Language Diversity in Pediatric Disability Care for Racialized Children and Families: Healthcare Provider Perspectives

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Context and Rationale

55.7% of Toronto residents belong to a racialized group[1]

42.5% report a first language other than English or French[2]

28% of Canadian children (age 1-17) have a long-term health condition[3]

- Care navigation tasks are mainly language-dependent processes. **Families are frequently left to navigate care processes without adequate language supports** across hospitals, schools, and community agencies.[4,5]
- **Canada lacks an enforceable right to healthcare interpretation**; existing language rights protections mostly apply to official language minorites (i.e., French).[4]
- **The relationships between language discordance, race, and childhood disability remain underexplored**, even though language discordance is known to reduce care quality.[5]
- **Healthcare providers offer much needed insight into language barriers** that families face throughout their care experiences.

Research Question

How does language diversity in pediatric healthcare shape the experiences of racialized children with disabilities, their families, and healthcare providers, based on providers' qualitative accounts?

Design and Methods

Qualitative study design involving semi-structured interviews and arts-based activities with three participant groups:

- **6** **Racialized children and youth with disabilities**
- **11** **Racialized parents and caregivers**
- **8** **Healthcare providers**

Healthcare provider interviews were analyzed using reflexive thematic analysis in NVivo.[6]

Language discordance in healthcare creates a systemic barrier to equitable access, making it harder for some racialized families to navigate their care journeys.

Scan to view more information.

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Results

Pre-clinical encounter

- **The lack of multilingual outreach materials** can prevent families from discovering available services, understanding their child's specific needs, and asserting their eligibility.

> "We send out all of our emails... and voicemails all in English. And if you don't answer those by the deadline, you're not even put on the waitlist."

Clinical encounter

- Interpreter-mediated encounters **may require more clinical time;** non-dominant-language **may misrepresent** a child's abilities; and language barriers **may compromise informed consent**.

> "The whole family speaks Tamil, but here we are delivering service in English... Now he's presenting as much lower than he might actually understand... because of the language barrier."

Post-clinical encounter

- Misdirected referrals and English-first policies can stall early interventions. Because childhood development is time-sensitive, **delays can limit opportunities for timely and effective support**.

> "If that child was ESL, or... newly immigrated, we were not allowed to take a speech referral... until they completed... an ESL remediation program... over a year... So, it delayed a lot of kids from getting speech therapy."

- Language-inclusive care often depends on **individuals' goodwill and flexibility**.
- Without **formal policies and structures**, equitable access cannot be consistently ensured.

Relevance to Holland Bloorview

Holland Bloorview serves one of Canada's most linguistically diverse client populations, underscoring the need for system-level changes, such as:

- **Increased translation supports**
- **Funding for professional interpretation**
- **Dual-language assessments**
- **Increased workforce diversity**

Conclusion and Future Directions

Language discordance in pediatric rehabilitation is a structural, racialized, and temporally distributed barrier.

Future research should:

- Focus on how language discordance reinforces unnecessary referral loops.
- Focus on how to translate these findings into policy and practice.

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Scan for references.