

**ACCESSIBILITY OF SOCIAL SERVICE AGENCIES FOR CLIENTS WITH
LIMITED ENGLISH PROFICIENCY**

Honors Thesis

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Abstract

This study examined the accessibility of social service agencies in the city of Lynn, Massachusetts for clients with limited English proficiency (LEP). Social service agencies (N=27) participated in phone interviews and/or an online survey, exploring services offered by the agencies, the availability of translation services, and if so, in what languages and procedures for providing translation services. Results showed that more than half of the agencies provided oral translation services to clients who prefer to engage in a language other than English by relying on bilingual staff members, and family and friends of the client to act as the interpreters. Many agencies only offered services in Spanish and English. The study's findings offered some important insight into the availability of services to the sizable portion of the city's residents who have LEP status, revealing the disparities that exist in access to language assistance.

Keywords: limited English proficiency (LEP), access to services, Lynn MA, translation services, communication, language assistance, service disparities

Accessibility of Social Service Agencies for Clients with Limited English Proficiency

Seeking social services can be a daunting and stressful experience. Having to also factor in a language barrier along with the challenges of seeking services, brings with it its own additional obstacles. Although policies and laws require that medical services have available translation services (Jacobs, 2007), there are no policies regulating the provision of translation services for social service agencies, and therefore, less is known about the availability of services for clients who prefer to communicate in a language other than English. This study aims to examine social service agencies in the city of Lynn, Massachusetts, a city where more than half (52.96 %) of its residents speak a language other than English (Lynn, MA Demographic Data), to gain a better understanding of the availability of services to clients with limited English proficiency.

Literature Review

Limited English Proficiency

Language as one of the cognition processes, influences emotional, functional, and social outcomes (Flores, 2005). Limited English proficiency (LEP) persons are individuals who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English. Title VI and the Department of Health and Human Services regulations, 45 C.F.R. section 80.3 (b) (2), requires recipients of Federal financial assistance to take reasonable steps to make their programs and services accessible by eligible persons with limited English proficiency (OCR, 2013).

According to the 2019 U.S Census, approximately 47 million residents do not speak English as their primary language and more than 21 million people have limited English proficiency. Several studies have found that patients who cannot speak English well receive less

than optimal health care and are at greater risk of not receiving preventive services. LEP clients are less likely to have a regular source of primary care or to receive timely eye, dental, and physical examinations. In comparison to fluent English-speaking patients, LEP patients attend fewer physician visits and follow-up appointments (Jacobs, 2007).

Individuals with LEP are a rapidly growing segment of the United States population (Jacobs, 2007). Language proficiency influences access to medical services and may contribute to health outcome disparities (Flores, 2005). Research has demonstrated that African American, Asian and Latino clients are less likely to be treated for mental disorders and foreign-born minorities use fewer mental health services than their US-born counterparts (Bauer, 2010).

LEP and Negative Health Outcomes

LEP status is related to negative health outcomes. A failure to provide adequate translation services is related to one of every 40 malpractice claims (Jacobs et al, 2018). Language barriers have a significant impact on the quality of care received by LEP clients (Brach & Fraser, 2005). Frequently, health care systems and physician offices rely on untrained bilingual staff, and family and friends of the patient to act as the translator (Jacobs et al, 2018). This practice is referred to as “ad hoc” translation (Jacobs et al, 2018). Ad hoc translation produces poor quality translation of information and increases the chances of medical errors because “ad hoc” interpreters rarely have the training background that professional translators receive on how to adequately provide translation services (Brach & Fraser, 2005). Unlike “ad hoc” interpreters, professional translators are required to meet specified qualifications and must undergo training to be certified to provide translation services (Brach & Fraser, 2005).

Language access is a prevalent issue in medical care. Gadon (2007) explored language barriers in medical care from the physician’s perspective and learned about the efforts being

made to address these barriers. The participants (N=67) of the research study were primary care physicians, specialists, and practice managers who participated in nine focus groups. Three themes emerged from these focus groups: concerns about communicating with LEP patients, current practices of communication, and lastly, how the health providers perceive and address costs of interpretation services.

