

A handbook for communicating with
black and south Asian
communities about
Type 2 diabetes



Foreword

“This handbook pulls together valuable outputs from a recent national insight project we commissioned to learn more about black and south Asian communities and their knowledge and understanding of diabetes. It provides guidance on demographics, barriers and levers, messaging and messengers, as well as practical advice on imagery, timings and dos and don’ts.

“Although the focus of the insight project was diabetes, we believe the outputs from this work can be applied to communicating with black and south Asian communities about many different health conditions.



Leicia Feare
Communications and Engagement Lead, Diabetes Programme
NHS England and NHS Improvement

“We hope this handbook will go some way to help you to increase awareness of Type 2 diabetes prevention within black and south Asian communities and ultimately enable and support people to access better care.

“Communications professionals, working with and through the communities affected by diabetes, can play a key role in reducing health inequalities by ensuring health messaging reaches wide and diverse audiences – we hope this handbook supports you to do that.”



Farhana Darwich
Senior Engaging Communities Officer
Diabetes UK

1.0

Introduction

This handbook has been developed by Cultural Intelligence Hub, a multicultural insight and communications consultancy that helps organisations better reflect Britain's changing multicultural landscape.

Purpose of this handbook

This handbook is for NHS colleagues, providers and partners involved in communicating about the Healthier You NHS Diabetes Prevention Programme. Our ambition is that this handbook will complement other resources such as the [Healthier You NHS Diabetes Prevention Programme Toolkit](#) and provide you with practical guidance on effective engagement with black and south Asian communities.

Type 2 diabetes is **two to four times more likely** in people of south Asian, African-Caribbean or black African descent.

The structure and content have been informed by a consultation exercise with NHS communications professionals and stakeholders through an online survey and a face-to-face workshop.

Note: The term 'south Asian' in this handbook refers to Indian, Pakistani and Bangladeshi communities who were included in the insight research referred to throughout.



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Insight research

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3.1 Purpose of the research

The NHS Long Term Plan commits to helping 200,000 people to reduce their risk of Type 2 diabetes each year through the Healthier You NHS Diabetes Prevention Programme. Insight research was commissioned so that campaigns encouraging take-up of the programme would be informed by a greater understanding of the barriers and levers to increasing the numbers of people from south Asian, black Caribbean and black African communities onto the programme.

People of south Asian, black Caribbean and black African descent have a higher prevalence of developing Type 2 diabetes compared with white populations, and this risk starts at a younger age. Therefore, there is a particular need to increase uptake of the programme by people from ethnic groups at higher risk.

A major piece of insight research was conducted between August and December 2019. The purpose of this research was to identify:

- what south Asian, black Caribbean and black African groups already know about Type 2 diabetes, what they don't know and any misconceptions
- what levers could encourage the take-up of the Healthier You NHS Diabetes Prevention Programme and improve diabetes self-care from these groups, and
- how to improve communications with black and south Asian communities about diabetes prevention, treatment and care.

3.2 Participants in the research

Nearly 500 people from south Asian, black African and black Caribbean communities took part in the research through qualitative research and a quantitative survey.

The qualitative stage of the research involved a number of discussion groups and interviews conducted from August to October 2019 in London, Leicester, Slough, Birmingham, Bradford and Oldham. Around 150 people participated in the discussions and were from the Indian, Bangladeshi, Pakistani, black African and black Caribbean communities.

Participants included those:

- with Type 2 diabetes
- with Type 1 diabetes
- at risk of developing Type 2 diabetes, and
- at risk of Type 2 diabetes and on the Healthier You NHS Diabetes Prevention Programme.

We also spoke to:

- healthcare professionals such as GPs and diabetes specialist nurses, and
- Diabetes UK Community Champions working with a wide range of people from different black, Asian and minority ethnic communities.

The discussions were followed up with a survey among 350 people from the above communities, conducted from November 2019 to January 2020, using a mix of face-to-face interviews and an online survey.

3.3 Emerging typologies of research participants

A number of typologies emerged in the analysis of the insight research findings. This was based on participants' attitudes to diabetes in general, and their motivations to change behaviours around healthy lifestyles to either reduce their risk of getting Type 2 diabetes, or to better manage their diabetes.

This process was designed to help understand whether or how communications could be adapted to tap into the range of motivations observed during the research process.

The following typologies demonstrate differing attitudes and behaviours regarding diabetes.



Proactive

"Up to me, I'm in control"



Vacillators

"I try my best, but it's not always enough"



Apathetic

"Too much effort"



Disbelievers

"Not me"



Fatalistic

"What will be will be"

Proactive



Up to me,
I'm in
control

“My parents have diabetes and there is no way I’m going to get it. I eat clean food, do intermittent fasting, and go to the gym as often as I can.”

Indian younger male, at risk, Slough

Attitudes to Type 2 diabetes

This group is highly motivated to lead healthy lifestyles. Being fit by going to the gym, playing sports or generally being active is very much part of their personal and social lives. Their motivations are to be healthy and fit for themselves and their children.

