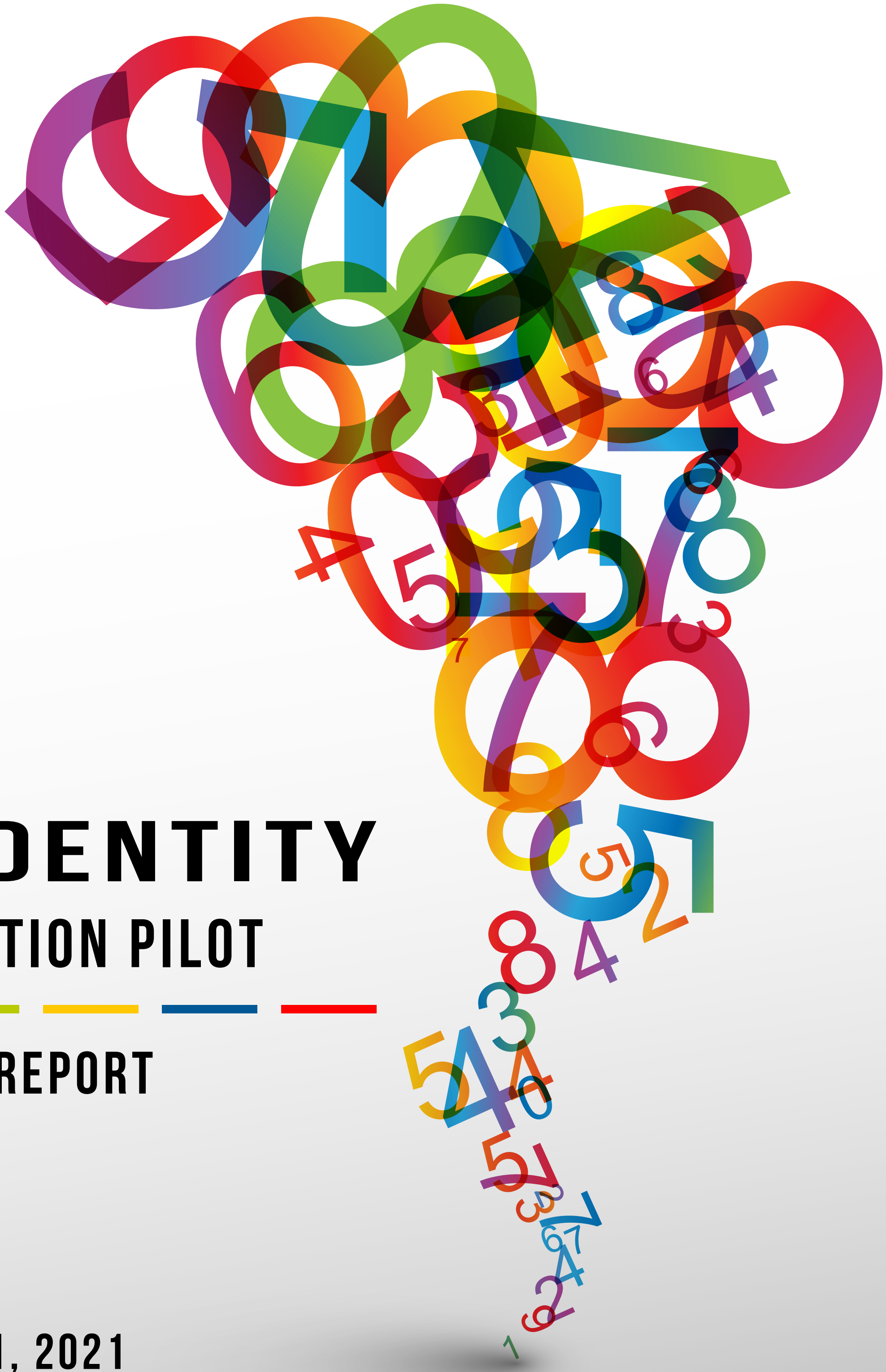

SOCIAL IDENTITY

DATA COLLECTION PILOT

PROJECT REPORT

MARCH 11, 2021

CROSS-FUNDER COLLABORATIVE:
City of Toronto-Community Funding Unit,
United Way Greater Toronto, and
Toronto Central Local Health Integration Network

TCG TURNER
CONSULTING GROUP

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APPENDICES

Acknowledgements

The consultants would like to thank the agencies and their staff who shared their insights into shaping this pilot and those who participated in the data collection pilot in the midst of a global pandemic. We appreciate their dedication to collecting this data in order to better understand and meet the needs of service users. The agencies are:

- Agincourt Community Services Association
- Barbra Schlifer Commemorative Clinic
- Braeburn Neighbourhood Place & Boys and Girls Club
- Boys and Girls Club of East Scarborough
- Canadian Mental Health Association (Toronto)
- Council of Agencies Serving South Asians
- Family Service Toronto
- Findhelp | 211 Central
- Jewish Family and Child Services
- Senior Persons Living Connected
- Working for Change

Many of the tools and resources used for this pilot were adapted from materials developed by the Health Equity Office, Sinai Health System, for the “Toronto Central LHIN Measuring Health Equity” project (torontohealthequity.ca). We thank them for making these tools and resources available for use and adaptation for this project.

Our thanks also go to the service users who took the time to answer the survey questions. Their willingness to participate in this pilot and the feedback they provided has helped us to better understand how all agencies can effectively collect this type of data.

SECTION A: Introduction

1. Background

In 2020, the Cross-Funder Collaborative (City of Toronto-Community Funding Unit, United Way of Greater Toronto, and Toronto Central Local Health Integration Network) conducted this pilot of the collection of standardized socio-demographic information with a number of not-for-profit funded agencies.

The objectives of the pilot were to:

- Test the socio-demographic questions developed;
- Analyze the reactions to the questions by staff and service users; and
- Understand how the collection of this data may need to vary by type of program.

The information collected through this pilot is intended to help the funders understand the tools and supports needed when socio-demographic data collection is rolled out to all funded agencies.

The socio-demographic questions were developed by the City of Toronto as part of its Data for Equity Strategy. The strategy, approved by City Council in November 2020, supports the collection of socio-demographic data from Toronto residents and service users within City programs, services, needs assessments, and public consultations.

Turner Consulting Group was contracted in early 2020 to work with the funders and the participating agencies to complete and document the pilot. The consultants developed the data collection tools, translated the surveys, provided training and support for agencies, and documented and evaluated the pilot.

This report summarizes the process for conducting the pilot, describes the findings from the pilot, assesses the effectiveness of the data collection strategies used, and summarizes the learnings and considerations when socio-demographic data collection is required of all funded agencies. It is important to note that the consultants have identified issues that require consideration from the funders rather than recommendations. This is because in some cases more information and consultation will be needed before a recommended approach can be identified.

2. Project Rationale

In recognition of the varying needs of service users from diverse populations and in order to better identify and address service inequities, various social service agencies, orders of government, and funders have begun to collect socio-demographic data. While some agencies have been collecting socio-demographic data for a number of years to better understand their service users and to inform their delivery of services, the type of data and the format in which it is collected has not been standardized. These variations often do not allow for the data to be aggregated or compared across agencies and sectors. In addition, because each organization and agency may collect different types of data, there may be gaps in understanding the needs of service users from diverse communities, backgrounds, and identities. Standardization of the collection of demographic data across funded agencies will allow the Cross-Funder Collaborative to measure and monitor equitable access to service delivery across all funded agencies, thereby allowing them to develop strategies to address any identified inequities.

Although the global pandemic was initially thought to impact everyone equally, trends in the spread of COVID-19 have exposed systemic inequalities in society. It is only through race-based data that governments were able to confirm the perception that racialized and low-income communities are disproportionately impacted by the pandemic. Collecting race-based data on testing, infection, and mortality rates has allowed for evidence-based decision making, has important implications for the allocation of resources, and contributes to the understanding of how economic inequality has affected the ability of racialized communities to be able to withstand the impacts of this pandemic.

As governments and funders in Ontario progress toward socio-demographic data collection, this pilot was conducted by the Cross-Funder Collaborative to answer a number of questions:

Data collection considerations

- What are the most appropriate methods (point in time, intake, etc.) to collect client-level demographic data, given program type and administrative burden for agencies?
- What is the most appropriate way for organizations to report on this data in aggregated format for the pilot phase?
- Based on the experience of agencies participating in the pilot, what changes would be needed to implement the collection of demographic data more broadly?
- What are the barriers to doing this work? Are there organizational characteristics or factors that need to be in place? Is there a readiness assessment needed?

Implementation of rollout to all funded agencies

- What kind of capacity-building supports will be needed for a broader rollout?
- What is the most appropriate way to report this data moving forward?

Ongoing data collection

- How can agencies be assured that this information won't be used to harm the communities/clients they serve?
- What steps would each of the three funders need to undertake to establish operating processes around appropriate management, control, and use of the data?

3. The Working Group

United Way of Greater Toronto approached a number of agencies to discuss this pilot project and to gauge their interest and availability to participate in the pilot. The agencies that were approached represented a diverse mix of programs and services, populations served, and previous experience with data collection. Eleven agencies initially agreed to participate in the pilot.

Staff from these agencies along with staff from the funding organizations formed a Working Group and began meeting in November 2019 to discuss how and when to pilot test the data collection, identify the needed capacity-building materials, and identify the role of a consultant to support the implementation of the pilot.

The consultant, Turner Consulting Group, was hired in early 2020 and began the work of preparing the resources and materials needed to implement the pilot.

Working Group members also reviewed the draft report to ensure that it incorporates their insights for broader implementation and reflections on the challenges faced in collecting socio-demographic data.

4. Pilot Process

To better understand each agency and the program in which the data collection would be piloted, the consultants met one-on-one with each agency. They sought to understand the programs or services that would be involved in piloting the survey as well as the agency's experience collecting social identity data (i.e., what data is currently collected, how it is collected, and how it is used and stored). At these meetings, the agency's plan for the pilot was discussed, including which data to collect and what type of survey to use (discussed further in Section 6), the method and timing of data collection, the pilot period, which languages the survey should be translated into, the resources and training needed for staff who would be collecting the data, and the resources needed for service users.

The pilot was originally planned to be conducted in late March 2020. However, the COVID-19 pandemic put a pause on this work as agencies pivoted to meet the new and emerging needs of their service users and adjust to whether and how their programs and services could continue to be delivered.

The consultants reached out in June and held a virtual meeting with agencies to discuss the impact of the pandemic. Specifically, the consultants asked the following questions:

- How had the agencies adjusted to delivering services to service users given the current COVID-19 pandemic restrictions?
- What was COVID-19 revealing about client needs and vulnerabilities?
- What aspects of data collection would have been helpful during the COVID-19 crisis?
- What does COVID-19 tell us about the need for social identity data collection?
- What might be missed by not collecting social identity data during this pandemic?
- What impact might data collection during the COVID-19 pandemic have on the delivery of services?

At that time, agencies indicated that they remained in the midst of responding to the dramatic increase in need from service users. At the same time, because schools were closed, some agencies reported that staff were also juggling childcare responsibilities with the delivery of much-needed services to service users.

While many agencies agreed that collecting the data during the pandemic would provide valuable information about the impact of COVID-19 on their service users and their resulting needs, they agreed that the crisis created by the first wave of the pandemic was not the best time to begin to collect this data. Data collection would not only increase the workload of staff, but there was also concern that asking socio-demographic questions in a time of crisis might negatively impact the service delivery process and dissuade some individuals from accessing much-needed services.

The consultants once again checked in with the agencies in the fall to determine whether early November would be a good time for them to conduct the pilot. Many agencies agreed that they would be able to conduct the pilot at that time. Two agencies, CMHA and FindHelp, agreed to conduct their pilots earlier and were able to share their experience with the other agencies. Some agencies were not able to continue to participate in the pilot project because of staff turnover, the increased service demands of the COVID-19 pandemic, as well as the increasingly stressful environment created by the pandemic. In the end, seven agencies participated in the pilot. Even though they were not able to pilot the data collection, many other agencies continue to provide insights into this pilot project and this report.

All of the programs included in this pilot provide services to individuals over the age of 18. As such, parental consent was not an issue.

The agencies agreed to conduct the pilot during a two-week window, and, where possible, to collect data from at least 50 survey participants. Depending on the type of program involved in the pilot, some programs identified a smaller number.

After the completion of the pilot, agencies submitted aggregate summary data to the consultants with no identifying information. They also participated in a debrief interview to share the experience of staff and service users, successes, and challenges.

SECTION B: Pilot Implementation

5. Participating Agencies

This section describes the agencies that participated in this pilot, the programs and services for which data was collected, and the process the agencies used to collect the data.

This process for the pilot recognized the uniqueness of each agency and the environment within which they would be collecting data. As such, each agency was able to adopt their own approach to collecting the socio-demographic data based on their current data collection practices, workflow, and service user considerations.

Barbra Schlifer Commemorative Clinic

The Barbra Schlifer Commemorative Clinic is a specialized clinic for women who have experienced violence. The clinic assists approximately 9,000 women a year to build lives free from violence through professional counselling, legal representation, and multilingual interpretation. The clinic amplifies women's voices and cultivates their skills and resilience.

Survey #1, which included only the core questions, was administered to incoming clients in the legal and interpreter services programs. The survey was administered by telephone during the intake process.