Communication concerns include an understanding that language barriers can ultimately reduce the quality and safety of LEP patients and increase the potential for malpractice. However, only 37% of the participants indicated that they utilized professional interpreters. The reasons cited by the participants for not using professional translation services were cost, inaccessibility, and inconvenience. Instead, most offices relied on “ad hoc” interpreters.

LEP and Access to Mental Health Care

Lack of English proficiency can impact a patient’s access to mental health care. Sentell and colleagues (2007) explored the language barriers to mental health care using a direct measure of (LEP). Participants were categorized into three groups by self-reported English proficiency and language spoken at home: (1) English-speaking only, (2) Bilingual, and (3) Non-English speaking. Mental health treatment was measured by self-reported use of mental health services by those reporting a mental health need. The study found that non-English speaking individuals had lower odds of receiving needed services than those who only spoke English.

Ohtani and Suzuki (2015) conducted a systematic literature review of research published from 1950-2014 on the impact of language proficiency on access to and utilization of psychiatric services in the general population or among patients with psychiatric disorders. The review found that LEP individuals with mental disorders were significantly less likely to identify a need for mental health services, experienced longer duration of untreated disorders, and used fewer

healthcare services for mental disorders, particularly specialty mental health care than their English-speaking counterparts.

Importance of Translation Services

LEP clients' quality of care is inferior, and more interpreter errors occur with untrained interpreters (Ohtani, 2015). Inadequate interpreter services can have serious consequences for patients with mental disorders (Jacobs, 2007). Trained professional interpreters and bilingual health care providers positively affect LEP patients' satisfaction, quality of care, and outcomes (Flores, 2005).

Institutions of adequate programs of professional translation services will help increase LEP patients' trust in physicians, increase patient satisfaction, ensure accurate communication, diagnosis, treatment, and patient's overall quality of care and safety (Jacobs, 2007). Medical patients who are provided access to professional interpreter services receive significantly more recommended services, make more office visits, and have more prescriptions written and filled (Jacobs, 2007). On the other hand, lack of professional interpreters and the unavailability of services in languages other than English causes LEP clients to not receive adequate health care and other community services (Jacobs, 2007).

Cost of Translation Services

Many service agencies report cost as a major barrier to using professional translation services. Jacobs and colleagues (2018) conducted a study to quantify the cost of providing professional translation services. The study findings indicated that service costs vary depending on the state, method of service, and whether the agency is using in-person face-to-face interpreters, telephonic services, or video remote interpreters. Costs for in-person interpreters provided through a language translation service range from \$45-\$150 per hour with a minimum

time requirement for services of two hours. Costs for in-person services can also vary depending on the language requested. Commonly spoken language in the location of the agency usually costs less than rarely spoken language.

Telephonic services are less costly than face-to-face services, in part because the service provider is charged by the minute versus a minimum of two hours. Typical costs range from \$1.25 to \$3.60 per minute. Costs for telephonic services can vary depending on the company used, time of day, and language requested. Telephonic services are the most commonly used form of translation services as indicated by the study's results.

Video remote interpreters (VRI) services are comparable in cost to telephone translation services. These services provide clients with either subtitling services or narrative voice-over services and range from \$1.95 per minute to \$3.49 per minute, with a minimum of 15 minutes required per session.

Lynn, Massachusetts

Bordered by the Atlantic Ocean in the East, Lynn is the 9th largest city in Massachusetts and the largest city in Essex county. Located on the coastline north of Boston, this densely populated city is recognized as an urban manufacturing and commercial center. The city of Lynn is rich in diversity. It is one of the most racially diverse cities in the state with a broad spectrum of nationalities represented (Lynn, MA Demographic Data). According to the 2019 Census data, Lynn has a total population of 94,299 people, 36.2% of who were born outside of the country. The city's population is 48.1% White; 11.2% Black; 7.42% Asian; and 30.89% Hispanic or Latino (Lynn, MA Demographic Data). More than half (52.9%) of Lynn residents speak a language other than English. After English, Spanish is the most commonly spoken language and

is spoken by 36.5% of the city's population. French, Portuguese, and French Creole are the next commonly spoken languages (Lynn, MA Demographic Data).