For them, even if they have family members with Type 2 diabetes, they do not see getting the condition as inevitable, but rather see it as their responsibility to reduce their risk. The proactive types will work hard to prevent getting Type 2 diabetes.

Living with Type 2 diabetes

If the proactive types are diagnosed with Type 2 diabetes, they are generally shocked as they believe that they have been doing all the right things in terms of diet and physical activity. However, they will do whatever it takes to effectively manage the condition, and their goal is often to put the condition into remission.

The proactive types are highly mindful of continuing to make the right choices regarding diet and high levels of exercise. They see the management of the condition as their responsibility and tend not to bow to cultural, social or family pressures.

Vacillators

“I try really hard. I need to lose weight. I’m good all week and then there are the family gatherings. All the fried food comes out and you just can’t say no. They say, ‘Just have one, diet on Monday.’”

Indian younger female, at risk, Leicester


Attitudes to Type 2 diabetes

There is good awareness of the risks of Type 2 diabetes as well as acceptance of their increased risk due to family history or their ethnicity. As a result of seeing the poor outcomes of family with Type 2 diabetes, there is motivation to lead healthy lifestyles for themselves and their families. There can be frustration when they fall short of positive lifestyle behaviours.

Living with Type 2 diabetes

For vacillators, being diagnosed comes as a shock, even if they know about their risk. However, there is great motivation to improve lifestyle behaviours, rather than to take medication.

The desire to manage their condition well and to make lots of healthy lifestyle choices is often strong. However, vacillators can succumb to cultural expectations (to eat less healthy food, larger portion sizes, entertaining with high-calorie cultural foods and snacks) which can affect good intentions.



I try my best, but it's not always enough

Apathetic



Too much effort

“I know I have to change, and I know I have to lose weight, but I just can’t be bothered. I have two litres of coke a day. I need the sugar boost to keep me going.”

Younger Bangladeshi female, at risk, Birmingham

Attitudes to Type 2 diabetes

Those who have not been diagnosed with Type 2 diabetes, even in the context of being presented with their higher risk after the age of 25, do not see the risk as relevant to them, especially for those who are younger.

Others tend to think they are doing the right thing but don’t really want to make real changes to their lifestyles to reduce their future risk.

Living with Type 2 diabetes

If the apathetic types are diagnosed with Type 2 diabetes, this is largely accepted, despite any initial shock or concern. This group is often not ready to make significant changes to their lifestyles; they may convince themselves that they are doing the right things but will make excuses when behaviour falls short of the recommended lifestyle advice.

Disbelievers

“It’s not genetics, I don’t believe the ethnicity thing. I don’t believe it. I think it’s more about what you consume rather than where you originate from. It’s all the Western junk food we are exposed to.”

Black African younger female, at risk, London

Attitudes to Type 2 diabetes

There is low awareness of the higher risk of Type 2 diabetes among this group. They tend to ‘explain’ this higher risk by the increased consumption of poor Western foods and Western lifestyles rather than as a genetic factor.

Without ‘concrete evidence’ to explain this higher risk, there is a mistrust of this information and they rationalise this as a ‘conspiracy’ against their communities. This is compounded by a general lack of trust in healthcare professionals, so this group is less likely to listen or take on board any healthcare professional advice.

Living with Type 2 diabetes

For the disbeliever types who are diagnosed with Type 2 diabetes, there are high levels of denial, and a strong reluctance to accept the condition. They can feel different, isolated, emasculated, powerless, and not in control of their bodies or their lives.

They will accept medication with little questioning and resent having to change lifestyles. They manage their condition (even if not well), by taking prescribed medication. Changes are made to their lifestyles but grudgingly, often only willing to make the minimum change required, such as small swaps in food groups.



Not me

Fatalistic



What will be will be

“We will go when the time comes, so why bother? I know people who used to go the gym, were healthy but died of a heart attack. That’s when others think: why bother?”

Older Pakistani female, at risk, Oldham

Attitudes to Type 2 diabetes

Diabetes and other major health risks tend not to be within the individual’s control or something they can affect. There is a general belief that outcomes can probably not be changed once diagnosed.

If there are family histories of health risks, there is even more of a tendency to see these as inevitable rather than risks they can prevent or better manage.

Living with Type 2 diabetes

Given the degree to which the condition is accepted as inevitable by the fatalistic types, it is almost taken in their stride, or even seen as a badge of honour for some as a sign of ‘good living’. However, some others may keep it a secret from family and friends, brushing it under the carpet for fear of pressure to modify their lifestyles. This group appear to take little responsibility for the self-care of their condition and are more reactive than proactive in managing their condition.

The fatalistic types tend not to fully understand or follow dietary advice and lead quite sedentary lives. There is high dependency on healthcare professionals, but they are less likely to take on board lifestyle advice (too hard to follow, and requires self-motivation), relying on GPs to prescribe medication (easier to follow) as a means of controlling their condition.