Braeburn Neighbourhood Place & Boys and Girls Club

Braeburn Neighbourhood Place & Boys and Girls Club is a community organization that provides a range of services that assist clients to discover, develop, and reach their personal best. Among its range of services are food security programs, including a food bank, community garden, supplementary food program, and family cupboard.

For the pilot, Braeburn surveyed users of the food security program over the course of one day. For households scheduled to access the program during the week, the head of the household was contacted to conduct the survey by telephone. Survey #1, which included only the core questions, was administered by the program manager by telephone.

Canadian Mental Health Association Toronto

The Canadian Mental Health Association (CMHA) Toronto is a leading community-based mental health agency. CMHA Toronto supports individuals' mental health recovery through a broad range of services in the community, including a variety of social, educational, specialized, and internal programs. CMHA serves all members of Toronto's diverse community, including those of different races, cultures, religions, gender identities, sexual orientations, abilities, and ages. CMHA serves over 12,600 individuals each year and typically serves upwards of 1,000 people per day across Toronto.

This agency currently captures the Common Data Set required by the Ministry of Health. As a result, all of the data collected in Survey #1, as well as more comprehensive data required by the Ministry of Health, is captured at intake. CMHA has been collecting socio-demographic information on its service users for years, has integrated the data collection into its intake process, and has ensured that staff have comprehensive training.

As a result, CMHA took a slightly different approach to participating in the pilot. Rather than asking the questions of their incoming clients, they randomly selected 50 files of current service users and retrieved the required information from these files.

Family Service Toronto

Family Service Toronto (FST) serves thousands of individuals and families in need each year and advocates for people who are marginalized. Through a range of counselling and community support programs, FST helps people struggling to cope with many issues, including depression, physical abuse, sexual orientation, relationships, disabilities, and the challenges of getting older.

For the pilot, FST administered Survey #2, which included all the core questions and some optional questions.

During the pilot period, service users who contacted FST to access services were asked to participate in the survey. Once a service user agreed to participate, they were provided with a link to complete the survey online. Service users were asked to email or phone the agency once they had completed the survey. When a service user had agreed to complete the survey, but had not confirmed that they had done so, the assigned counsellor contacted the service user to remind them to complete the survey.

FindHelp | 211 Central

FindHelp | 211 Central provides public access to information about community and social services through helplines, web directories, and specialized tools and training to help people find the services they need. This service provides 24/7/365 information and referral to community and social services, as well as health and government services for Central

Ontario Region (Toronto, York, Durham, and Peel), and after-hours and on weekends for the rest of Ontario and Nova Scotia. FindHelp typically receives 600 to 700 calls per day.

The pilot took place over the course of one week, with two Service Navigators participating. Callers who were seeking information for themselves, a family member, or a friend were asked whether they wished to participate in a brief demographic survey following the service call. Those who agreed were asked the survey questions after they were able to access the services they needed. Callers who are themselves service providers were not asked to participate in the survey.

Senior Persons Living Connected (SPLC)

Senior Persons Living Connected (SPLC) contributes to the quality of life and healthy aging of older adults with a basket of services, programs, health care, and housing. Together, these services support the complex social and health needs of diverse older adults and caregivers. People access supports tailored to the individual, including interprofessional geriatric and mental health and addictions services (GAIN, Adult Day Program, Addictions Support Program), care management and coordination, in-home supports (personal care, homemaking, Meals on Wheels), exercise and active living classes, health and wellness education, and clinics.

For this pilot, two of SPLC's programs took part: the Adult Day Programs and the GAIN (Geriatric Assessment & Intervention Network) Community Team. SPLC chose to administer Survey #2, which included core questions and some optional questions. The survey was administered in person by Adult Day Program staff and via telephone by GAIN Community Team members. Participants were active users of these programs and were selected based on their perceived ability to answer questions. Participants were provided Survey #2 verbally both in English and in Cantonese, based on their preferred language, and staff recorded responses on survey documents.

Working for Change

Working for Change emphasizes the importance of work in the lives of people who have been marginalized. It operates social purpose enterprises, runs leadership and pre-employment training programs, and also provides community-based research and public education on issues related to poverty, mental health and addictions, violence against women, and newcomer/refugee challenges.

For the pilot, the survey was administered to participants in a pre-employment training program, which typically includes 15 participants. As the program was delivered virtually, the survey was introduced virtually at the beginning of the program, in a group setting. Participants were provided a link to Survey #1, which was housed on the Survey Monkey platform. Participants were given time to complete the survey and were able to ask the facilitator any questions they had.

6. The Survey

The survey questions were developed by the City of Toronto as part of the development of the Data for Equity Strategy[1] in order to help the agencies and the funders understand:

- Who is accessing the agency's services and programs;
- The unique needs of service users; and
- Client experiences and outcomes.

The survey included core questions on the following:

- Age
- Postal code
- Language preference
- Canadian-born or immigrant
- Length of time in Canada
- Indigenous identity; whether they identify as Two-Spirit
- Racial background
- Disability
- Gender identity
- Sexual orientation
- Household income
- Number of family members living in the household

The survey also included optional questions to collect data on the following:

- Ethnicity
- Religion
- Housing situation
- Household composition
- Highest level of education
- Employment status

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[1] For more information see http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.EX18.6

While the City of Toronto led a review of existing tools and extensive consultation with City staff, experts, researchers, and community members to develop the questions, the questions were not pilot tested. This pilot project served to pilot test the questions and provides feedback from both the staff who administered the survey as well as the service users. Phase One of the Data for Equity Strategy includes the testing and use of the standardized set of questions.

Based on the populations they serve and their own data needs, each agency was able to identify whether they wanted to include only the core questions or whether they also wished to add the optional questions to the survey. Three surveys were developed for use in the pilot based on the needs of the agencies:

- Survey 1 included the core questions only;
- Survey 2 included the core questions and all the optional questions; and
- Survey 3 included the core questions and all the optional questions, except ethnicity, and included the expanded question for age.

The surveys are included in Appendix A.

The Cross-Funder Collaborative developed the data collection tools using the City of Toronto Data for Equity socio-demographic questions and pilot tested the socio-demographic survey questions. The City provided guidelines, including a rationale for why each question was worded the way it was and why the specific answer options were provided. The guidelines also identified the order in which the questions were to be asked, as research shows that the order in which questions are asked affects how people respond.

7. Translation

The agencies who would be administering the survey to service users to complete on their own also identified the languages into which they needed the surveys to be translated.

Based on agency needs, the consultants ensured the translation of surveys and service user brochure into the following languages:

- Arabic
- Chinese (Simplified)
- Chinese (Traditional)
- Dari
- Farsi
- French

- Hebrew
- Hungarian
- Korean
- Portuguese
- Russian
- Somali
- Spanish
- Tamil
- Tigrinya
- Urdu.

Translation of the material were completed by online translation services recommended by a Working Group participant as well as the Barbra Schlifer Clinic.

8. Data Collection Procedures and Workflow

A workflow for self-administered and interview-based surveys was developed by the consultants together with the Working Group to help guide the collection of the data. In addition, wording to introduce the survey was also developed and provided to agencies. These documents were reviewed and shared in the training for staff and as separate downloadable documents through the project website to ensure that staff had access to the information as they needed it (discussed in Section 8).

Introducing the Survey

A draft introduction was provided to staff to help them consistently introduce the survey and seek the participation of service users. The introduction included the following information:

- The agency is conducting a socio-demographic survey to learn more about their service users.
- The survey is anonymous.
- The questions are voluntary; service users can choose not to participate in the survey in its entirety. If they choose to participate in the survey, they can choose not to answer any of the questions by selecting “prefer not to answer.”
- Their non-involvement will not affect access to services.
- Their responses will be protected and will not be stored with any of their other information.

Workflow

During the pilot period, staff were requested to ask all service users to participate in the data collection process. Including this requirement as part of the process helped to eliminate selection bias, meaning that staff were not choosing which service users to ask based on their own comfort level or their assumptions about who would be willing to participate in the survey. However, Working Group members noted that there may be multiple reasons why a service user may not be asked to participate in the survey, including distress, mental health crisis, and an urgent need to access the services being provided. As such, a process was developed to ensure that staff were able to use their judgement, but that the information on the number and reason why a service user was not asked to participate would be documented.

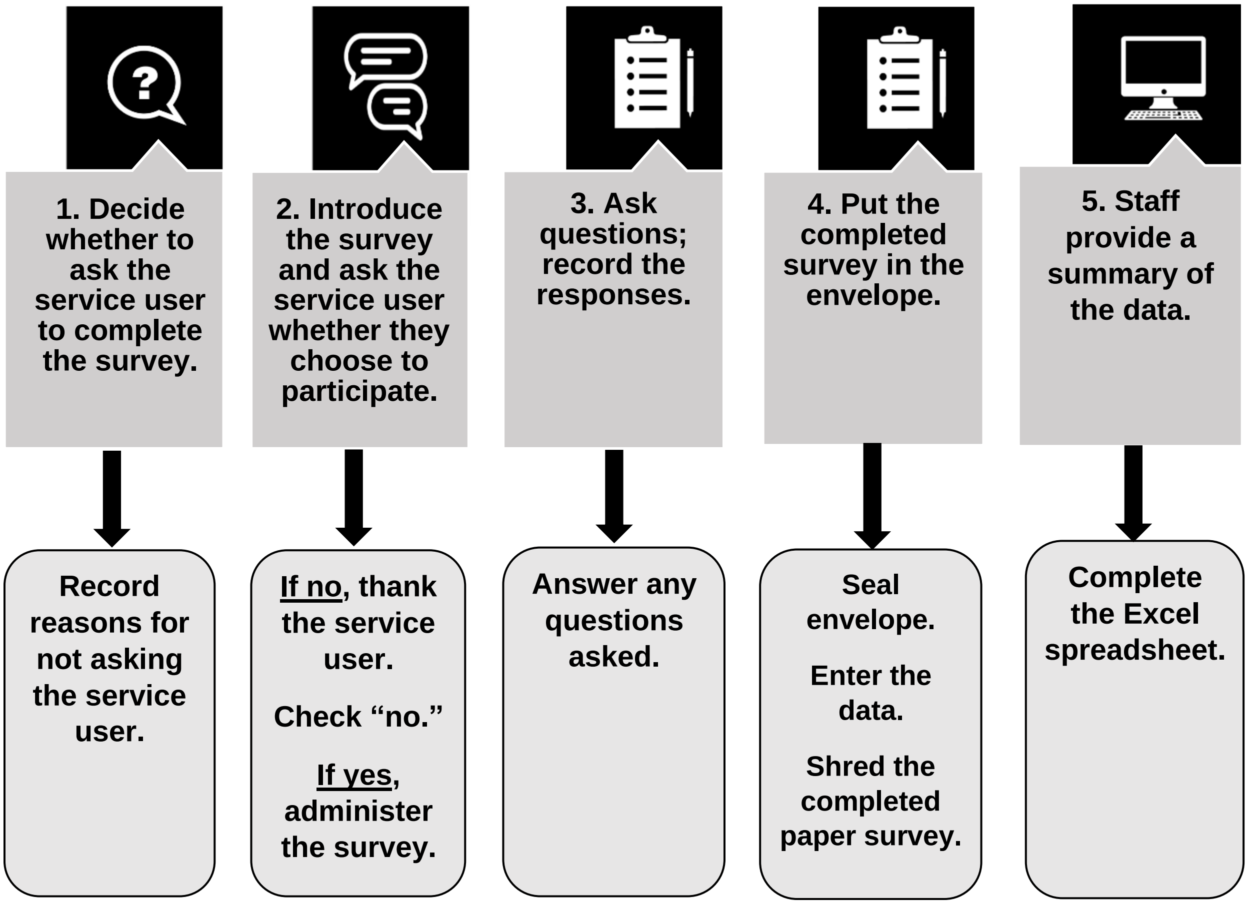
It was important that the pilot be conducted in real-world situations and that data on survey participation be collected throughout the process. This would enable both the agencies and funders to gain an understanding of other factors that might impact the data collected, including:

- The number of service users who may not be asked to participate in the survey; and
- The number of service users who choose not to participate in the survey.

While it was important to collect and summarize the data of survey participants, that data may not necessarily reflect all service users. As such, a workflow process was designed to capture this important information.

In addition, some agencies considered providing incentives to service users, as is often done when academic institutions conduct research. The consultants discouraged this approach, as it would not provide an accurate picture of the number of service users who would agree to complete the socio-demographic survey once it has been rolled out to all funded agencies.

The following diagram outlines the key elements of the workflow, with further details described below.



This workflow was designed pre-pandemic and, except for FindHelp | 211 Central, which provides services by telephone, accounted only for in-person provision of services. Over the course of the pilot, adjustments were made to the workflow by agencies because of their shift to the virtual delivery of services.

1. **Decide whether to ask the service user to complete the survey.**

   The first step in the process is for staff to decide whether they would ask the service user to complete the survey. When staff made the decision not to ask a service user to participate in the pilot, they were required to record the reason on the De-selected Service User Form (see Appendix B).

2. **Introduce the survey and ask the service user whether they choose to participate.**

   Staff would then introduce the survey and ask the service user if they would like to participate in the survey. If the service user chose not to participate, this information would be recorded on the survey.

If the service user chose to participate, then staff were to administer the survey.

Consideration 1: Funders should consider which data agencies will be required to report and whether it includes data only on those who participate in the socio-demographic survey or whether it also includes the total number of service users, the number not asked to participate in the socio-demographic survey, and the number who refused to participate.