There are many Lynn-based agencies that deliver social services to the city's residents. The Coordinated Family Community Engagement (CFCE) Council of Lynn's mission is for "the youth and families of Lynn to live in a nurturing community that respects the unique situation of each child and family. This is accomplished by tailoring services to meet their diverse needs through a seamless system of support including public, private, community, health, and faith-based programs" (Lynn Community Service Guide webpage). Lynn's population has a high concentration of non-English speakers. In order for the council's mission to be fulfilled, the accessibility of social services in languages other than English should be at the forefront to ensure adequate service is provided.

To better understand the needs of LEP clients in Lynn and identify the possible disparities in service accessibility, this research study will explore the accessibility of social service agencies in the city of Lynn, Massachusetts for clients with LEP status. This study will survey social service agencies in Lynn to determine what accommodations agencies have in place to assist clients who prefer to communicate in a language other than English. The questions the researcher aims to have answered by the end of the research study are; which agencies offer translation services to LEP clients? What types of translation services are available? For which services are translation services available and in what languages?

Methods

Study Design

This quantitative, cross-sectional research study aims to conduct a survey of available resources for non-English speakers. The purpose of this study is to examine the availability of social service agencies in the city of Lynn to clients with limited English proficiency. The study will use a survey to explore what translation resources are available at each agency, if any, for clients who prefer to communicate in a language other than English. Additionally, it will examine each agency's practices in terms of working with non-English speaking clients as well as look at how clients' experiences differ depending on the language they speak.

Population and Sample

All social service agencies located in the city of Lynn were surveyed for this project. The types of agencies included; agencies that offer services for housing, homeless assistance, food insecurity, employment assistance, childcare, youth services, healthcare, mental health, dental health, disability services, substance abuse, elderly care, domestic violence, sexual assault, immigration, and legal services.

Data Collection

The study utilized an electronic survey via Survey Monkey as the appointed method of data collection. The researcher shared the survey with agency program directors to collect information about the agency they represent and available services in non-English languages if any are available. The survey questions were designed to encompass the diverse factors related to a non-English speaker's experience visiting social service agencies in Lynn including the types of services offered by the agencies, methods of providing translation services, the languages offered, and the services for which translation services are available. Due to the low

number of survey participants, the researcher conducted over-the-phone interviews with agencies to gather information about whether the agency provided translation services and if so, in what languages the services were available.

Results

Descriptive Statistics

The sample consisted of social service agencies (N=27) located in the city of Lynn, Massachusetts. These agencies provided a variety of types of services. The most common were youth services (33.3%, n=9), childcare services (22.2%, n=6), housing (18.5%, n=5), employment and financial assistance (18.5%, n=5), health services (18.5%, n=5), and legal services (18.5%, n=5). See Table 1 for a full list.

Table 1 Available Services (N=27)

variable (<i>services</i>)	<i>n</i>	%
Domestic violence	1	3.7
Substance use intervention	2	7.4
Disability services	1	3.7
Immigration/Citizenship	2	7.4
Youth services	9	33.3