4.0

The multicultural landscape of black and south Asian communities in England

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Note: Based on the latest 2011 Census data

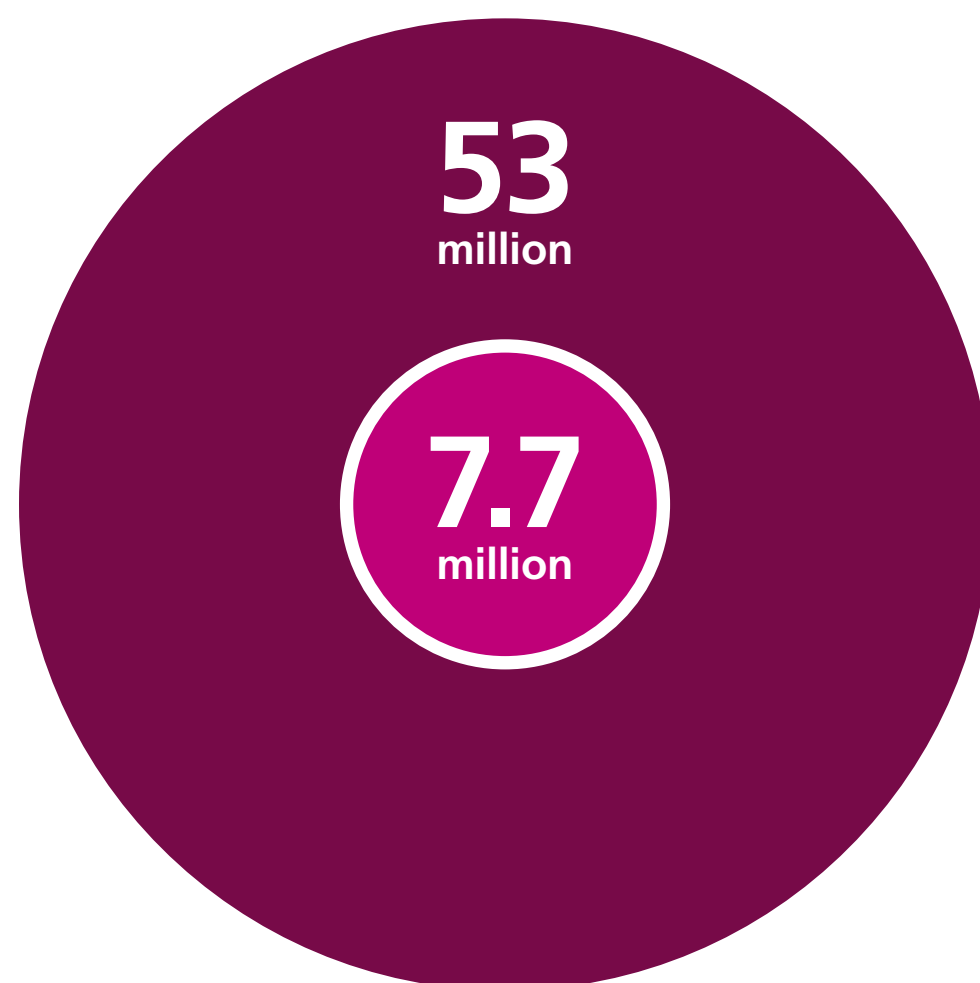


4.1 Population size

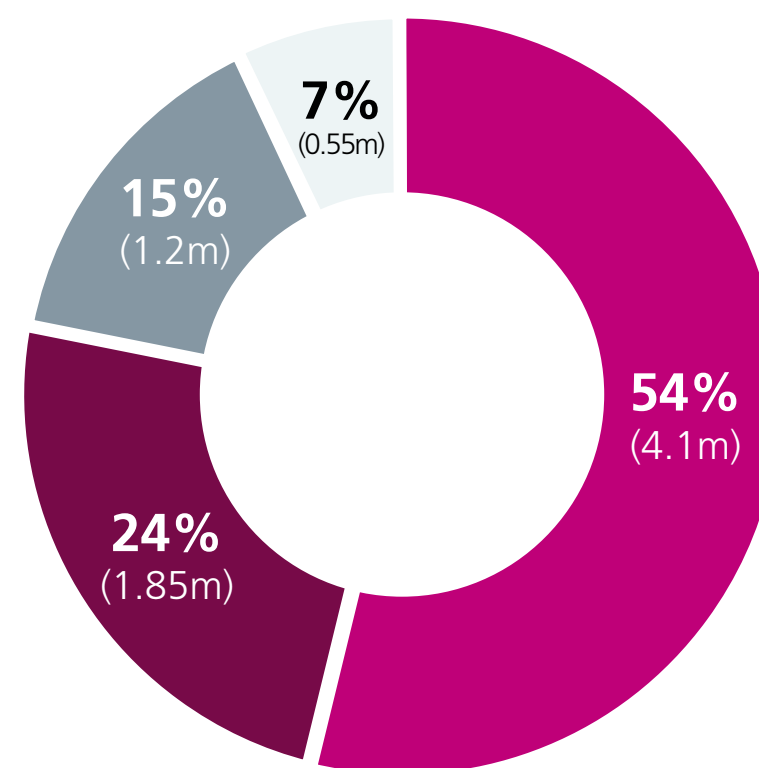
This section provides an overview of the size of the whole black and south Asian population in England, the breakdown of the main subgroups that make up the population and regional clusters.