Collecting this data will help agencies to understand the proportion of total service users the data represents as well as the extent to which the survey data reflects the diversity of all service users.

3. **Complete the survey.**

   The service user is then provided with the survey to complete on their own *or* staff ask the questions and record the responses. Staff would also use the tools provided to answer any questions that arise for the service user during this process.

4. **If survey is completed on paper, put the completed survey in the envelope.**

   If conducted on paper, the service user would put the completed survey in an envelope and seal it *or* the staff, in the presence of the service user, would put the completed survey in an envelope and seal it. This would increase the service user's confidence that the confidentiality of the collected data will be maintained.

   After the data had been entered into the Excel spreadsheet for submission to the consultants, the agencies were required to shred the survey.

Consideration 2: While the original plan was for the surveys to be administered on paper, given the pandemic, many agencies had to shift to the virtual delivery of services and therefore the virtual collection of data. Funders and agencies will need to consider the supports that may be needed to post the survey online to enable both service users and staff to complete the survey online.

5. **Staff provide a summary of the data.**

   Once the data collection was completed, staff were then required to enter the summary data into the Excel spreadsheet to share with the consultants. Because health information custodians (HICs) are unable to share personal-level data without a data sharing agreement, as required by the *Personal Health Information Protection Act* (PHIPA), all agencies were asked to provide only summary data to the consultants for the purpose of the pilot.

Consideration 3: If the funders wish to analyze the data collected (e.g., analyze service users by race and level of income), then they would need to receive the data at the level of the service user, rather than simply a summary of the data. As such, they would need to have a data sharing agreement in place, as required by PHIPA and other legislation that governs the work of various agencies, to be able to receive this data.

9. Data Reporting Tool

Two Excel spreadsheets were designed by the consultants to enable the agencies to summarize the data and submit summary data:

1) **Data Entry Form.** This Excel workbook included a spreadsheet that allowed the agency to enter responses from each survey. It included also a spreadsheet that summarized the data collected.
2) **Data Submission Form.** This Excel workbook allowed agencies to provide the summary information to the consultants, without sharing information at the service user level. This form required staff to paste the summary information from the Data Entry Excel form. This workbook also included the "Overall Summary" spreadsheet that asked agencies to provide the following information:
    - The number of service users who were not asked to participate in the survey, and the reasons why;
    - The number of service users who chose not to participate in the survey; and
    - The number of fully and partially completed surveys.

10. Information Sharing with Staff and Service Users

10.1 Information for agency staff

Website

A project website was developed in order to ensure that all agency staff participating in the pilot had access to the information they would need to understand the goals of the pilot and administer the survey (see Appendix C). The website included:

- Background information on the pilot project and the rationale for the project;
- Information on the core and optional questions, and an explanation of the three versions of the survey available;
- Frequently asked questions to helps staff answer some of the questions that staff may have about the pilot;

- Information on how the privacy and confidentiality of service users will be protected; and
- Downloadable tools and resources, including surveys in English and several other languages, a training webinar, posters, key messages, De-selected Service User Form, glossary, workflow for self-administered surveys, workflow for interview-based administration of surveys, Qs and As to respond to service user questions, and posters for display in the agency.

Staff Training

The consultants conducted a total of three training sessions in early March (March 9 and 10 in person; March 12 via Zoom). Two additional virtual sessions were conducted in July via Zoom. One of the virtual sessions was recorded and made available to agency staff on the project website.

The objectives of the training were to help participants:

- Understand the purpose of demographic data collection;
- Explore their own discomfort about asking demographic questions;
- Learn how to overcome objections;
- Understand how to develop a comfort level with asking for personal information; and
- Increase their ability to answer questions about the pilot from service users, staff, community partners, and others.

The training covered the following topics:

- Reason for the pilot;
- Benefits of data collection;
- How to record the service users not asked to complete the survey;
- Review of each question;
- How to introduce the survey;
- Workflow; and
- Where to find additional information.

10.2 Information for service users

Given that the pilot was designed pre-pandemic, posters were developed to be displayed in the agencies to inform service users that the agency was participating in the Socio-Demographic Data Collection Pilot Project. The poster was designed to informed service users that during the pilot period, they would be asked to complete a Service User

Demographic Survey that asks various questions about service users, including their age, gender, racial group, and sexual orientation. The poster also informed service users that they could ask for a Data for Equity Brochure to learn more about the pilot project (see Appendix D).

The brochure was available in English as well as 16 additional languages. The brochure was designed for agency staff to distribute to service users to provide additional information on the questions and why they were being asked. The brochure also answered the following questions:

- Why are these questions being asked?
- Which agencies are participating in the pilot?
- Is it legal to ask these questions?
- Who will see service users' information?
- What if there are questions I don't want to answer?
- What if I don't want to participate at all in the pilot?
- How long will the pilot project last?
- How will answering these questions help?
- How can I learn more about this project and its outcomes?

Because the pilot was conducted during the pandemic and most surveys were administered virtually or via telephone, service users were not able to view the posters or brochures on site.

SECTION C: Findings and Considerations

11. Overall Findings From the Pilot

This pilot project identified a number of key findings and learnings that could be used to inform the rollout across all agencies funded by the Cross-Funder Collaborative.

These insights are documented in this section, along with additional considerations for funders to support the successful collection of data.

11.1 Successes

Seven of the original 11 agencies were able to continue to participate in the pilot despite the impact of COVID-19 on the agency and the dramatic increase in the number of service users, deepening needs of these service users, and the challenges to deliver services in light of public health measures as well as restrictions due to government lockdowns. The agencies' willingness to continue participating was important to the success of the pilot and provides valuable insights into ongoing data collection efforts.

The pilot found that many service users were willing to participate in the survey and eager to help both the funders and the agencies better understand the service populations. Some agencies reported that new clients with no prior agency contact who required immediate service tended to be more willing to complete the survey than existing or past clients. In some cases, staff found seniors to be particularly enthusiastic about completing the survey. It may be that given their isolation during the pandemic, completing the survey allowed for additional contact with staff, and staff have reported that many seniors were grateful for live human interaction.

Some staff found that clear information about why they were collecting the data was helpful in encouraging service users to participate in the pilot. They shared that the script that was provided supported their ability to communicate the value of data collection to service users.

Many staff also shared that they saw the value in the collection of socio-demographic data. They shared that the information collected helped them better understand their service users and may improve service provision and referrals. They expressed an interest in integrating some of the socio-demographic questions into their work processes to better serve the needs of service users.

The following points summarize the successes of this pilot project:

- A high degree of commitment from agencies to collect socio-demographic data;
- A great deal of interest from agencies to better understand their service users;
- Openness of service users to answering socio-demographic questions;
- Willingness of service users to help the agency and funders better understand the service population;
- The training sessions provided many staff with the necessary preparation to do data collection; and
- The resources developed and made available on the website provided support to staff engaged in the data collection.

Consideration 4: Given the overall importance of the training, tools, and resources to the collection of socio-demographic data, funders should ensure that ongoing training is offered to agency staff (both in person and pre-recorded), that tools and resources are developed, and that all training, tools, and resources are made easily accessible to frontline staff who will be engaged in the data collection.

11.2 Challenges

While COVID-19 served as the key challenge to participation in the survey, staff turnover and other internal issues contributed to the challenges encountered. The compounding impact meant that a number of agencies were not able to continue their participation in the data collection pilot.

In addition, while some agencies reported that new clients with no prior agency contact who required immediate service were more willing to complete the survey than existing or past clients, the consultants are concerned that these clients may have viewed participation in the survey as a requirement to access service. As such, it is essential that it is clearly communicated that the survey is voluntary and not a condition for accessing services.

During the training, it became evident that staff had various levels of comfort with the collection of socio-demographic data. This highlights the need for agencies to better understand and address the sources of this discomfort, e.g., Is it about staff not having the skills, resources, or capacity to collect socio-demographic data? Are they worried about causing harm to their clients? Is it that they fundamentally disagree with this type of data collection? More in-depth training, rather than the two-hour training conducted for this pilot, may be needed to increase the comfort level of staff with ongoing socio-demographic data collection.

In addition, there were a number of frontline staff who participated in the training who attended without a great deal of information about the pilot project. Some participants also appeared uncomfortable or disengaged. This further highlights the need for training as well as the need for agencies to be supported with internal communications to conduct staff engagement prior to beginning data collection.

The move to virtual provision of services posed a challenge for survey administration for some agencies. Some set up the survey to be completed online; however, many agencies found that technology was a barrier for some of the participants, more specifically the senior population, as many did not have a computer and/or were not computer literate. Many participants only recently converted from using landlines to cellphones during the pandemic so that they could communicate with relatives during the pandemic through free Wi-Fi available in some Toronto Community Housing buildings.

In addition, some staff reported that prior to agreeing to complete the survey, many participants wanted additional information, such as how long the survey would take, the amount of writing it would require, and the number of questions being asked.

Collecting data from helplines/hotlines also presented logistical and technical challenges and will have implications as data collection is rolled out. These hotlines use complex systems and processes to triage calls, chats, texts, and emails to ensure service efficiency. In addition, staff are scheduled to work during specific times of the day. These challenges may pose technical barriers that may impact the ability of staff to collect data representative of all service users. For example, if helplines/hotlines conduct a snapshot, for example Monday to Friday, 9:00-5:00 p.m., it may miss people from particular groups who are more likely to call in the evening or on the weekends.

The following points summarize the challenges encountered:

- Delay in conducting the pilot due to COVID-19;
- Inability of some agencies to participate because of COVID-19 and other staffing and internal factors;
- Intra-agency communications;
- Discomfort of some staff with asking socio-demographic questions;
- Additional information requested by service users; and
- Technical challenges.

Consideration 5: Given the increased need among service users during the COVID-19 pandemic, funders should consider the additional burden being placed on social service agencies during the pandemic, as well as the added burden that data collection will pose for both the agency and the service user as the pandemic continues.

Consideration 6: Funders should consider a staggered approach to implementing socio-demographic data collection. This would enable agency staff to have access to the support they need and increase their comfort and competence with data collection. Beginning data collection with a large number of agencies at the same time may not allow the staff who would be supporting them to devote the needed time to each agency.

Consideration 7: The discomfort displayed by some staff may present a barrier to some agencies in collecting complete and accurate data from service users. To address some of this discomfort, funders and agencies should consider making the training mandatory and ensuring that additional and ongoing training and supports are provided to increase staff comfort, confidence, and competence to administer the survey.

Consideration 8: Agencies should be supported to conduct an anonymous survey of their employees to determine their level of comfort with asking socio-demographic data questions of service users. This will help agencies design a staff engagement phase prior to a training and implementation phase to address the identified issues.

Consideration 9: Agencies may need support to ensure the use of appropriate data collection tools and processes, as well as support with staff engagement, internal community, and other tools and resources to prepare staff to begin to collect socio-demographic data.

Consideration 10: Agencies should be supported with internal communications materials and training, for all agency staff (not only those involved with data collection), to ensure they understand what data will be collected, why it will be collected, how it will be stored, and how it will be used by the agency and by funders. This will help to increase their comfort in participating in the data collection and will increase their ability to answer questions posed by service users.

Consideration 11: Sufficient information should be provided to service users to help them consider whether they would like to participate in the survey, including how long the survey will take, the types of questions that will be asked, the process for completing the survey, and how many questions are included on the survey.

11.3 Survey participation

The table below shows the total number of service users, by agency, who participated in this pilot.

Agency	De-selected Service Users	Service Users Asked to Participate	Refusals	Total Participants
Barbra Schlifer Clinic	39	40	8	32
Braeburn Neighbourhood Place	0	49	4	45
Canadian Mental Health Association Toronto	0	50	0	50
Family Service Toronto	0	42	2	40
FindHelp | 211 Central	0	88	42	46
Working for Change	0	14	0	14
Senior Persons Living Connected	2	8	2	6
TOTAL	**41**	**291**	**58**	**233**

De-selected service users

Members of the Working Group were concerned that during the pilot period, staff would not be able to ask all service users to participate in the survey for a number of reasons, including service users' mental health crisis, emotional distress, or urgent need to access the services being provided.

The consultants determined that this would be important information to collect, as it could have an impact on the reported number of service users. As such, staff were asked to record the reasons for not asking a service user to participate in the pilot on the De-selected Service User Form (see Appendix B).

The consultants also wanted to ensure that agency staff were not being selective about which service users to ask to participate in the pilot in order to get a more realistic assessment of the extent to which service users would choose to participate in the survey.

The nature of the programs appears to impact the likelihood that service users will not be asked to participate in the survey. For some programs, the urgent nature of most of the calls for service increased the likelihood that the intake worker would determine that the caller was in distress or in a rush and therefore not a suitable candidate for pilot participation. In addition, some agencies may provide services to people of an advanced age who experience cognitive decline. As a result, where a program has an intake process, it may be more appropriate to administer the survey during the intake process, at which point a family member may be able to answer some of the socio-demographic questions. The survey could also be administered at a more appropriate time if families and caregivers are involved throughout the program.

For this pilot, agency staff reported that 41 service users were not asked to participate in the survey. This appears to undercount the number of service users who were not asked to participate, as some staff reported that they were selective in who they asked but did not record this information. In addition, some reported that they simply forgot to ask each service user to complete the survey during the pilot period.