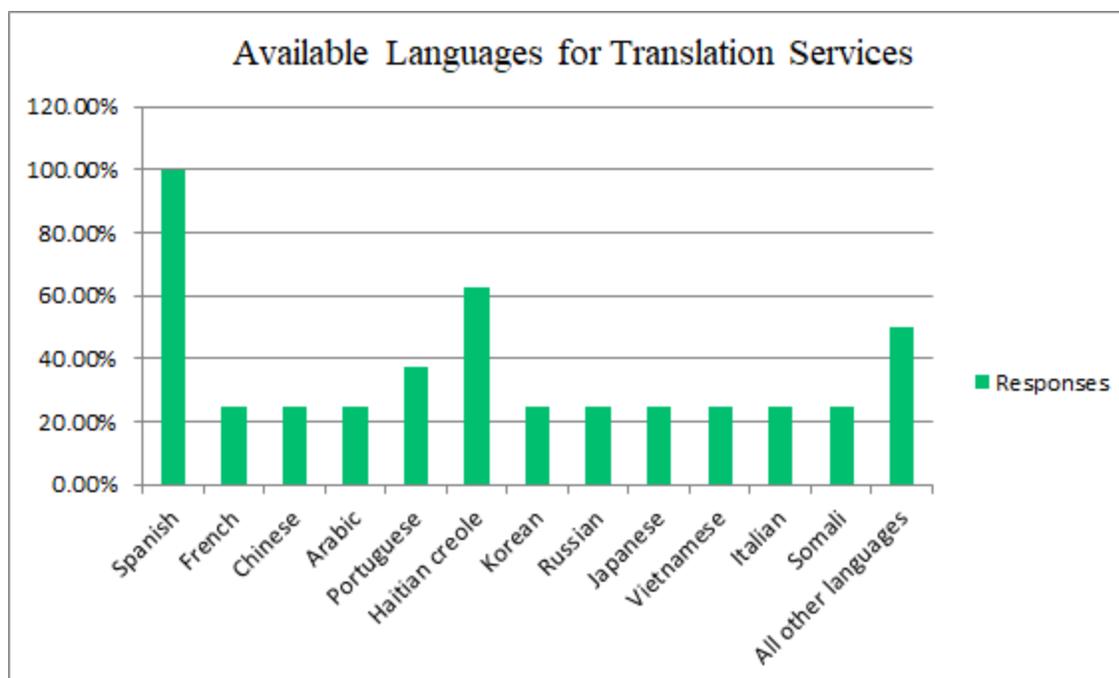
Food assistance	2	7.4
Housing assistance	5	18.5
Adult education	4	14.8
Employment/financial assistance	5	18.5
Health services	5	18.5
Mental health	4	14.8
Childcare	6	22.2
Legal services	5	18.5
Homeless assistance	4	14.8
Elderly services	4	14.8

A total of 19 (70.3%) of the 27 study participants indicated offering translation services for clients who prefer to communicate in a language other than English. Seven of the remaining eight participants only offer services in English and the 8th participant is in the process of

implementing translation services. The majority (78.9%) of the participants who offer translation services only indicated Spanish as the other available language. The method of translation varied. For 25.9% (N=7) English to Spanish translation services at the agencies are conducted by Spanish-speaking staff. Six (22%) of the participants reported offering translation services in all languages utilizing over-the-phone translation services.

Survey Findings

A subset of the agencies, (29.6%, n=8) completed an online survey in addition to a brief phone interview. The agencies had been in operation from a decade to nearly a century of service. The majority (87.5%, n=7) of the participants were private, non-profit and 12.5% (n=1) were private, for profit. All of the agencies (100%, n= 8) provided translation services for clients who prefer to communicate in a language other than English. The majority (87.5 %, n=7) of the agencies reported offering translation services for written communication (assessment of eligibility, application material, programs and services, policies and procedures, waivers, releases, consent, etc). In terms of translation for oral communication, more than half (62.5%, n=5) used bilingual agency staff or the client's family members or friends as translators. Half of the agencies (50%, n=4) used telephone translation services for languages not spoken by bilingual service providers. Only 1 (12.5%) of the agencies reported utilizing professional agency interpreters to assist LEP clients.



Most agencies (62.5%, n=5) did not report a waiting period for non-English services, while 37.5% (n=3) did report a waiting period. Reasons given for the wait were the language requested and type of communication. One of these agencies also reported a delay in scheduling in-person meetings with interpreters based on the availability of interpreters. That agency also reported phone translation services can have up to 2-3-minute wait for an interpreter and written communications are up to 2-3 days depending on the language requested. The frequency of need for translation services varied significantly from agency to agency, ranging from 5-60% of the day's clients. The mean was 27%. Half of the agencies (50%, n=4) provided agency staff with training on how to access and provide language assistance.