The most current, comprehensive and detailed data about England's black, Asian and minority ethnic communities is from the most recent (2011) Office for National Statistics (ONS) Census. The next national census is scheduled for 2021 and this section will be updated once the data is made available. Given the age of the data we expect the real figures to be higher.

The total population of England is 53 million of which 7.7 million people (15%) are from black, Asian and minority ethnic communities.



This 15% black, Asian and minority ethnic populations can, at the first level, be broken down into four major communities:



Asian	54% (4.1m)
Black	24% (1.85m)
Mixed	15% (1.2m)
Other Ethnic	7% (0.55m)



4.2 Regionality

Over **50%** of the UK's entire black, Asian and minority ethnic population live in three cities: **London, Birmingham and Greater Manchester.**

(Source: Policy Exchange - A Portrait of Modern Britain, 2014)



4.3 Age profile

The overall age profile of black, Asian and minority ethnic communities is significantly younger than the white population.

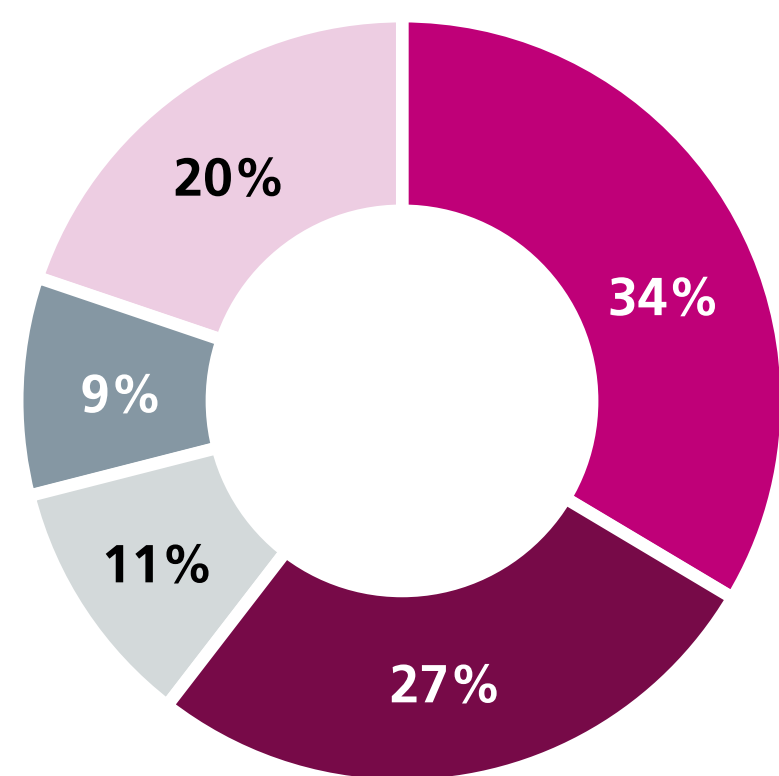
- **Almost 25%** of people from the white population were aged 60 years and over, compared with 8.5% of the Asian community and 8.1% of the black population.
- **43.2%** of people from Asian groups and 44.7% of people from the other ethnic groups were aged 20 to 39 years.
- **Over half (52.8%)** of people from black groups were aged between 18 and 49 years, and just under one-third (30.4%) were aged under 18 years.



4.4 Community profiles

In this section, we take a closer look at the south Asian, black African and Caribbean groups in England, focusing on the make-up of these groups, geographic locations and age profiles.