It is important to note that the workflow was designed by the consultants, in consultation with the Working Group, to ensure the integrity of the pilot and as much as possible replicate what the data collection process would be like once the agency was required to collect this data. The workflow was intended to ensure that agency staff were not able to pick and choose which service users were asked to participate in the survey and that staff documented who was not asked and the reason why. However, not all frontline staff who were responsible for administering the survey were informed of the workflow, informed of the website for this pilot, or given access to the recorded training. As such, they did not know about the workflow and were not informed of the need to ask all service users and keep a record when they chose not to ask a service user to participate. As such, some of this information was provided after the completion of the pilot and was based on the memory of agency staff.

When data collection is rolled out to all agencies, it will be important to embed an organizational readiness checklist and supports to ensure that all agency staff are informed of data collection, staff administering the survey have received training, and so on.

Consideration 12: It is important to create a protocol on "indirect collection" when someone else answering on behalf of the service user. This protocol would cover a number of considerations: sensitivity of the information (appropriateness of someone else answering gender/sexual orientation questions), legal provisions, and authority to collect.

Consideration 13: Funders should consider developing an organizational readiness checklist and ensuring that the needed supports are in place to prepare all agencies for socio-demographic data collection.

Non-participation

In order to track the response rate, the data collection tool designed for the pilot includes collecting data on the number of service users who chose not to participate in the survey.

As the previous table shows, of the 291 service users asked to participate in the survey, 58 (20%) chose not to participate.

The nature of the programs appears to impact the likelihood that service users will participate in the survey. For some programs, the urgent nature of most of the calls for service resulted in a higher number of participants refusing to participate in the survey.

While there was some concern about whether service users would be willing to share this information, some agencies reported that service users were in fact quite eager to help the agency and funders better understand the agency's service population. As some agency staff reported:

> *The service users I did approach were happy to fill [the survey] to try and help the clinic.*
>
> *So far the surveys have been going well on my end, with all clients who I have asked to participate accepting the offer; some were actually very enthusiastic about it.*

Some agency staff also shared that the introduction to the survey was key to a high response rate, as it helped service users to understand why the data was being collected, how it would be used, and how their privacy would be protected. They also felt that the staff's comfort level with administering the survey and asking the questions also contributed to higher rates of participation by service users.

Non-response to particular questions

A review of the survey data and conversations with staff after the pilot indicates that once service users did start the survey, most finished it. However, there were some questions that participants were more likely not to answer.

In the introduction to the survey, service users were told that they were able to choose not to answer a survey question, and "Prefer not to answer" was provided as an answer option to each question.

As not all agencies used the same survey, we have explored non-responses to the questions that were common to all surveys, i.e., the core questions.

		Prefer not to answer	
	Question	#	%
1.	Age	1	0.4%
2.	Postal code	16	7.0%
3.	Preferred language	0	0.0%
4.a	Born in Canada	1	0.4%
4.b	Years in Canada	2	0.8%
5.a	Indigeneity	2	0.8%
5.b	Two-Spirit	3	1.3%
6.	Race	8	3.5%
7.	Disability	0	0.0%
8.	Gender identity	1	0.4%
9.	Sexual orientation	6	2.6%
10.a	Household income	11	4.8%
10.b	Household size	6	2.6%

As the table above shows, the question about postal code was the question most survey respondents chose not to answer (16 people, or 7% of all survey respondents). The question about household income was the second most likely not to be answered (11 people, or 4.8% of all survey respondents).

The agencies that administered Survey #2 noted that they also received a high non-response rate for the question regarding religion.

Agencies also noted that staff found it difficult to ask the questions regarding income, as many service users are accessing services because they are struggling financially.

Other issues

Agency staff who collated the data also noted some errors on the paper surveys. For instance, some questions were left blank or contained multiple responses when only one answer should have been selected. These were not issues in the online version, as respondents needed to respond to the question (which included the option of "Prefer not to answer") before going on to the next question. In addition, where only one response was required, the online survey was set up to accept only one answer.

12. Additional Considerations

Working with the agencies to implement the pilot helped the consultants identify a number of additional considerations for funders and agencies in preparation for the requirement for data collection being rolled out to all funded agencies.

12.1 Different levels of readiness

Key to the success of this pilot was recognizing the different levels of readiness within agencies, along with the different types of programs, which require different data collection methods. This highlights the need for organizations to conduct an assessment of their readiness as well as to design an implementation plan that ensures all the necessary processes are in place and which increases the comfort and competence of staff to administer the survey. It also highlights the importance of funders allowing each agency to identify how and when the socio-demographic data survey would be administered for each program or service.

For some agencies, collecting this data was already an integral part of their intake process. As such, the staff at these agencies have received extensive training and are quite comfortable administering the survey. This pilot benefited from the expertise of these agencies and their willingness to share their learning with other agencies. It was also beneficial for the other agencies to understand how the collection of this data can be integrated into the existing process and to be able to ask questions of staff and learn more about the data collection process. These agencies, CMHA Toronto in particular, will be a valuable resource as data collection is rolled out across all funded agencies.

For other agencies, collecting this type of data is new; yet, given the type of programs and services they deliver, they were comfortable integrating the collection of socio-demographic data into their processes. Some report that the trust that has been established with staff created the level of comfort needed by service users to answer these questions.

Still, for others, collecting this type of data was new and uncomfortable. As such, extensive and ongoing training and support will be required if staff are to become skilled at administering the survey, which is needed if complete and accurate data is to be collected. In addition, expectations need to be set by the funders and agencies so that staff understand the requirements for this data to be collected as part of their job, and that they are not able to avoid data collection because of their own discomfort.

Consideration 14: Future phases of this pilot would benefit from agencies learning from peers with more experience in collecting socio-demographic data and from collaborative work in order to identify best practices in collecting socio-demographic data within the service interaction and reduce negative impacts on service delivery.

Opportunities to learn from agencies that currently collect socio-demographic data could be integrated into the rollout, and communities of practice developed based on service model (e.g., drop-ins, helplines/hotlines, programs with an intake process, etc.) and/or based on target population (e.g., those experiencing homelessness, Black community, Indigenous community, etc.).

Consideration 15: Additional training should be provided to support staff understanding of and comfort with asking questions about gender (as opposed to sex) and race (as opposed to ethnicity, nationality, and citizenship).

12.2 Impact of data collection on service delivery

Some agencies were concerned about the impact of ongoing data collection on their ability to provide services. As such, much consideration needs to be given to how, when, and how often data is collected.

Throughout this pilot, agencies shared their concerns and insights about the collection of socio-demographic data. Agencies were particularly concerned that administering socio-demographic surveys could impact the provision of service in the following ways:

- **Creation of a barrier to accessing services.** Staff noted that it is particularly difficult for some people to seek help. As such, staff are very aware that the collection of socio-demographic data may create an additional barrier to the access of much-needed services by certain service users.

  Some programs, such as drop-in programs, are designed to enable low-barrier and anonymous access, allowing people who are the most marginalized and who may not have government-issued identification to access much-needed services, including meals, showers, and laundry services. These programs are also an entry point to accessing additional services such as housing, mental health supports, and health care. As such, some agencies raised the concern that collecting socio-demographic data is in opposition to the low-barrier and anonymous nature of these services, and could create a barrier to access to some of the most marginalized and most in need in society.

In addition, a number of factors in the helpline/hotline interaction create barriers to engaging service users in data collection surveys. Service users may be contacting a helpline/hotline for the specific purpose of not identifying themselves, and providing socio-demographic information may challenge their expectation of anonymity. Many service users are calling in distress or for the specific purpose of finding information quickly, which may mean that they do not have the time to spare for an additional 10-minute survey. These issues make it challenging to find service users that are eager to participate in the survey, which may impact the overall reliability of the data.

In addition, because questions are asked about income, some service users may believe that they would be denied service due to their level of income, as this may impact the organization's perception of their level of need.

- **Service users may avoid some agencies.** Concern was also expressed that if some agencies are known to collect socio-demographic data, individuals may avoid these agencies and access services at another agency, despite the voluntary nature of the data collection. This may include people who are undocumented and others who want to ensure that any identifying information is not recorded by agencies.

  In the downtown Toronto core, this may mean that those in need are able to cross the street to go to another agency. However, given the limited services in many parts of the city and in the outer regions of Peel and York, service users may not have another agency they can easily turn to.

- **Time to administer the survey may disrupt the delivery of service.** Given the chronic understaffing of social service agencies, the requirement to collect socio-demographic data from each service user may get in the way of the provision of service.

  For helplines/hotlines, having all Service Navigators involved in data collection could reduce call answer time and capacity to deliver service. The requirement that this survey be administered to all service users at each interaction may put agencies in the position of prioritizing data collection over service delivery, which in this case would be an unacceptable consequence of data collection.

  This issue is of particular concern during the COVID-19 pandemic, as agencies are seeing a significant increase in service use and need and staff are under enormous stress at home and at work. In fact, some who participated in the pilot felt that if data collection had been in place prior to the pandemic, they may have had to stop data collection to be able to respond to the increased need among service users. They noted that not only has the number of service users increased, but so too has the length of interaction with service users, with many being in distress and presenting with more complex needs. Others reported that if data collection had been integrated into their intake process, it would have had little impact on their delivery of services.

In addition, staff reported that seniors expressed fatigue after participating in the survey. These service users shared that given the length of the survey, they could not continue with the rest of the visit/call.

- **Difficulty building rapport.** Some staff also shared that it is often more challenging to build rapport through a virtual or phone-based interaction because of the anonymity and the speed of the interaction. As such, service users may be more inclined to decline to participate in the survey. Again, this may impact the quality of the data.

  Some agencies were also concerned that it may be difficult to collect this data during the intake process, as their service users may consider some of these questions to be too personal and bold to be asked by someone they don't know. Instead, they felt that service users may be more amenable to providing this information once a relationship has been established with agency staff. They further felt that collecting the information during the intake process could mean that service users will perceive access to services to be contingent on their participation or the answers they provide. As some agencies have reported, client participation was higher when rapport had already been established with service users by the staff person administering the survey.

  CMHA Toronto reports a great deal of success in integrating socio-demographic data collection into its intake process, due mainly to the training provided to staff. As such, perhaps the issue is not whether or not the data collection is integrated into the intake process, but how the data is collected and the skill of staff conducting intake.

Consideration 16: Given the differences in agencies, service models, populations served, and levels of readiness, funders should provide some flexibility in data collection and consider allowing each agency to develop their own strategy for data collection so that it does not interfere with service delivery.

Consideration 17: Funders should consider whether agencies are to collect this data from all service users each time they access service or whether different options will be available to agencies, such as:

- Requiring the collection of socio-demographic data from all service users for programs that have an intake process;
- Conduct a once-a-year snapshot for helplines/hotlines and drop-in programs.

Consideration 18: Funders should ensure that the introduction to the survey clearly states that the information collected will not be reported in an identifying form to any order of government and that participating in the survey will not impact access to service.

12.3 How to collect data from programs that are not direct service

There are a number of agencies that provide services to individuals who are not the end user of the service or information. As such, funders and agencies need to consider how, or whether, socio-demographic data can be collected for these programs. For example, some people may access services from funded agencies on behalf of a family member or a professional may access services on behalf of a client. In addition, some agencies don't provide frontline service delivery and instead may conduct research or may support organizations to develop strategies or policy. In addition, while some programs serve individuals, there are some such as food security programs that serve an entire family. The socio-demographic survey is intended to collected data from the end user and may not be appropriate to use in these situations. The challenge is to determine what type of data should be collected to ensure that the impact of these programs is appropriately assessed.

Consideration 19: Funders and agencies should consider whether and how data will be collected from programs and services that do not provide direct service to individuals so as not to lose the significant impact of their work.

12.4 Survey questions

Some agencies that participated in the pilot shared that flexibility in the questions asked would be welcome, as it would allow them to collect additional data they may need in order to better understand their service users. For example, an agency may choose to ask an additional question about type of disability to better understand the needs of service users.

In addition, clarity should also be provided to agencies about whether they can choose not to ask some questions if that data is collected elsewhere and to ensure that staff are not making assumptions about the answers simply because someone is accessing a particular program or service.

Staff who participated in the pilot also shared that service users had specific concerns about the following questions:

- Some newcomers were unfamiliar with the term “Indigenous.” As such, additional information was important to help staff explain the term if asked.
- Some people from the African continent do not identify as “Black.” As such, that term on the survey may need to be edited to be “African/Black.”

- Some people who are mixed race did not want to self-identify as belonging to only one racial group. They highlighted the importance of allowing respondents to select all options that may apply rather than forcing respondents to choose only one answer option.
- Some clients were not comfortable with disclosing sexual orientation and were offended by the implication of not being heterosexual. The term “sexual orientation” itself was new for some newcomer seniors.
- Service users also live in homes with multiple families. For example, one home may include senior parents, married siblings, and their spouses and children. As such, greater clarity about what constitutes the “household” is needed.

In addition, service users who had a lower literacy/education level and/or are newcomers to Canada were unable to complete the survey independently and required clarification for various questions.

Consideration 20: Funders should ensure that information is provided to agencies about whether they are able to add questions to the socio-demographic survey to enable them to collect additional data that may be relevant to the agency.

Consideration 21: Funders should ensure that information is provided to agencies about whether and under what conditions the agency is able to choose not to include certain survey questions if that information is collected elsewhere from the service user, and whether and what form consent would take for this information to be used for the purposes of socio-demographic data collection.