Discussion

The results from this research study highlighted important realities concerning the LEP population residing in the city of Lynn, Massachusetts. Although residents with limited English proficiency account for 53% of the city's population (Lynn, MA Demographic Data), only

70.3% of the agencies in this study offered services in languages other than English. Addressing this need is critical because language barriers have a significant impact on the quality of care received by LEP clients (Brach & Fraser, 2005).

For clients who do not speak either English or Spanish, services are much more inaccessible. Of the 70.3% of agencies that offered services in languages other than English, 78.9% indicated Spanish as the only other available language. While Spanish is commonly spoken in Lynn, by 35.5% of the population, French, Portuguese, and French Creole are common as well (Lynn, MA Demographic Data). When services are available in languages other than English or Spanish, they are through over-the-phone translation services. While phone services are better than no services, there are significant barriers to engagement using phone services. Reported disadvantages with utilizing telephonic translation services include inadequate quality of sound, the interpreter's inability to respond to visual cues from the client or agency service provider, and cultural barriers in which some clients may not be comfortable speaking with an unknown voice (Jacobs et al, 2018). These findings indicate that social service agencies are less likely to be accessible to LEP status clients in the city of Lynn who do not speak Spanish.

The results of this study showed that many of the agencies relied on untrained agency staff to provide translation services. Some of the agencies expressed an understanding of the importance of providing appropriate translation services to clients with LEP status. However, sometimes providing these services was perceived as unfeasible. The cost of implementing professional translation services was a major barrier due to the limited agency funding.

More than half of the agencies provided oral communication to clients who prefer to engage in a language other than English by relying on untrained bilingual staff, and family and friends of the client to act as the translator. This "ad hoc" translation method produces poor

quality translation of information and increases the chances of medical errors (Brach & Fraser, 2005) but is less costly to the agency than professional translators (Gardon, 2007).

The lack of professional interpreters and the unavailability of services in languages other than English causes LEP clients to not receive adequate health care and other community services (Jacobs, 2007). This creates a situation in which there is inequitable access to needed services. English speaking clients and in some cases, Spanish speaking clients, have much easier access to necessary services such as housing assistance, employment/financial assistance, immigration/citizenship services, legal services, and mental health services than clients speaking languages other than English and Spanish. Creating an inclusive and welcoming environment for all clients begins with making efforts to provide translation and/or interpreter services when requested by the clients. This allows for the client to feel comfortable and ultimately receive adequate care while minimizing the chances of miscommunication and misdiagnoses (Brach & Fraser, 2005).

Limitations

Certain limitations of this research study should be noted. The findings use descriptive, so causal relation cannot be determined. Due to the small sample size, differences between types of agencies cannot be determined. In addition, fewer agencies completed the detailed online survey than had originally been planned, even with phone follow-up to the survey. Face-to-face follow-up by visiting the agencies was not feasible due to the COVID-19 pandemic and limits to face-to-face research. While the telephone interviews were informative, they were unable to provide the more in-depth responses obtained by the survey. It is important to note that the city of Lynn was significantly impacted by the COVID-19 pandemic (World Health Organization, 2020), and therefore, agency directors may have been less able or less willing to take the time to

complete a survey. In light of this major community catastrophe, the response rate of 27/89 is better than anticipated.

Implications

The findings of this preliminary study are consistent with previous research on the topic of the LEP population and their unique experiences and challenges in accessing services (Brach & Fraser, 2005). There are several important implications of this study findings for assisting LEP status clients residing in the city of Lynn, Massachusetts. Current trends of providing translation services in agency settings, as reported by participants, consists of relying on untrained bilingual agency staff and family and friends of the client to act as interpreters. For many agencies, this is the most convenient and often the only option available due to cost limitations (Jacobs, 2007). The cost was cited by study participants as a major barrier to using professional translation services, reflecting the previous research on this topic which found cost as a major barrier to the provision of translation services (Jacobs, 2007). As the City of Lynn continues to become increasingly multilingual and the LEP status population continues to grow, efforts should be made by the city's local government to address service disparities in social service agencies. This might take the form of grants or other city funding to offset the cost of providing adequate translation services. Funding would allow agencies to improve their translation services by hiring professional interpreters or utilizing telephonic translation services.