Breakdown of Asian communities in England



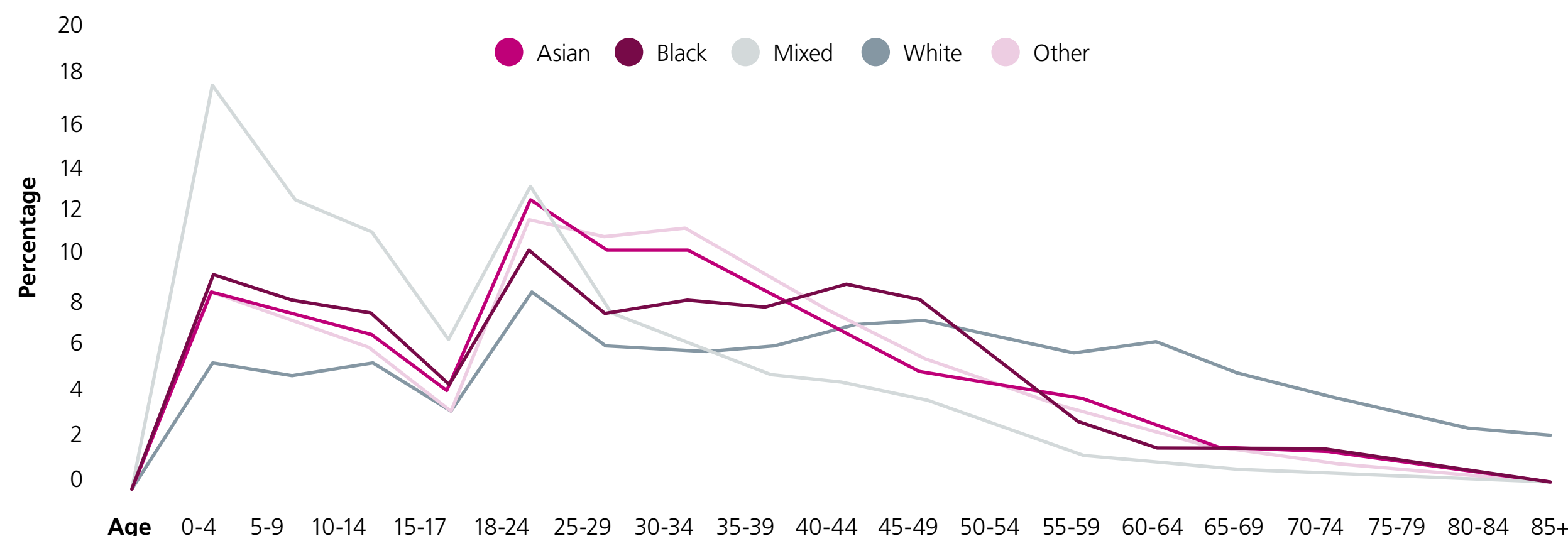
● Indian ● Pakistani ● Bangladeshi
● Chinese ● Other Asian

Asian/Asian British		4,143,403
Indian	34%	1,395,702
Pakistani	27%	1,112,282
Bangladeshi	11%	436,514
Chinese	9%	379,503
Other Asian	20%	819,402

4.5 Community profile: South Asian population

There is a total of 4.1 million Asians in England. The majority of the Asian population is composed of communities from four different countries, with the Indian and Pakistani communities being the largest.

Age profile: black, Asian and minority ethnic groups vs white

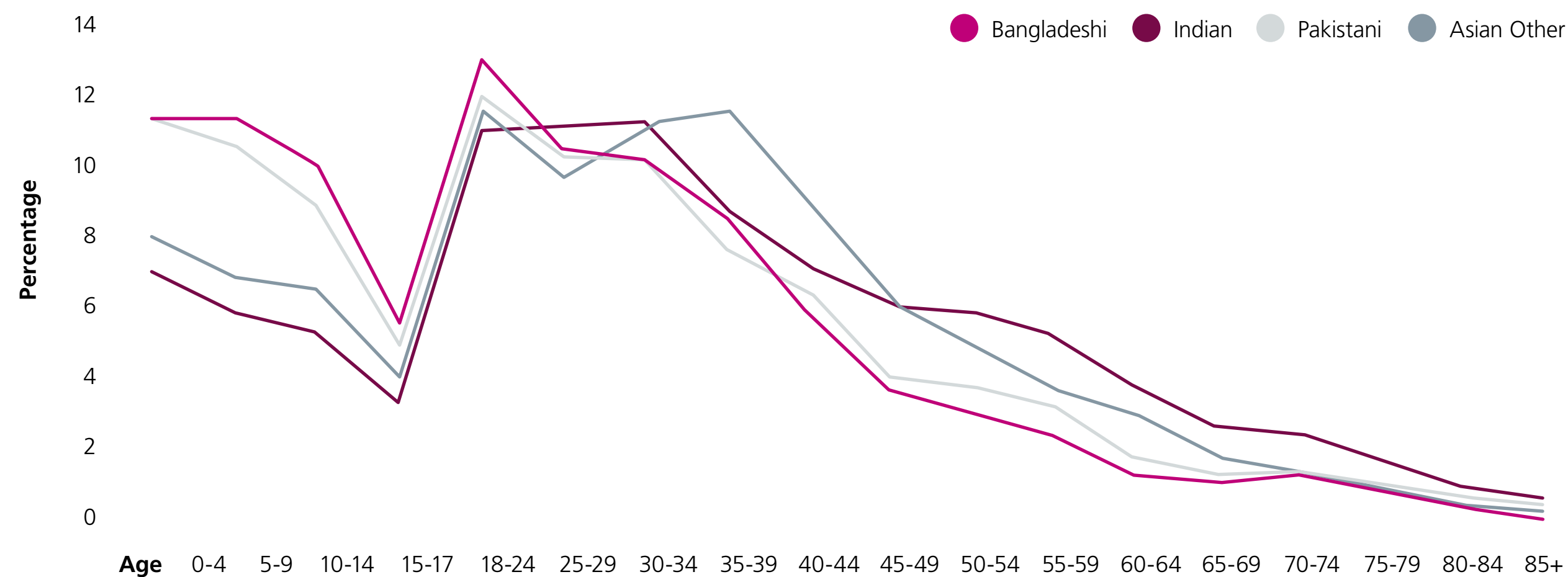


Large populations of south Asians reside in:

London: All south Asian groups
Birmingham: Mainly Indians and Pakistanis
Leicester: Mainly Indian
Bradford: Mainly Pakistanis

Manchester: Mainly Pakistanis
Slough: Mainly Indians and Pakistanis
Luton: Mainly Pakistanis and Bangladeshis
Oldham: Mainly Pakistanis and Bangladeshis

Age profile: Asian communities



At first glance, south Asian communities have a similar age profile, with the largest proportion being **between 25 and 34 years of age**. However, there are subtle differences between the communities:

- Of **the south Asian communities**, the Indian community has the oldest age profile, **with 23% being aged 50 and over (77% being under the age of 50)**
- **90%** of the Bangladeshi community are under the age of 50
- **88%** of the Pakistani community are under the age of 50
- **22%** of the Indian community are aged between 20 and 34 years of age
- **23%** of the Bangladeshi community are under the age of 10



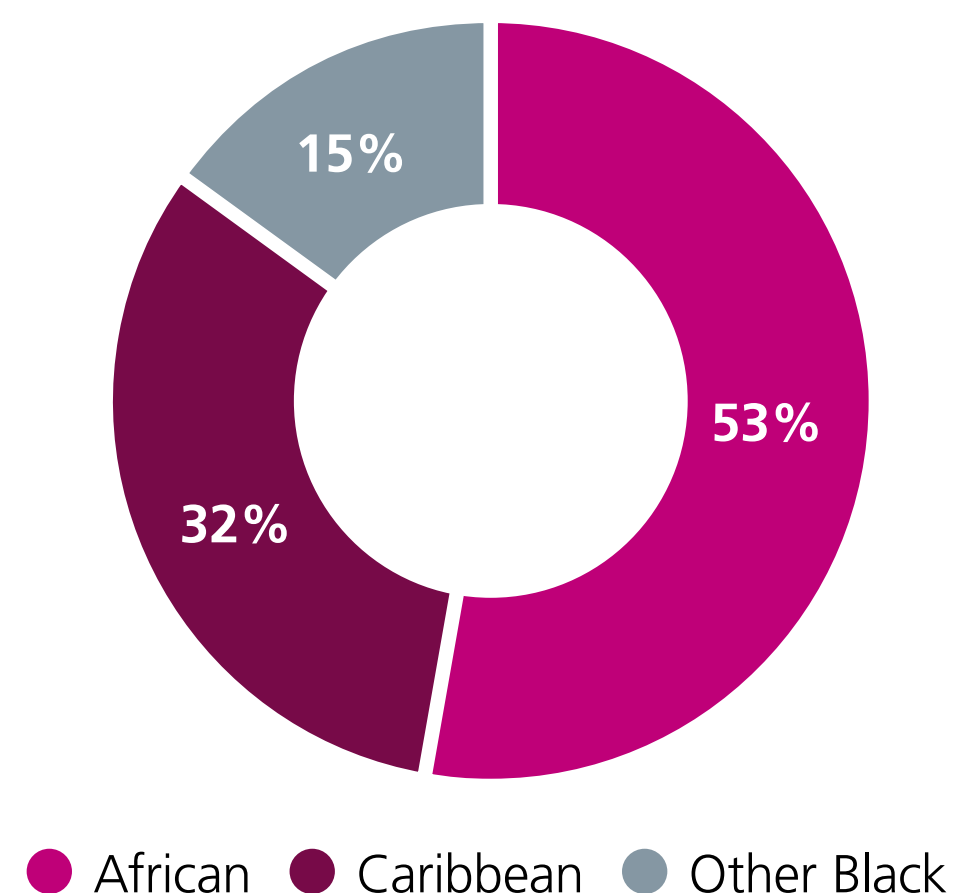
4.6 Community profile: Black African and black Caribbean communities

Black African people are one of the fastest-growing communities in England. This community comes from different countries across the African continent, but the largest numbers are from Nigeria and Ghana, followed by smaller numbers from Somalia, Kenya, Uganda, Sierra Leone, Zimbabwe, South Africa and the Democratic Republic of the Congo.

Black Caribbean people come from the Islands in the British West Indies including Jamaica, Trinidad and Tobago, Barbados, St Kitts and Nevis and St Lucia, Guyana and Grenada. One of the largest waves of migration from the British West Indies took place in the mid-1960s, and this wave of migrants are often known as the 'Windrush' generation.

Black/African/Caribbean/black British	%	1,846,614
African	53	977,741
Caribbean	32	591,016
Other black	15	277,857

Breakdown of black communities in England



Large populations of black Africans reside in:

- London
- Birmingham
- Manchester

However, it is worth noting that around **three-quarters (78%)** of black Africans live in London.