12.5 Data sharing between agencies

Once socio-demographic data collection is rolled out to all funded agencies, there may be instances where an individual receives services from one agency, is asked the socio-demographic questions, and is then referred to another agency, where they may again be asked these same socio-demographic questions. As such, funders and agencies may need to consider when, and under what conditions, the service user’s responses to the survey be included with the other personal information shared with the agency the individual is referred to, in alignment with any information sharing agreement and with the service user’s consent.

Consideration 22: Funders and agencies should consider whether and under what conditions the service user’s responses to the socio-demographic survey can be shared with another agency, ensuring that clients are asked upfront whether the agency is able to share their data/responses with other agencies that their services may be linked to.

12.6 Services provided through an interpreter

In some cases, services are provided through an interpreter, as was the case with this survey.

Some of those who administered the survey through an interpreter noted that the survey took more time to administer and was difficult in some cases because of the challenges with translating certain terms into various languages. Unfortunately, not all agency staff knew about or were able to make use of the translated surveys. Awareness of the availability of the translated surveys likely would have created less difficulty for the agency's frontline workers and interpreters in explaining key terms and concepts to non-English speaking participants.

This scenario highlights the need to share the translated surveys with interpreters and agency staff who are providing services in various languages. This also highlights the need for mandatory training for frontline staff to ensure that they are aware of all the tools and resources available to them.

Consideration 23: Funders and agencies should consider whether and how to make the translated surveys available to both agencies and interpreters, particularly when interpreter services are provided through a telephone service.

APPENDICES

Appendix A. Surveys

Note: Consultation and testing of the survey continued while this pilot was underway. As such, some changes have been made to the survey questions. The surveys that follow were the ones used for this pilot.

DATA FOR EQUITY: Demographic Data Collection (Pilot Project)

Service User Demographic Survey #1

We are participating in a Pilot Project to test the collection of demographic data.

Collecting this information about who our service users are will help us understand:

- Who is accessing our services and programs
- The unique needs of our service users
- The experiences and outcomes of our service users.

This information will also help us provide better services over time.

All results will be kept confidential and the results will only be reported at the group level. Only myself and the person entering the data will see your individual responses. No information that can identify you will be shared publicly. Your name will not be included on the survey.

The questions are voluntary and you can select ‘prefer not to answer’ for any question you don't want to answer. This will not affect any services you receive from this agency.

Do you choose to participate in this survey?

☐ Yes
☐ No

If you choose not to participate, you may put this form in the envelope and hand it back to the staff person.

If yes, please proceed to page 2.

1. What is your age? Please select one only.

☐ 0-9 [1]
☐ 10-11 [2]
☐ 12-19 [3]
☐ 20-29 [4]
☐ 30-64 [5]
☐ 65 or older [6]
☐ Prefer not to answer [7]

2. Please provide your postal code (e.g. M5H 2N2):

☐ Your postal code:
____ ____ ____   ____ ____ ____
☐ No fixed address [1]
☐ Don’t know [2]
☐ Prefer not to answer [3]

3. What language do you prefer speaking? Please select one only.

☐ English [1]
☐ Albanian [2]
☐ American Sign Language (ASL) [3]
☐ Amharic [4]
☐ Arabic [5]
☐ Armenian [6]
☐ Assyrian Neo-Aramaic[7]
☐ Bengali [8]
☐ Chinese-Cantonese [9]
☐ Chinese-Mandarin [10]
☐ Chinese-Other Dialects[11]
☐ Farsi [12]
☐ French [13]
☐ Greek [14]
☐ Gujarati [15]
☐ Hindi [16]
☐ Hungarian [17]
☐ Indigenous-Cree [18]
☐ Indigenous-Mohawk [19]
☐ Indigenous-Ojibway [20]
☐ Indigenous-Oji-Cree [21]
☐ Indigenous-Other [22]
☐ Italian [23]
☐ Korean [24]
☐ Polish [25]
☐ Portuguese [26]
☐ Punjabi [27]
☐ Romanian [28]
☐ Russian [29]
☐ Serbian [30]
☐ Somali [31]
☐ Spanish [32]
☐ Tagalog [33]
☐ Tamil [34]
☐ Tibetan [35]
☐ Turkish [36]
☐ Ukrainian [37]
☐ Urdu [38]
☐ Vietnamese [39]
☐ Not listed, please describe:
____
☐ Prefer not to answer [40]

4. a. Were you born in Canada?

☐ Yes [1]
☐ No [2]
☐ Prefer not to answer [3]

b. If no, how long have you been in Canada?

☐ 0-5 years [1]
☐ 6-10 years [2]
☐ More than 10 years [3]
☐ Prefer not to answer [4]

5. a. Indigenous people from Canada identify as First Nations (status, non-status, treaty or non-treaty), Inuit, Métis, Aboriginal, Native or Indian or having Indigenous ancestry.

Do you identify as Indigenous to Canada? Please select <u>one</u> only.

☐ Yes – First Nations [1]
☐ Yes – Inuit [2]
☐ Yes – Métis [3]
☐ Yes – Indigenous ancestry [4]
☐ Yes – Not listed, please describe: ______________________________
☐ No [5]
☐ Prefer not to answer [6]

5. b. If you answered 'yes' to the Indigenous to Canada question, do you identify as Two-Spirit?

Note: Two-Spirit is a term some Indigenous people use to describe their identity and/or gender and/or sexual orientation.

☐ Yes [1]
☐ No [2]
☐ Prefer not to answer [3]
☐ Not applicable [4]

6. People often describe themselves by their race or racial background. For example, some people consider themselves "Black", "White" or "East Asian".

Which race category best describes you? Please select <u>one</u> only.

☐ **Arab, Middle Eastern or West Asian** (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish) [1]
☐ **Black** (examples: African, African-Canadian, Afro-Caribbean) [2]
☐ **East Asian** (examples: Chinese, Japanese, Korean) [3]
☐ **First Nations** (status, non-status, treaty or non-treaty), **Inuit or Métis** [4]
☐ **Latin American** (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian) [5]
☐ **South Asian or Indo-Caribbean** (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan) [6]
☐ **Southeast Asian** (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese) [7]
☐ **White** (examples: English, Greek, Italian, Portuguese, Russian, Slovakian) [8]
☐ More than one race category or mixed race, please describe: ______________________________
☐ Not listed, please describe: ______________________________
☐ Prefer not to answer [9]

7. Disability is understood as any physical, mental, developmental, cognitive, learning, communication, sight, hearing or functional limitation that, in interaction with a barrier, hinders a person's full and equal participation in society. A disability can be permanent, temporary or episodic, and visible or invisible.

Do you identify as a person with a disability? Please select <u>one only.</u>

☐ Yes [1]
☐ No [2]
☐ Don't know [3]
☐ Prefer not to answer [4]

8. Gender identity is the gender that people identify with or how they perceive themselves, which may be different from their sex assigned at birth.

What best describes your gender? Please select <u>one only.</u>

☐ Woman [1]
☐ Man [2]
☐ Trans woman [3]
☐ Trans man [4]
☐ Gender non-binary (including gender fluid, genderqueer, androgynous) [5]
☐ Two-Spirit [6]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [7]

9. Sexual orientation describes a person's emotional, physical, romantic and/or sexual attraction to other people.

What best describes your sexual orientation? Please select <u>one only.</u>

☐ Heterosexual or Straight [1]
☐ Bisexual [2]
☐ Gay [3]
☐ Lesbian [4]
☐ Queer [5]
☐ Two-Spirit [6]
☐ Don't know [7]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [8]

10. a What was your total household income before taxes last year? Your best estimate is fine. Please select one only.

- ☐ 0 - $29,999 [1]
- ☐ $30,000-$49,999 [2]
- ☐ $50,000-$69,999 [3]
- ☐ $70,000-$99,999 [4]
- ☐ $100,000-149,999 [5]
- ☐ $150,000 or more [6]
- ☐ Don't know [7]
- ☐ Prefer not to answer [8]

10.b Including yourself, how many family members live in your household on a regular basis? Please select one only.

- ☐ 1 [1]
- ☐ 2 [2]
- ☐ 3 [3]
- ☐ 4 [4]
- ☐ 5 or more [5]
- ☐ More than 6, please specify: _______
- ☐ Prefer not to answer [6]

Thank you for taking the time to complete this demographic survey.

DATA FOR EQUITY: Demographic Data Collection (Pilot Project)

Service User Demographic Survey #2

We are participating in a Pilot Project to test the collection of demographic data.

Collecting this information about who our service users are will help us understand:

- Who is accessing our services and programs
- The unique needs of our service users
- The experiences and outcomes of our service users.

This information will also help us provide better services over time.

All results will be kept confidential and the results will only be reported at the group level. Only myself and the person entering the data will see your individual responses. No information that can identify you will be shared publicly. Your name will not be included on the survey.

The questions are voluntary and you can select ‘prefer not to answer’ for any question you don't want to answer. This will not affect any services you receive from this agency.

Do you choose to participate in this survey?

☐ Yes
☐ No

If you choose not to participate, you may put this form in the envelope and hand it back to the staff person.

If yes, please proceed to page 2.

1. What is your age? Please select one only.

☐ 0-9 [1]
☐ 10-11 [2]
☐ 12-19 [3]
☐ 20-29 [4]
☐ 30-64 [5]
☐ 65 or older [6]
☐ Prefer not to answer [7]

2. Please provide your postal code (e.g. M5H 2N2):

☐ Your postal code:
____ ____ ____   ____ ____ ____
☐ No fixed address [1]
☐ Don't know [2]
☐ Prefer not to answer [3]

3. What language do you prefer speaking? Please select one only.

☐ English [1]
☐ Albanian [2]
☐ American Sign Language (ASL) [3]
☐ Amharic [4]
☐ Arabic [5]
☐ Armenian [6]
☐ Assyrian Neo-Aramaic[7]
☐ Bengali [8]
☐ Chinese-Cantonese [9]
☐ Chinese-Mandarin [10]
☐ Chinese-Other Dialects[11]
☐ Farsi [12]
☐ French [13]
☐ Greek [14]
☐ Gujarati [15]
☐ Hindi [16]
☐ Hungarian [17]
☐ Indigenous-Cree [18]
☐ Indigenous-Mohawk [19]
☐ Indigenous-Ojibway [20]
☐ Indigenous-Oji-Cree [21]
☐ Indigenous-Other [22]
☐ Italian [23]
☐ Korean [24]
☐ Polish [25]
☐ Portuguese [26]
☐ Punjabi [27]
☐ Romanian [28]
☐ Russian [29]
☐ Serbian [30]
☐ Somali [31]
☐ Spanish [32]
☐ Tagalog [33]
☐ Tamil [34]
☐ Tibetan [35]
☐ Turkish [36]
☐ Ukrainian [37]
☐ Urdu [38]
☐ Vietnamese [39]
☐ Not listed, please describe:
____
☐ Prefer not to answer [40]

4. a. Were you born in Canada?

☐ Yes [1]
☐ No [2]
☐ Prefer not to answer [3]

b. If no, how long have you been in Canada?

☐ 0-5 years [1]
☐ 6-10 years [2]
☐ More than 10 years [3]
☐ Prefer not to answer [4]

5. a. Indigenous people from Canada identify as First Nations (status, non-status, treaty or non-treaty), Inuit, Métis, Aboriginal, Native or Indian or having Indigenous ancestry.

Do you identify as Indigenous to Canada? Please select one only.

☐ Yes – First Nations [1] ☐ Yes – Inuit [2] ☐ Yes – Métis [3] ☐ Yes – Indigenous ancestry [4]	☐ Yes – Not listed, please describe: ______________________________ ☐ No [5] ☐ Prefer not to answer [6]

5. b. If you answered 'yes' to the Indigenous to Canada question, do you identify as Two-Spirit?

Note: Two-Spirit is a term some Indigenous people use to describe their identity and/or gender and/or sexual orientation.

☐ Yes [1]	☐ No [2]	☐ Prefer not to answer [3] ☐ Not applicable [4]

6. What is your ethnic or cultural background?

[Examples: Afghani, Arab, Bengali, Canadian, Chilean, Chinese, Cree, Cuban, Dutch, English, Ethiopian, Filipino, French, German, Greek, Guyanese, Hungarian, Indian, Inuit, Irish, Iranian, Italian, Jamaican, Jewish, Kenyan, Korean, Lebanese, Métis, Nigerian, Ojibway, Pakistani, Polish, Portuguese, Roma, Russian, Scottish, Somali, Sri Lankan, Syrian, Trinidadian, Vietnamese, etc.]

______________________________________	☐ Prefer not to answer [1]

7. People often describe themselves by their race or racial background. For example, some people consider themselves "Black", "White" or "East Asian".

Which race category best describes you? Please select <u>one</u> only.