These findings highlight the need for communities to analyze the accessibility of services for clients speaking all languages, not just English and Spanish. Another key implication of this research study is the inconsistency that exists between the city's agencies on methods of providing translation services and the languages available. Due to the collaborative nature of these agencies, based on the services they provide, the city could create a unified system of

providing translation services that could be implemented in all of the city's agencies. Another alternative would be for the city to create a database of the services provided, in which languages, that could be shared with all agencies, including the individuals sitting at the front desk, greeting clients. This would support accurate referrals based on the language spoken. This would be vital in improving access to services for clients speaking languages other than English and Spanish.

Conclusion

Clients with LEP status have difficulty communicating and comprehending information when translation services are not made available. The purpose of this research study was to examine the accessibility of social service agencies in the city of Lynn, Massachusetts for clients with limited English proficiency. The study results offered some important insight into the sizable portion of the city's residents who have LEP status. Additionally, it affirmed the disparities that exist in access to language assistance. This exploratory study provided a foundational basis for researching language assistance for LEP clients. The study findings can be used to further explore service disparities and continue the conversation of and implementation of language assistance services to minimize language barriers and ensure equity in services.

References

- Bauer, A., Chen, C.-N., & Alegría, M. (2010). English language proficiency and mental health service use. *Medical Care*, 48(12), 1097-1104. <http://doi.org/10.1097%2FMLR.0b013e3181f80749>
- Brach C, Fraser I. (2005). Crossing the language chasm. An in-depth analysis of what language assistance programs look like in practice. *Health Affairs*, 24(2), 424–34. <http://doi.org/10.1377/hlthaff.24.2.424>
- Frazier, L., Yu, E., Sanner, J., Liu, F., Udtha, M., Cron, S., & Couter, S (2012). Gender differences in self-reported symptoms of depression among patients with acute coronary syndrome. *Nursing Research and Practice*, 12,51-56. <http://doi.org/10.1155/2012/109251>
- Flores, G. (2005). The Impact of Medical Interpreter Services on the Quality of HealthCare: A Systematic Review. *Medical Care Research and Review*, 62(3), 255–299. <http://doi.org/10.1177/1077558705275416>
- Gadon, M., Balch, GI., & Jacobs, EA. (2007). Caring for patients with limited English proficiency: the perspectives of small group practitioners. *Journal of General Internal Medicine*, 22(2), 341–346. <http://doi.org/10.1007/s11606-007-0311-4>
- Jacobs, B., Ryan, A., Henrichs K., & Weiss, B. (2018). Medical Interpreters in Outpatient Practice. *Annals of Family Medicine*, 16(1), 70-76. Doi: 10.1370/afm.2154
- Jacobs, E., Sadowski L., & Rathouz, P. (2007). The impact of an enhanced interpreter service intervention on hospital costs and patient satisfaction. *Journal of General Internal Medicine*, 22, 306–311. <http://doi.org/10.1007/s11606-007-0357-3>.
- Lynn Community Service Guide webpage. (2020). http://www.ci.lynn.ma.us/service_guide.shtml

Lynn, MA Demographic Data. (2019). <https://datausa.io/profile/geo/lynn-ma/>

Office of Civil Rights (OCR). (2013). Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against. *Health and Human Services, HHS*.

McHugh, ML. (2013). The chi-square test of independence. *Biochemical Medicine*, 23, 143–9. <http://doi.org/10.11613/BM.2013.018>

National Origin Discrimination Affecting Limited English Proficient Individuals.

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>

Ohtani, A., & Suzuki, T. (2015). Language barriers and access to psychiatric care: a systematic review. *Psychiatry Online*, 66(8), 798-805. <https://doi.org/10.1176/appi.ps.201400351>

Sentell, T., Shumway, M., & Snowden L. (2007). Access to mental health treatment by English language proficiency and race/ethnicity. *Journal of General Internal Medicine* 22 (2), 289-293. <http://doi.org/10.1007/s11606-007-0345-7>

World Health Organization. (2020, November 21). *Coronavirus Disease (Covid-19) Dashboard*. <https://covid19.who.int/>