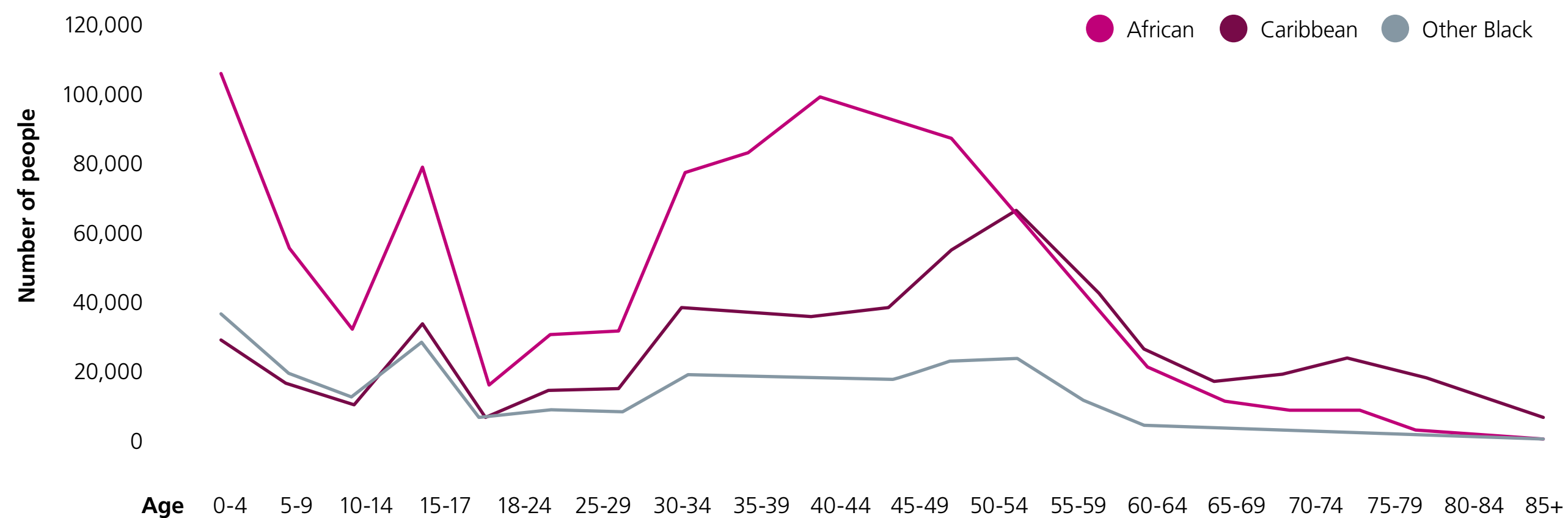
Large populations of black Caribbeans reside in:

- London
- Birmingham
- Manchester
- Bristol
- Liverpool
- Cardiff

4.7 Age profile:

The black population has a younger age profile than the white population. This is largely driven by the black African and black other groups.

Age profile: black communities



- The black African community in England has a younger age profile than the total population, with **37% aged under 17 years**.
- As well as a younger age profile, the black African community includes **significantly fewer people over the age of 45**.
- The black Caribbean community is a significantly older community, with **more than 30% being over the age of 50** and **nearly 14% aged over 65**.

4.8 Socio-economic group

As well as considering ethnicity, region and age in message development, it is also sensible to look at socio-economic grouping. Literacy, health literacy and digital poverty should be considered too, especially when making decisions about language and tone as well as where and when to promote messages. [Information on socio-economic groups by ethnicity in England can be found here.](#)

5.0

Culturally intelligent guidance

This section provides guidance on each of the subgroups in terms of language, faith, dietary requirements and clothing. In addition, it also highlights key things to consider when engaging these groups.

This will help you when choosing imagery of food and people who wear signs and symbols relating to a particular faith group.

Important note: People practise their religious beliefs to varying levels and therefore not everyone will follow the dietary and clothing requirements outlined below. However, this section provides some general guidance.

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5.1 Mother tongue languages

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>Hindi – lingua franca (written and spoken) and language of ‘Bollywood’</p> <p>Gujarati – written and spoken</p> <p>Punjabi – written and spoken</p>	<p>Urdu – written and spoken</p> <p>Punjabi – spoken</p> <p>Those from Mirpur speak Mirpuri and there is a significant population in the West Midlands.</p>	<p>Sylheti – spoken only</p> <p>Bengali – written (limited spoken by those more literate)</p>	<p>Vast number of African languages and dialects across the continent. In England, the majority languages for communication are English and French.</p> <p>Most Nigerians in the UK are likely to be Yoruba or Igbo and therefore speak these languages, as well as pidgin English.</p> <p>Ghanaians in the UK are likely to speak Twi, Fante, Ga as well as pidgin English.</p>	<p>Mostly speak English. However, some speak Patois or Creole languages among themselves.</p>