☐ **Arab, Middle Eastern or West Asian** (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish) [1]
☐ **Black** (examples: African, African-Canadian, Afro-Caribbean) [2]
☐ **East Asian** (examples: Chinese, Japanese, Korean) [3]
☐ **First Nations** (status, non-status, treaty or non-treaty), **Inuit or Métis** [4]
☐ **Latin American** (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian) [5]
☐ **South Asian or Indo-Caribbean** (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan) [6]
☐ **Southeast Asian** (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese) [7]
☐ **White** (examples: English, Greek, Italian, Portuguese, Russian, Slovakian) [8]
☐ More than one race category or mixed race, please describe:

____

☐ Not listed, please describe:

____

☐ Prefer not to answer [9]

8. What is your religion and/or spiritual affiliation? Select <u>one</u> only.

☐ Agnosticism (Agnostic) [1]
☐ Atheism (Atheist) [2]
☐ Buddhism (Buddhist) [3]
☐ Christianity (Christian) [4]
☐ Hinduism (Hindu) [5]
☐ Indigenous spirituality [6]
☐ Islam (Muslim) [7]
☐ Judaism (Jewish) [8]
☐ Sikhism (Sikh) [9]
☐ Spiritual [10]
☐ More than one faith/religion [11]
☐ No religion [12]
☐ Not listed, please describe:

____

☐ Prefer not to answer [13]

9. Disability is understood as any physical, mental, developmental, cognitive, learning, communication, sight, hearing or functional limitation that, in interaction with a barrier, hinders a person's full and equal participation in society. A disability can be permanent, temporary or episodic, and visible or invisible.

Do you identify as a person with a disability? Please select <u>one only.</u>

☐ Yes [1]
☐ No [2]
☐ Don't know [3]
☐ Prefer not to answer [4]

10. Gender identity is the gender that people identify with or how they perceive themselves, which may be different from their sex assigned at birth.

What best describes your gender? Please select <u>one only.</u>

☐ Woman [1]
☐ Man [2]
☐ Trans woman [3]
☐ Trans man [4]
☐ Gender non-binary (including gender fluid, genderqueer, androgynous) [5]
☐ Two-Spirit [6]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [7]

11. Sexual orientation describes a person's emotional, physical, romantic and/or sexual attraction to other people.

What best describes your sexual orientation? Please select <u>one only.</u>

☐ Heterosexual or Straight [1]
☐ Bisexual [2]
☐ Gay [3]
☐ Lesbian [4]
☐ Queer [5]
☐ Two-Spirit [6]
☐ Don't know [7]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [8]

12. What is the highest level of education you have completed? Please select one only.

☐ Less than high school [1]
☐ High school or equivalent [2]
☐ Degree or diploma from a college or university [3]
☐ Graduate or professional degree (examples: Master, PhD, MD or LLB/JD) [4]
☐ Prefer not to answer [5]

13. Which of the following best describes your current employment status? Please select all that apply.

☐ Employed - full-time [1]
☐ Employed - part-time [2]
☐ Employed - casual, on-call, temporary or seasonal [3]
☐ Unemployed or looking for a job [4]
☐ Stay at home caregiver [5]
☐ Student [6]
☐ Retired [7]
☐ Unable to work [8]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [9]

14. a What was your total household income before taxes last year? Your best estimate is fine. Please select one only.

☐ 0 - $29,999 [1]
☐ $30,000-$49,999 [2]
☐ $50,000-$69,999 [3]
☐ $70,000-$99,999 [4]
☐ $100,000-149,999 [5]
☐ $150,000 or more [6]
☐ Don't know [7]
☐ Prefer not to answer [8]

14.b Including yourself, how many family members live in your household on a regular basis? Please select one only.

☐ 1 [1]
☐ 2 [2]
☐ 3 [3]
☐ 4 [4]
☐ 5 or more [5]
☐ More than 6, please specify: _______
☐ Prefer not to answer [6]

15. What best describes your living/current housing situation? Please select <u>one</u> only.

☐ Home owner [1]
☐ Renting [2]
☐ Permanently living with parent(s) or other family member(s) [3]
☐ Temporarily staying with others (no fixed address) [4]
☐ Homeless (staying outside, in a shelter, in a 24-hour respite) [5]
☐ Not listed, please describe: ______________________________
☐ Prefer not to answer [6]

16. Who are the family members living in your household? Please select one only.

☐ One parent with child(ren) [1]
☐ Couple with child(ren) [2]
☐ Couple without child(ren) [3]
☐ Inter-generational household (examples: children, parents and grandparents) [4]
☐ Multiple families (examples: two adult sisters, their partners and their children) [5]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [6]

Thank you for taking the time to complete this demographic survey.

DATA FOR EQUITY: Demographic Data Collection (Pilot Project)

Service User Demographic Survey #3

We are participating in a Pilot Project to test the collection of demographic data.

Collecting this information about who our service users are will help us understand:

- Who is accessing our services and programs
- The unique needs of our service users
- The experiences and outcomes of our service users.

This information will also help us provide better services over time.

All results will be kept confidential and the results will only be reported at the group level. Only myself and the person entering the data will see your individual responses. No information that can identify you will be shared publicly. Your name will not be included on the survey.

The questions are voluntary and you can select ‘prefer not to answer’ for any question you don't want to answer. This will not affect any services you receive from this agency.

Do you choose to participate in this survey?

☐ Yes
☐ No

If you choose not to participate, you may put this form in the envelope and hand it back to the staff person.

If yes, please proceed to page 2.

1. What is your age? Please select one only.

☐ 0-9 [1]
☐ 10-11 [2]
☐ 12-19 [3]
☐ 20-29 [4]
☐ 30-64 [5]
☐ 65-69 [6]
☐ 70-74 [7]
☐ 75-79 [8]
☐ 80-84 [9]
☐ 85-89 [10]
☐ 90 or older [11]
☐ Prefer not to answer [12]

2. Please provide your postal code (e.g. M5H 2N2):

☐ Your postal code:
____ ____ ____   ____ ____ ____
☐ No fixed address [1]
☐ Don’t know [2]
☐ Prefer not to answer [3]

3. What language do you prefer speaking? Please select one only.

☐ English [1]
☐ Albanian [2]
☐ American Sign Language (ASL) [3]
☐ Amharic [4]
☐ Arabic [5]
☐ Armenian [6]
☐ Assyrian Neo-Aramaic[7]
☐ Bengali [8]
☐ Chinese-Cantonese [9]
☐ Chinese-Mandarin [10]
☐ Chinese-Other Dialects[11]
☐ Farsi [12]
☐ French [13]
☐ Greek [14]
☐ Gujarati [15]
☐ Hindi [16]
☐ Hungarian [17]
☐ Indigenous-Cree [18]
☐ Indigenous-Mohawk [19]
☐ Indigenous-Ojibway [20]
☐ Indigenous-Oji-Cree [21]
☐ Indigenous-Other [22]
☐ Italian [23]
☐ Korean [24]
☐ Polish [25]
☐ Portuguese [26]
☐ Punjabi [27]
☐ Romanian [28]
☐ Russian [29]
☐ Serbian [30]
☐ Somali [31]
☐ Spanish [32]
☐ Tagalog [33]
☐ Tamil [34]
☐ Tibetan [35]
☐ Turkish [36]
☐ Ukrainian [37]
☐ Urdu [38]
☐ Vietnamese [39]
☐ Not listed, please describe:
____
☐ Prefer not to answer [40]

4. a. Were you born in Canada?

☐ Yes [1]
☐ No [2]
☐ Prefer not to answer [3]

b. If no, how long have you been in Canada?

☐ 0-5 years [1]
☐ 6-10 years [2]
☐ More than 10 years [3]
☐ Prefer not to answer [4]

5. a. Indigenous people from Canada identify as First Nations (status, non-status, treaty or non-treaty), Inuit, Métis, Aboriginal, Native or Indian or having Indigenous ancestry.

Do you identify as Indigenous to Canada? Please select <u>one</u> only.

☐ Yes – First Nations [1]
☐ Yes – Inuit [2]
☐ Yes – Métis [3]
☐ Yes – Indigenous ancestry [4]
☐ Yes – Not listed, please describe: ______________________
☐ No [5]
☐ Prefer not to answer [6]

5. b. If you answered 'yes' to the Indigenous to Canada question, do you identify as Two-Spirit?

Note: Two-Spirit is a term some Indigenous people use to describe their identity and/or gender and/or sexual orientation.

☐ Yes [1]
☐ No [2]
☐ Prefer not to answer [3]
☐ Not applicable [4]

6. People often describe themselves by their race or racial background. For example, some people consider themselves "Black", "White" or "East Asian".

Which race category best describes you? Please select <u>one</u> only.

☐ **Arab, Middle Eastern or West Asian** (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish) [1]
☐ **Black** (examples: African, African-Canadian, Afro-Caribbean) [2]
☐ **East Asian** (examples: Chinese, Japanese, Korean) [3]
☐ **First Nations** (status, non-status, treaty or non-treaty), **Inuit or Métis** [4]
☐ **Latin American** (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian) [5]
☐ **South Asian or Indo-Caribbean** (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan) [6]
☐ **Southeast Asian** (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese) [7]
☐ **White** (examples: English, Greek, Italian, Portuguese, Russian, Slovakian) [8]
☐ More than one race category or mixed race, please describe: ______________________
☐ Not listed, please describe: ______________________
☐ Prefer not to answer [9]

7. What is your religion and/or spiritual affiliation? Select one only.

☐ Agnosticism (Agnostic) [1]
☐ Atheism (Atheist) [2]
☐ Buddhism (Buddhist) [3]
☐ Christianity (Christian) [4]
☐ Hinduism (Hindu) [5]
☐ Indigenous spirituality [6]
☐ Islam (Muslim) [7]
☐ Judaism (Jewish) [8]
☐ Sikhism (Sikh) [9]
☐ Spiritual [10]
☐ More than one faith/religion [11]
☐ No religion [12]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [13]

8. Disability is understood as any physical, mental, developmental, cognitive, learning, communication, sight, hearing or functional limitation that, in interaction with a barrier, hinders a person's full and equal participation in society. A disability can be permanent, temporary or episodic, and visible or invisible.

Do you identify as a person with a disability? Please select one only.

☐ Yes [1]
☐ No [2]
☐ Don't know [3]
☐ Prefer not to answer [4]

9. Gender identity is the gender that people identify with or how they perceive themselves, which may be different from their sex assigned at birth.

What best describes your gender? Please select one only.

☐ Woman [1]
☐ Man [2]
☐ Trans woman [3]
☐ Trans man [4]
☐ Gender non-binary (including gender fluid, genderqueer, androgynous) [5]
☐ Two-Spirit [6]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [7]

10. Sexual orientation describes a person's emotional, physical, romantic and/or sexual attraction to other people.

What best describes your sexual orientation? Please select one only.

☐ Heterosexual or Straight [1]
☐ Bisexual [2]
☐ Gay [3]
☐ Lesbian [4]
☐ Queer [5]
☐ Two-Spirit [6]
☐ Don't know [7]
☐ Not listed, please describe: ____________________
☐ Prefer not to answer [8]

11. What is the highest level of education you have completed? Please select one only.

- ☐ Less than high school [1]
- ☐ High school or equivalent [2]
- ☐ Degree or diploma from a college or university [3]
- ☐ Graduate or professional degree (examples: Master, PhD, MD or LLB/JD) [4]
- ☐ Prefer not to answer [5]

12. Which of the following best describes your current employment status? Please select all that apply.

- ☐ Employed - full-time [1]
- ☐ Employed - part-time [2]
- ☐ Employed - casual, on-call, temporary or seasonal [3]
- ☐ Unemployed or looking for a job [4]
- ☐ Stay at home caregiver [5]
- ☐ Student [6]
- ☐ Retired [7]
- ☐ Unable to work [8]
- ☐ Not listed, please describe: ____________________
- ☐ Prefer not to answer [9]

13. a What was your total household income before taxes last year? Your best estimate is fine. Please select one only.

- ☐ 0 - $29,999 [1]
- ☐ $30,000-$49,999 [2]
- ☐ $50,000-$69,999 [3]
- ☐ $70,000-$99,999 [4]
- ☐ $100,000-149,999 [5]
- ☐ $150,000 or more [6]
- ☐ Don't know [7]
- ☐ Prefer not to answer [8]

13.b Including yourself, how many family members live in your household on a regular basis? Please select one only.

- ☐ 1 [1]
- ☐ 2 [2]
- ☐ 3 [3]
- ☐ 4 [4]
- ☐ 5 or more [5]
- ☐ More than 6, please specify: _______
- ☐ Prefer not to answer [6]

14. What best describes your living/current housing situation? Please select <u>one</u> only.

- ☐ Home owner [1]
- ☐ Renting [2]
- ☐ Permanently living with parent(s) or other family member(s) [3]
- ☐ Temporarily staying with others (no fixed address) [4]
- ☐ Homeless (staying outside, in a shelter, in a 24-hour respite) [5]
- ☐ Not listed, please describe: ______________________________
- ☐ Prefer not to answer [6]

15. Who are the family members living in your household? Please select one only.

☐ One parent with child(ren) [1]
☐ Couple with child(ren) [2]
☐ Couple without child(ren) [3]
☐ Inter-generational household (examples: children, parents and grandparents) [4]
☐ Multiple families (examples: two adult sisters, their partners and their children) [5]
☐ Not listed, please describe: ______________________________
☐ Prefer not to answer [6]

Thank you for taking the time to complete this demographic survey.

Appendix B. De-selection Form

DE-SELECTED SERVICE USER FORM

Staff use only: To be completed when service user is not asked to complete the survey

There may be times when even though the service user should be included in this pilot, you choose not to survey them. When this occurs, please record the number of times and why you made this decision so that this information can be included in the pilot report.

