Briefing Sheet
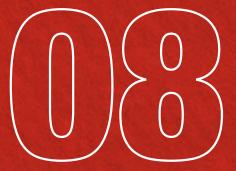
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Producing Accessible Information for BME Communities

MECOPP.

Producing Accessible Information for BME Communities

Information is everywhere yet it is not equally accessible to all sections of the population. It is widely acknowledged that some communities find it more difficult to access information than others. This is particularly true of BME communities where the lack of accessible information directly affects their ability to use a wide range of supports and services which would assist them in their daily lives.

Whilst much is made of the content of resources such as the need to 'demystify' or 'plain English' professional 'jargon', it is equally as important to consider the process of developing accessible information.

This Briefing Sheet will focus on the need to produce accessible information as well as detail the process MECOPP undertook when producing resources about Self Directed Support (SDS). The paper will also highlight what we learnt from this experience.

The need for accessible information

Population

Scotland has a Black and Minority Ethnic (BME) population of 211,000 or 4% of the total population[1]. The most recent census figures indicate that the BME population in Scotland doubled between 2001 and 2011, with the largest growth taking place in the Asian population which grew by 69,000 (see figure 1). Glasgow has the largest BME population at 12% followed by Edinburgh and Aberdeen at 8% respectively and Dundee at 6%. These local authority areas also saw the largest increases since 2001 in the proportion of their population who are from BME groups. However, it should be noted that each local authority area in Scotland has a growing BME population[2]. There has also been a significant increase in Scotland's Eastern European population due to the accession of new member states to the EU.

[1] http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid/Ethnicity/EthPopMig
[2] http://www.scotlandscensus.gov.uk/documents/censusresults/release2a/StatsBulletin2A.pdf

Figure 1: Ethnic Groups, Scotland, 2001 and 2011[3]

2001	Number	%	2011	Number	%	Change 2001-2011
All people	5,062,000	100.0	All people	5,295,000	100.0	233,000
White	4,906,000	98.0	White	5,084,000	96.0	124,000
Scottish	4,459,000	88.1	Scottish	4,446,000	84.0	-13,000
Other British	374,000	7.4	Other British	417,000	7.9	43,000
Irish	49,000	1.0	Irish	54,000	1.0	5,000
Other	78,000	1.5	Gypsy / Traveller	4,000	0.1	89,000
			Polish	61,000	1.2	
			Other white ethnic group	102,000	1.9	
Mixed	13,000	0.3	Mixed or multiple ethnic groups	20,000	0.4	7,000
Asian, Asian Scottish or Asian British	71,000	1.4	Asian, Asian Scottish or Asian British	141,000	2.7	69,000
Pakistani	32,000	0.6	Pakistani, Pakistani Scottish or Pakistani British	49,000	0.9	18,000
Indian	15,000	0.3	Indian, Indian Scottish or Indian British	33,000	0.6	18,000
Bangladeshi	2,000	0.0	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	4,000	0.1	2,000
Chinese	16,000	0.3	Chinese, Chinese Scottish or Chinese British	34,000	0.6	17,000
Other	6,000	0.1	Other	21,000	0.4	15,000
Black, Black Scottish or Black British (including Caribbean, African and Other Black)	8,000	0.2	African	30,000	0.6	28,000
			African, African Scottish or African British	29,000	0.6	
			Other		0.0	
			Caribbean or Black	7,000	0.1	
			Caribbean, Caribbean Scottish or Caribbean British	3,000	0.1	
			Black, Black Scottish or Black British	2,000	0.0	
			Other	1,000	0.0	
Other	10,000	0.2	Other ethnic group	14,000	0.3	5,000
			Arab, Arab Scottish or Arab British	9,000	0.2	
			Other	5,000	0.1	

[3] http://www.scotlandscensus.gov.uk/documents/censusresults/release2/statsbulletin2.pdf, p18

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Language

There are 369,000 individuals over the age of 3 living in Scotland who were born outside the UK, including other white ethnic groups as well as the BME population. Of these 369,000 people, 11% reported as not being able to speak English well or at all[4]. Indeed, 7.4% of the total population speak a language other than English at home[5]. In spite of this growing population many resources are only available in English, preventing these individuals from accessing important information and services.

It is worth bearing in mind that the census results only reflect those members of the population who responded, and it is reasonable to assume that many of those who did not respond did so due to language or literacy barriers.

Literacy

Although the census only gathered data on literacy in English, we know from our experience of working in BME communities that many individuals have limited literacy skills in their first language as well as in English, particularly amongst older age groups. However, BME communities are not the only groups with low levels of literacy, and accessing information is a challenge for many people living in Scotland. Figure 2 shows that 93.7% of the total population speaks, reads and writes English, whereas 6.3% of people living in Scotland are not able to do all of these things.

Figure 2: English language skills, Scotland, 2011[6]

Speaks, reads and writes English	4,799,106
Understands but does not speak, read or write English	98,320
Speaks but does not read or write English	154,449
Speaks and reads but does not write English	33,968
Reads but does not speak or write English	1,854
Other combination of skills in English	21,801
No skills in English	8,615

'English' denotes English and/or Scots in this figure

Jargon

Regardless of language or literacy skills, use of 'professional jargon' when talking about services can be difficult for anyone who is unfamiliar with the system to understand. This is particularly challenging when translating 'jargon' to languages without comparable terms or where concepts are unfamiliar. For example, in cultures where children are expected to look after ageing relatives as a matter of course the concept of an unpaid, informal carer is not understood, and thus there is no word for 'carer' in the community language. Similarly English speakers with no previous experience of the social care system can struggle to understand the language professionals use to describe services and processes. This underpins the need not only to consider language and literacy when producing information, but also the complexity of the content and vocabulary used.

