vulnerable position in front of people that may be your colleagues. To address any issues that may arise from these disclosures, I will make sure that at the beginning of the focus group discussions there is a conversation about the sensitivity of the information disclosed. I will discuss the need to be sensible with other participants when commenting on someone else’s experiences. I will ensure that we discuss guidelines for the group before engaging in any discussion. If criticism on someone else’s comment by another participant or any offensive comments are made, I will be prepared to intervene. As well, I will validate the experiences of the people involved. If necessary I will reiterate our guidelines for the focus group and re-direct the discussions to the original themes.

This study offers several benefits by having your experiences and recommendations being part of the study. It will address issues that you are bringing up from your experiences as service providers. Also, you will be able to learn more about what older Hispanic people find helpful in terms of accessibility to services and cultural competency. In the long term, your experiences will be helpful, as you will be providing suggestions on how to serve older Hispanic people. This information could be useful to other workers and also help advocate for changes at a more macro level by having your opinion be, possibly, used in recommendations for policy makers.

**Privacy & Confidentiality:**
The information you disclose in the interview will be kept confidential by researchers. Names will not be used at any point in the study. You will be assigned a number code; this will be the only method used to recognize you so that privacy is ensured. Encoding of names will be done right after the interview is conducted so identification codes are used in the transcriptions of the interviews. All data is stored in a computer, which can be accessed through a code that only the researcher has access to. The computer will store the only copies of the interviews; this computer will be stored in a locked cabinet by researcher. The data will be destroyed in five years or earlier from the date the study began. The audiotapes will be destroyed upon completion of the study, September 2007. Field notes, audiotapes and schedules will be stored in a locked cabinet by the researcher. Information containing personal identity would not be released to someone else other than the Faculty supervisor.

Also, I will ask participants in the focus group to maintain confidentiality with all the information shared in the discussions. In this case, confidentiality will be followed to the extent that the participants can do so.

**Publication of research findings:**

There is a possibility that research findings will be published. If this was the case, no data containing personal information or identifying information will be disclosed. Only aggregate results are used in the presented reports. Quotes will be used without names and only when all identifying information is protected.

**Possible commercialization of findings:**

There is no foreseen conflicts-of-interest of researcher.

**Compensation:**
This study involves no compensation for participation.

**Dissemination of findings:**

You will be given a copy of the transcribed interview and any analysis conducted on the information you disclosed. You will be able to review this information and clarify any content in the report that you find inaccurate. These corrections will be implemented in the final report.

If you have questions about your rights as a research participant, please contact Jill Parsons, Health Sciences Ethics Review Officer, Ethics Review Office, University of Toronto, at telephone 416-946-5806 or by email: jc.parsons@utoronto.ca.”
Informed Consent:

I have been able to discuss this study and my questions have been answered to my satisfaction. I consent to take part in the study under the understanding that I may withdraw at any time, refuse to answer any question, and ask for repetition or clarification of a statement. I also agree to keep confidential any information disclosed by any other participants in the study.

________________________               ________________________
Study Participant's Name (Please Print)    Study Participant's Signature       Date

Informed consent for audio tape recording:

I am aware that my participation in the study will be recorded on audiotape, and I give permission to have the researcher do so. I understand that I may withdraw my consent to be recorded at any time. I voluntarily consent to the audio-taping of my interviewer

_______________________________    ______________________     __________
Study Participant's Name (Please Print)   Study Participant's Signature       Date

I confirm that I have explained the nature and purpose of the study to the participant named above and I have answered all their questions.
You are being given a copy of this informed consent to keep for your own records.
APPENDIX G: CONFIRMATION OF TRANSLATION

January 27, 2006

I, Brenda Polar, student # 960834040, confirm that the Spanish translations provided in Ethics Review Protocol # 19039 are accurate.

____________________
Researcher’s Signature