Why did you choose not to include this service user in the survey: ☐ The service user was in distress ☐ The service user was not capable of responding, e.g., due to a mental illness ☐ There was an urgency to the service being provided ☐ Other, please specify: ____
Why did you choose not to include this service user in the survey: ☐ The service user was in distress ☐ The service user was not capable of responding, e.g., due to a mental illness ☐ There was an urgency to the service being provided ☐ Other, please specify: ____
Why did you choose not to include this service user in the survey: ☐ The service user was in distress ☐ The service user was not capable of responding, e.g., due to a mental illness ☐ There was an urgency to the service being provided ☐ Other, please specify: ____
Why did you choose not to include this service user in the survey: ☐ The service user was in distress ☐ The service user was not capable of responding, e.g., due to a mental illness ☐ There was an urgency to the service being provided ☐ Other, please specify: ____

Appendix C. Website

DATA FOR EQUITY

Demographic Data Collection Pilot Project

All Toronto residents should have the opportunity to achieve equal outcomes for their wellbeing and their communities. However, certain communities are more likely than others to experience barriers and discrimination in accessing services and experience inequality in opportunities.

The Cross-Funder Collaborative (City of Toronto-Community Funding Unit, United Way of Greater Toronto, and Toronto Central Local Health Integration Network) recognize the need to collect and analyze demographic data to assess the extent to which equity-seeking communities and Indigenous peoples have access to funded programs and services.

This reflects efforts at both the federal and provincial levels to collect demographic data to identify and address disproportionality and disparities in accessing services.

In order to identify appropriate questions and methods of collecting this data, the Cross-Funder Collaborative is conducting a pilot with 11 funded agencies to test and collect standardized demographic information with service users.

In March and April 2020, demographic survey will be piloted, which asks questions about:

- Age
- Disability
- Gender identity
- Household income
- Indigenous identity
- Language
- Place of birth
- Postal code
- Race
- Sexual orientation

Turner Consulting Group Inc. has been hired to support agencies participating in the Demographic Data Collection Pilot Project. They will produce an evaluation of the pilot and provide recommendations for broader roll-out to all funded agencies.

THE DEMOGRAPHIC QUESTIONS

The survey includes 10 core questions and 6 optional questions. Each agency participating in the pilot program will choose which, if any, optional questions they will ask.

This means that there will be three versions of the survey: Survey 1 includes only the core questions; Survey 2 asks all the core and all optional questions; and, Survey 3 includes the core questions and select optional questions. Staff administering the survey should ensure that they are administering the correct survey.

CORE QUESTIONS

- Age
- Postal Code
- Language
- Place of birth
- Disability
- Indigenous identity
- Racial background
- Gender identity
- Sexual orientation
- Household income

OPTIONAL QUESTIONS

- Ethnicity
- Religion
- Housing
- Family or household composition
- Education
- Employment

FREQUENTLY ASKED QUESTIONS

1. What is the Demographic Data Collection Pilot Project?
The Demographic Data Collection Pilot Project is initiated by the Cross-Funder Collaborative, which includes the City of Toronto-Community Funding Unit, United Way of Greater Toronto and Toronto Central Local Health Integration Network.

Eleven agencies will participate in this pilot to test and collect standardized demographic information with service users.

A demographic survey will be piloted, which asks questions about race, gender identity, sexual orientation, income, and other key characteristics.

Turner Consulting Group has been hired to support the agencies to pilot the survey. They will conduct an evaluation and make recommendations for broader roll-out to all funded agencies.

2. What is the purpose of this pilot project?
This pilot project will:

- Test the recommended demographic questions with service users
- Help the Cross-Funder Collaborative understand the challenges of collecting this data from service users and reporting the data to funders, and
- Understand the policies, tools, and resources needed for broader roll-out to all funded agencies.

3. Which agencies are taking part in this project?
Eleven agencies have volunteered to take part in this pilot project:

- Agincourt Community Services Association
- Barbra Schlifer Commemorative Clinic
- Braeburn Neighbourhood Place
- Canadian Mental Health Association – Toronto Branch
- Council of Agencies Serving South Asians
- East Scarborough Boys’ and Girls’ Club
- Family Services Toronto
- FindHelp
- Jewish Family & Child Services
- Senior Persons Living Connected
- Working for Change

These agencies are diverse in size, type of programs and services offered, and communities served.

These agencies have selected at least one program for piloting data collection.

4. How were these agencies selected to participate in this pilot?
These agencies volunteered to participate in this pilot.

5. Why is demographic data being collected from service users and clients?
Collecting and analyzing demographic data will allow all agencies to gain a better understanding of their service users in order to identify barriers to accessing services and equitable outcomes. It will allow them to better tailor programs and services to meet the needs of their service users and potential service users.

6. Why are these questions being asked?
A team of researchers from the Cross-Funder Collaborative worked on choosing and wording each question. They carefully reviewed information about inequality in Toronto and access to services.

By asking these questions, agencies and funders will know who uses these services and how access to these services can be improved.

7. How will this data be collected from service users?
Because each agency programs a range of programs and services, the data collection process will be tailored to each program and service participating in this pilot.

Most agencies will collect the data from their service users by asking the questions directly and documenting the responses on a paper survey.

8. What happens once the data is collected?
Once the data is collected using the paper survey, agency staff will enter the data into a spreadsheet. Data will be shared with the consultants and the funders in aggregate form.

9. How will the privacy of the service users/clients be protected?
We take client privacy very seriously. As such, we will protect the privacy of the service users and clients in the following ways:

- The data collected will only be used for the purpose of this pilot project and will not be shared with or used by any third parties.
- The collection of the data will be voluntary and anonymous. This means that clients can chose not to answer any or all the questions. This information will also be kept separate from any other client information the agency collects, and will not include their name.

- The data will be entered into a spreadsheet by agency staff and aggregate data will be shared with the consultants and funders.
- No information that can identify any specific client, either directly or indirectly, will be shared with the consultants or funders.

10. How will the data be used?

The focus of this pilot project is on the learning from the data collection process. This pilot project seeks to answer the questions:

- What is the most appropriate method (point in time, intake, etc.) to collect client level demographic data, given program type and administrative burden for agencies?
- What is the most appropriate way for organizations to report on this data in aggregated format for the pilot phase?
- Based on the experience of the pilot agencies, what changes would we need to make to implement this more broadly?
- What are the barriers or enablers to doing this work? Are there organizational characteristics or factors that need to be in place? Is a readiness assessment needed?
- What kind of capacity building supports will we need for a broader roll-out?
- What is the most appropriate way to report this data moving forward?
- How can agencies be assured that this information won't be used to harm the communities/clients they serve?
- What steps would each of the three funders need to undertake to establish operating processes around appropriate management, control and use of the data?

11. Is it legal for agencies to ask these questions?

Yes, the Ontario Human Rights Commission strongly encourages organizations to collect and use demographic information to keep track of outcomes and promote equity.

12. What languages will data be collected in?

The agencies participating in this pilot have identified the following languages for the survey to be translated into:

- Arabic
- Chinese (simplified and traditional)
- Dari
- Farsi
- French
- Hebrew
- Hungarian
- Korean
- Portuguese
- Russian
- Somali
- Spanish

- Tamil
- Tigrinya
- Urdu

13. What kind of questions do we ask clients?
The survey asks clients 10 core questions regarding:

- Age
- Disability
- Gender identity
- Household income
- Indigenous identity
- Language
- Place of birth
- Postal code
- Race
- Sexual orientation

In addition, agencies have the option of asking additional questions. Some may ask questions about employment status, education level, immigration status, religious affiliation, and ethnicity.

14. What if a client is not comfortable answering a question?
A client can answer “prefer not to answer” to any or all questions. Their responses are voluntary and will not affect their access to services.

15. What if I have additional questions?
If you have additional questions, you can speak with the person at your agency who is the lead for this pilot. You may also contact Turner Consulting Group if that person is not able to answer your questions.

You can reach Tana Turner at 416-285-0368 or **tanaturner@rogers.com**

PRIVACY & CONFIDENTIALITY

We want agencies to feel comfortable collecting this data and for service users to feel comfortable providing this data.

Here is some information about how we will protect the privacy and confidentiality of service users:

Survey participation

- Service users can choose whether or not to participate in the survey. Their refusal to participate will not affect their access to services.
- Service users can choose which questions to answer.
- The name of the service user will not be recorded on the survey.

Sharing information with the consultants and funders

- The consultants and funders will not have access to service user’s individual responses to the survey.
- They will only receive summary information in an Excel spreadsheet.

The report

- The report on this pilot project will have aggregate data rather than individual responses, meaning no one will be directly or indirectly personally identifiable from the responses they provide.

SURVEYS, TOOLS & RESOURCES

Various tools and resources have been developed to support agencies to pilot the Data for Equity Survey. Click on the resources below to download them.

Service User Demographic Survey

Survey #1 (Core Questions Only)

English
Arabic
Chinese (Simplified)
Chinese (Traditional)
Farsi
French
Hebrew
Hungarian
Portuguese
Russian
Spanish
Tamil
Tigrinya
Urdu

Survey #2 (Core Questions and All Optional Questions)

English
Dari
Farsi
Somali
Spanish
Tamil

Survey #3 (Core and Select Optional Questions)

English
Chinese (Simplified)
Chinese (Traditional)
Korean
Tamil

Tools & Resources

These tools and resources are designed to provide practical advice, tools, and resources on how to collect demographic data from service users.

Webinar. Training was provided to staff participating in the pilot, both in person and online.

Service User Brochure. The brochure is available in English. This brochure can be distributed to service users for further information on the questions and why they are being asked the questions.

- English
- Arabic
- Chinese (Simplified)
- Chinese (Traditional)
- Dari
- Farsi
- French
- Hebrew
- Hungarian
- Korean
- Portuguese
- Russian
- Somali
- Spanish
- Tamil
- Tigrinya
- Urdu

Poster. This poster promotes the collection of demographic data collection during the pilot phase.

Key Messages. Key messages to communicate when asking a service user to participate in the survey.

De-selected Service User Form. This form is to be completed to record the reasons why a service user is not asked to complete the survey.

Glossary in Plain Language. This glossary provides some of the survey questions in plain language.

Workflow: Self-Administered Survey. This chart depicts the workflow when the service user completes the survey on their own.

Workflow: Interview-Based. This chart depicts the workflow when staff administer the survey through an interview, either in a one-on-one or group setting.

Qs and As About the Survey. This document will help staff respond to questions about the survey and specific survey questions.

Appendix D. Additional Resources Developed

HOW LONG WILL THE PILOT PROJECT LAST?

This pilot project began in 2019 and will be completed in May 2020. Data will be collected from service users during the months of March and April 2020.

HOW WILL ANSWERING THESE QUESTIONS HELP?

By participating in this pilot project you will help the agency and its funders better understand how to collect demographic data from all service users. This will help funders and agencies understand the impact of grants, as well as create better programs and services that meet your needs and the needs of others in your community.

HOW CAN I LEARN MORE ABOUT THIS PROJECT AND ITS OUTCOMES?

You may contact the following individuals to learn more about this project and its outcomes:

Barbara Powell
Manager, Community Funding Unit
City of Toronto
barbara.powell@toronto.ca
416-397-7302

Rubaiyat Karim
Manager, Community Investments
United Way Greater Toronto
rkarim@uwgt.org
416-777-1444 EXT 663

CONTACT US TO LEARN MORE

Adapted from materials developed by Health Equity Office, Sinai Health System for the “Toronto Central LHIN Measuring Health Equity” project (torontohealthequity.ca).

DATA FOR EQUITY:
Demographic Data Collection Pilot Project

Ontario Health
Toronto

TORONTO

United Way
Greater Toronto

This agency is participating in a pilot project to collect demographic data from service users.

Collecting this data will help this agency and our funders understand who our service users are and their unique needs. The information you share will also shape our understanding of service users' experiences and outcomes.

"Demographic" means information about a group of people that helps to describe them. The demographic information collected includes:

- Age
- Disability
- Gender Identity
- Household Income
- Indigenous Identity
- Language
- Place of Birth
- Postal Code
- Race
- Religion
- Sexual Orientation

WHY ARE YOU ASKING ME THESE QUESTIONS?

Collecting and analyzing demographic data will allow agencies to gain a better understanding of their service users in order to identify barriers to accessing services and barriers to equitable outcomes for those who use their programs and services.

It will allow agencies to better tailor programs and services to meet the needs of their service users and potential service users. Collecting and analyzing this data will also help funders understand who is benefitting from their investment and assess the impact of their investment in communities.

WHICH AGENCIES ARE TAKING PART IN THIS PROJECT?

Eleven agencies have volunteered to take part in this pilot project:

- Agincourt Community Services Association
- Barbra Schlifer Commemorative Clinic
- Braeburn Neighbourhood Place
- Canadian Mental Health Association – Toronto Branch
- Council of Agencies Serving South Asians
- East Scarborough Boys' and Girls' Club
- Family Services Toronto
- FindHelp
- Jewish Family & Child Services
- Senior Persons Living Connected
- Working for Change

If you access programs or services at these agencies, you may be asked to complete the survey more than once.

IS IT LEGAL TO ASK THESE QUESTIONS?

Yes, it is legal to ask these questions. In fact, the Ontario Human Rights Commission strongly encourages organizations to collect and use demographic information to keep track of outcomes and promote equity.

We believe that we cannot fully understand service users' experiences without knowing more about who they are.

WHO WILL SEE MY DEMOGRAPHIC INFORMATION?

We take your privacy very seriously. This information will remain confidential and will not be seen by anyone outside the project. It will not be used for any purpose other than this pilot and will not be sold to any third parties.

The data collected from agencies will be summarized and shared with funders. Funders will not see any one person's data.