[4] http://www.scotlandscensus.gov.uk/news/census-2011-detailed-characteristics-ethnicity-identity-language-and-religion-scotland-%E2%80%93-0
[5] http://www.scotlandscensus.gov.uk/documents/censusresults/release2a/rel2asbfigure10.pdf
[6] http://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/crosstabTableView.xhtml

Producing accessible information

In 2014 MECOPP produced two key resources about Self-Directed Support (SDS), the new system of social care in Scotland: a translation guide and an animated video.

The translation guide takes 22 terms related to SDS and puts them into context, translating both the term and the definition into Punjabi, Urdu, Bengali and Chinese. The guide is intended to be used when producing translated materials and using interpreters to ensure consistency in translation of the somewhat confusing and complex language surrounding SDS.

The animated video provides an exciting and engaging description of SDS tailored to the South Asian and Chinese communities, with voice over available in English, Punjabi, Urdu, Bengali and Cantonese. It aims to raise awareness of the new system and encourage community members to seek further information.

In creating these resources we also developed a model of good practice in producing accessible information, based on our learning throughout the process.

Step 1: Identify need

◗ The need for accessible information on a subject may be highlighted through research, work experience or requests from individuals

◗ It may be that you want to reach out to a particular community so need to develop suitable resources

◗ You may notice a gap in information in a specific format or language

MECOPP's experience:

Our knowledge of literacy levels in BME communities coupled with feedback from community members demonstrated a need for information that didn't rely on written materials. Research conducted by MECOPP also highlighted the need for consistent translation of the complicated language being used to describe SDS, and recommended the use of audio-visual materials. The research identified confusion about the meaning of SDS and the complex language used when discussing it, and recommended the development of easy to understand information in a variety of formats, using clear and consistent translations of SDS 'jargon'.

Further research identified a lack of translated resources about SDS, and a general lack of accessible SDS information. The ideas for the translation guide and multi-lingual animated explanation of SDS were borne out of this research, as there was a clear gap in information provision.

Step 2: Research

◗ Examine other available resources in order to identify specific areas for development

◗ Explore what will feel relevant to your intended recipients

◗ Determine your aims and what needs to be included in the information to achieve them

MECOPP's experience:

We were aiming to fill the gaps we had identified by setting a standard for translating the language of SDS, and providing high quality, engaging and appropriate information on SDS in community languages. In doing so we looked to existing information to learn what worked and didn't work. For example, although attractive animations about SDS were already available, they were only available in English, and they all involved animating words on the screen which was alienating for people who cannot read.

Similarly, we found several SDS 'jargon' busters but none of them offered definitions for all of the terms we knew people had difficulty understanding. As a result of this research we realised we needed to develop new materials rather than adapting or translating existing resources, and we had a good understanding of what should be included.

Step 3: Develop

◗ Seek regular feedback from your target audience throughout the development process

◗ Be open to suggestions and changes of direction

◗ When working with external parties ensure you communicate your vision clearly

MECOPP's experience:

Community members were invited to participate in focus groups to inform the development of MECOPP's SDS resources. The first focus group, part of the initial research into SDS and BME communities, identified words and phrases that participants found difficult to understand and relate to. This feedback contributed to the content of the translation guide, along with further consultation with BME colleagues and community members.

The second focus group tested different styles of animation, consulting participants on colour, style, subject matter and emotional impact. The development worker was surprised that her preferred video style was least liked by participants, and the results of this group directly informed the design of MECOPP's animation, in order to maximise the impact of the finished resource. It is imperative that any information produced is tailored to the needs and preferences of the target audience.

We contracted an animation company to produce the video and spent a considerable amount of time in discussion with the scriptwriters and animators to ensure they fully understood what we were aiming for. There were several revisions before finalising the script and animation style. This was a crucial part of the process and the time invested in getting this right was invaluable.

Step 4: Translate

▶ Use professional translators at all times

▶ Brief translators thoroughly to ensure they understand your aims

▶ Check translations with your intended audience to ensure they are appropriate

MECOPP's experience:

Both the translation guide and animation script were written and checked in English before being translated into community languages. When translating information it is crucial to have a good starting point due to the complexities of making adjustments once the document is translated, especially when working in several languages simultaneously as we were. It is also important to be aware of different dialects to ensure translations are suited to your intended beneficiaries.

One of the challenges we faced with the translation guide was the differing levels of education between the professional translators and our target audience. Both spoke the same language but their vocabulary differed significantly, so although the translations were accurate they were not appropriate for the communities at which the resources were aimed. We needed very simple and easy to understand language so it was critical to thoroughly brief the translators.

It is worth noting that translating differs from interpreting: translating is concerned with technical accuracy, whereas interpreting involves adapting and explaining to ensure the meaning is understood. Our SDS translation guide combined these two approaches which presented some challenges for the translators. It was only with detailed feedback from community members that we were able to explain and negotiate translations which were acceptable to everyone.

Step 5: Test and perfect

▶ Test resources with your target audience and amend as appropriate

▶ Keep sight of your aims and explain these clearly to anyone offering feedback to ensure it is constructive

▶ Repeat this step as many times as is necessary

MECOPP's experience:

We tailored our approach to testing for each of the resources. Due to the nature of the translation guide we needed to check that the translated definitions made sense to the intended audience. We took a creative approach, holding a focus group with BME community members and testing their understanding of each definition using pictures. This was labour intensive but enabled us to check not only that the translations were accurate, but also that they made sense to the target group.