All data collected will be deleted 6 months after the project report has been completed.

WHAT IF THERE ARE QUESTIONS ON THE SURVEY THAT I DON'T WANT TO ANSWER?

You can answer "prefer not to answer" to any or all questions. Your responses are voluntary and will not affect your access to services.

WHAT IF I DON'T WANT TO PARTICIPATE AT ALL?

The collection of the data will be voluntary and anonymous. This means that you can chose not to answer any or all of the questions. Your name will not be kept with this information and it will be kept separate from any client information agencies may collect. Participating in the survey is voluntary and will not affect your access to services.

Data for Equity

Demographic Data Collection Pilot Project

March to April 2020

During this time, we will be asking some of our service users to complete a Service User Demographic Survey (SDS).

It will ask questions like:

- What is your age?
- What is your gender?
- What is your racial group?
- What is your sexual orientation?

These questions help us understand who is using our services.

Ask for a Data for Equity brochure to learn more.

Adapted from materials developed by Health Equity Office, Sinai Health System for the "Toronto Central LHIN Measuring Health Equity" project (torontohealthequity.ca).

Ontario Health
Toronto

TORONTO

United Way
Greater Toronto

INTRODUCTION: KEY MESSAGES

Pilot

- Some agencies in Toronto are collecting demographic data from their service users
- This is a pilot project to learn how best to collect this data

Purpose

- Find out who we serve
- Identify client needs
- Understand client experiences and outcomes

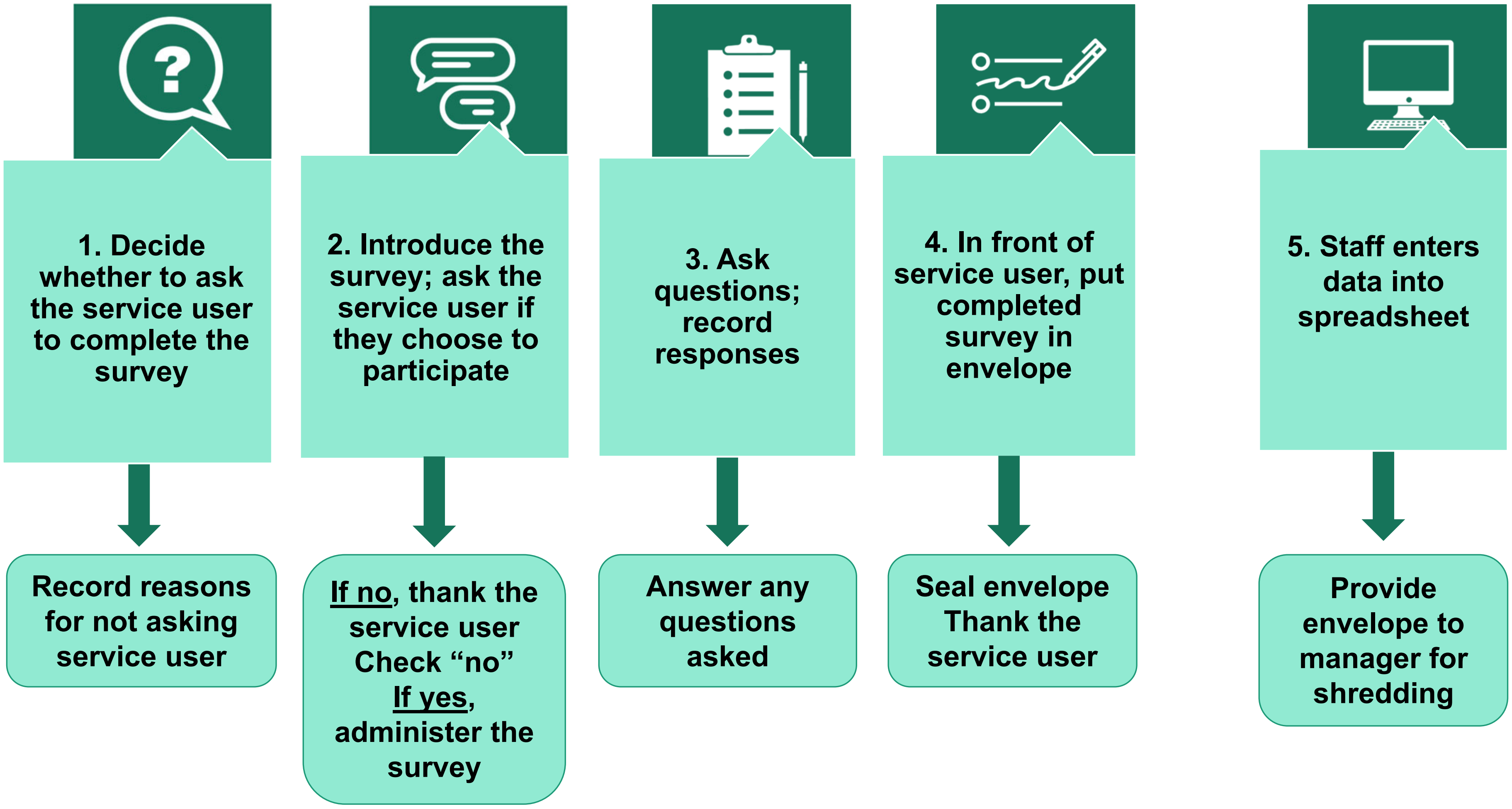
Voluntary

- The survey is voluntary
- You can choose “prefer not to answer” to any / all questions
- Your response will not affect your access to programs or services

Confidentiality

- This information will be seen only by the person asking the question and/or the person entering the data
- No name will be collected

Workflow – Interview-based Collection



1. Decide whether to ask the service user to complete the survey

Record reasons for not asking service user

2. Introduce the survey; ask the service user if they choose to participate

If no, thank the service user
Check "no"
If yes, administer the survey

3. Ask questions; record responses

Answer any questions asked

4. In front of service user, put completed survey in envelope

Seal envelope
Thank the service user

5. Staff enters data into spreadsheet

Provide envelope to manager for shredding

Workflow – Self-Administered Survey (Individual or Group)

1. Decide whether to ask the service user to complete the survey

Record reasons for not asking service user

2. Introduce the survey; ask the service user if they choose to participate

<u>If no</u>, thank the service user; collect the survey; check "no"
<u>If yes</u>, administer the survey

3. Service user completes survey

Answer any questions asked

4. Service user puts completed survey in envelope where possible

Collect sealed envelope Thank the service user

5. Staff enters data into spreadsheet

Provide envelope to manager for shredding

DEMOGRAPHIC DATA COLLECTION: Clarifications about the questions

Question	Answer
Income **Do I have to read the question as is?**	It's fine to use more user-friendly options such as: "Less than 30,000" or "Between 30,000 and 50,000".
What if someone's income has changed during COVID-19?	It is best to capture a person's usual income prior to COVID-19. The income question specifies "last year," referring to 2019.
Household size **Who is included in the household?**	• The purpose of this question is to capture all the people living in one household **who share income and expenses.** **Include:** • Multiple families / family members living together for both the total income and household size questions, if they share all their income and expenses **Exclude:** • Family members supported by this income who live outside of the household (e.g., parent living in a nursing home, child away at school, etc.) • People living in the dwelling who don't share their income and expenses (e.g., a tenant living in the basement apartment, a boarder renting a room, an international student, etc.) • Unrelated roommates living together Note that it is important that the income and household size questions are consistent. The # of people in household reported should reflect the # of people who share the income that was reported.
What if someone's household size has change during COVID-19, e.g., they have moved in with a friend or family member?	It is best to capture a person's usual housing situation prior to COVID-19. The income question specifies "last year," and the household size should match. For instance, if a person lived alone last year and before COVID-19, but recently moved in to help a family member to help, you would still record them as a one-person household.
What if someone is calling on behalf of another person, should we survey them?	**Exclude them if:**

Question	Answer
	• They are a service provider calling about services for a client • They are calling about services for another person, such as a family member or friend
Indigenous identity Some people found the preamble to the Indigenous identity question to be confusing. They could not understand the definition, and some people from India were confused by the term “Indian.”	Some staff have found that providing additional explanation can help; for example, saying that this question is about the first people who lived in Canada, before Europeans arrived. The Indigenous identity question is really a two-step question; you may read the question as follows: “Indigenous peoples from Canada identify as First Nations (status, non-status, treaty, or non-treaty), Inuit, Métis, Aboriginal, Native, or Indian or as having Indigenous ancestry. Do you identify as Indigenous to Canada?” If they say **Yes,** then ask whether they identify as First Nations, Inuit, Métis, or other Indigenous ancestry. If they say none of those, ask them to describe their ancestry and write it in.

DEMOGRAPHIC DATA COLLECTION: Answers to questions about the survey

Question	Answer
What does this have to do with my program or service?	“We want to provide programs and services based on our service users’ needs. We don’t want to make any assumptions about your needs or who our services users are. For example, when we know a service user doesn’t speak English, we will obtain interpreter services.” “Having this information gives us an idea of who uses our programs and services.”
I’m just here for a quick appointment.	“This survey will only take a few minutes to complete. It will help the agency understand who uses these programs and services.”
This has nothing to do with me.	“This is about all our service users. It is important for us to ask these questions of everyone.”
Do I have to answer these questions?	“No, the survey is completely voluntary and you can choose ‘Prefer not to answer’ in response to any or all of the questions.”
Who will see this information?	“Only the person asking the questions and/or the person entering the data into the spreadsheet will see the responses. Your name will not be recorded on the survey. No one else will have access to your responses to the survey.”
How will this information be used?	“This data will be collected as part of a pilot project. It will help our funders and agencies understand how best to collect this information.”
What will happen with the data?	“This agency will analyze the data to better understand who is using our services. A summary of the data will be shared with our funders to help them understand the success of the pilot.”
Postal Code Search	Yes. Do a postal code search if needed.

GLOSSARY in Plain Language

Disability

Disability is a physical (your body), mental (your mind), or intellectual (the way you process information) condition that limits your movements, senses, or activities.

Disability includes:

- **Chronic illness**, a disease or health condition that lasts for a long time (e.g., asthma, cancer, diabetes, and HIV/AIDS).
- **Developmental disability** (also known as intellectual disability), a condition that affects your ability to reason, plan, think, communicate, and do everyday social and practical activities/tasks.
- **Drug or alcohol dependence**, the feeling that you need drugs or alcohol or are not able to control when you drink alcohol or take a drug.
- **Learning disability**, a condition that affects the way your brain understands, remembers, organizes, or uses information. It can create difficulty in the way you listen, speak, read, write, and/or do math.
- **Mental illness**, a condition that affects the way you feel, behave, or think (e.g., depression, bipolar disorder).
- **Physical disability**, a condition that affects your physical movement.
- **Sensory disability**, a condition that affects what you can hear or see (e.g., loss of hearing or vision).

Gender identity

Gender identity is your sense of self, specifically your sense of being male, female, both, or neither. It may be different from your biological sex (i.e., anatomy, physical body) and includes:

- **Trans woman**, a person who identifies as male but was born as a biological female.
- **Trans man**, a person who identifies as female but was but was born as a biological male.
- **Gender non-binary (including gender fluid, genderqueer, androgynous)**, a person who identifies as neither or both.
- **Two-Spirit**, an identity that refers to Indigenous lesbian, gay, bisexual, and trans people. It means having both female and male spirits within one person.

Racial group

Race is a term used to separate people into groups based on skin colour and other physical traits. “Race” is not based on biology but on differences that society has decided are important. These differences can be used to treat people differently. Race differs from ethnicity and nationality.

Sexual orientation

Sexual orientation is who you are attracted to romantically. People define their sexual orientation in various ways, including:

- **Heterosexual ("straight")**, a person who is attracted to the opposite gender; for example, a man who is attracted to women or a woman who is attracted to men.
- **Bisexual**, a person who is attracted to both men and women.
- **Gay**, a person who is attracted to people of the same gender; for example, a man who is attracted to men or a woman who is attracted to women. This term is used by both men and women, although many women prefer to be referred to as *lesbian*.
- **Lesbian**, a woman who is attracted to other women.
- **Queer**, a positive term used by some non-heterosexual people.
- **Two-Spirit**, an identity that refers to Indigenous lesbian, gay, bisexual, and trans people. It means having both female and male spirits within one person.

Adapted from materials developed by Health Equity Office, Sinai Health System, for the Toronto Central LHIN Measuring Health Equity project (torontohealthequity.ca).

Appendix E. Focus Group Questions

Questions to be asked of agency staff involved in the pilot:

1. How was the data collected from service users?
2. Was your agency able to complete the minimum number of surveys required?
3. How receptive were service users to completing the survey? Which questions generated the most questions from service users? Which questions did the service users most often refuse to respond to?
4. How comfortable were you with asking these questions? What more could have been done to support you?
5. Were there any unexpected issues that arose? How were these challenges resolved or addressed?
6. Are there ways that the data collection process for your agency could or should change once the funders roll out data collection to all funded agencies?
7. Are there things that funders need to consider once data collection is rolled out to all funded agencies?
8. Are there things that your agency needs to consider once data collection is required by funders?
9. For those who attended the training or watched the webinar, what did you find helpful? What could be improved?
10. Did you find the information in the webinar useful? What additional information, tools, or supports would you have found useful?
11. With respect to data entry, how did entering the data go? Were there any issues with summarizing and submitting the data?
12. Do you have any other comments or suggestions about the pilot project?