5.2 English proficiency

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>For 82% of Indians, English is either the main language or they speak English well.</p> <p>18% do not speak English well or cannot speak English.</p>	<p>For 75% of Pakistanis, English is either the main language or they speak English well.</p> <p>25% do not speak English well or cannot speak English.</p>	<p>For 69% of Bangladeshis, English is either the main language or they speak English well.</p> <p>31% do not speak English well or cannot speak English.</p>	<p>For 99% of Nigerians, English is either the main language or they speak English well.</p> <p>For 95% of other Africans, English is either the main language or they speak English well.</p>	<p>For 99% of Jamaicans, English is their main language.</p> <p>For 98% other Americas and Caribbeans, English is their main language or they speak English well.</p>

5.3 Main faith groups

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>44% Hindu</p> <p>22% Sikh</p> <p>14% Muslim</p>	<p>91% Muslim</p>	<p>90% Muslim</p>	<p>70% Christian</p> <p>21% Muslim</p>	<p>74% Christian</p> <p>Some Rastafarians and Muslim converts (no official numbers to show this).</p>

5.4 Diet

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>Hindus – do not eat beef</p> <p>Gujarati Hindus – do not eat beef and many are vegetarian</p> <p>Sikhs – do not eat beef and many are vegetarian or vegan</p> <p>Muslims – do not eat pork, do not drink alcohol, and food must be halal</p>	<p>Muslims – do not eat pork, do not drink alcohol, and food must be halal</p>	<p>Muslims – do not eat pork, do not drink alcohol, and food must be halal</p>	<p>Muslims – do not eat pork, do not drink alcohol, and food must be halal</p>	<p>Muslims do not eat pork</p> <p>Rastafarians do not eat pork, and some are vegetarians or vegans – referred to as 'Ital'.</p> <p>Rastafarians do not drink alcohol.</p>

5.5 Clothing

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>Sikh men often wear turbans. Turbans are also becoming popular among Sikh women too.</p> <p>Indian women often wear saris or salwar kameez.</p>	<p>Muslim women: many wear modest clothing (cover arms and legs).</p> <p>They may choose to wear:</p> <p>Hijaab – headscarf</p> <p>Niqāb – face cover</p> <p>Burkha – full body cover</p>	<p>Muslim women: many wear modest clothing (cover arms and legs).</p> <p>They may choose to wear:</p> <p>Hijaab – headscarf</p> <p>Niqāb – face cover</p> <p>Burkha – full body cover</p>	<p>Muslim women: many wear modest clothing (cover arms and legs).</p> <p>They may choose to wear:</p> <p>Hijaab – headscarf</p> <p>Niqāb – face cover</p> <p>Burkha – full body cover</p>	<p>Rastafarians have dreadlocks and some may wear a special hat referred to as a 'rastacap' or 'tam'.</p>

5.6 Awareness and knowledge of diabetes

Indian	Pakistani	Bangladeshi	African	Caribbean
<p>Relatively good awareness and knowledge of Type 2 diabetes across different generations of Indians.</p>	<p>Some good awareness of Type 2 diabetes among younger generations who have been born/brought up in the UK. More varied among older people, with the lowest among first generations.</p>	<p>Some good awareness of Type 2 diabetes among younger generations who have been born/brought up in the UK. More varied among older people, with the lowest among first generations.</p>	<p>Relatively good awareness among younger people and those of higher socio-economic groups. Lower awareness and understanding among older generations.</p>	<p>Relatively good awareness among younger and older black Caribbeans.</p>

Source: ONS Census 2011 data and Cultural Intelligence Hub insight

5.7 Key things to be aware of:

- People practise their religious beliefs to varying levels and therefore not everyone will follow the dietary and clothing rules outlined in previous pages.
- There are significant differences in levels of literacy and language proficiency among the different communities, and sometimes even using translated written materials may not be effective. Audio and visual communications are far more effective to reach older generations. See Communication guidance section for translation advice.
- Within the Bangladeshi community, the largest population comes from a district called Sylhet, which is a rural farming community, with low literacy levels. This community has its own dialect which is very different to traditional Bengali language. This is a spoken language and, when creating audio messaging, it is recommended you use Sylheti speakers rather than Bengali speakers.
- Within the Pakistani community, some speak Punjabi (as well as or rather than Urdu). However, these Punjabi speakers do not often read the traditional Punjabi script used by the Sikh community.
- Hindi speakers represent a small minority of British Asians and are mainly professional middle classes who are fluent and literate in English.
- Among the Somali community, there can be a lower level of English proficiency, therefore consideration for translations may be required, particularly for older people as the Somali language only became a written language in 1972.
- Members of different subgroups have different facial characteristics and can recognise when 'models from a different community' are being used to represent them. Care should be taken when choosing imagery.
- Both first names and surnames are strong identifiers within communities and care should be taken if naming characters to use culturally appropriate names (for example, Muslim names for Muslim characters and audiences).
- Although the majority of black African and black Caribbean communities are Christians, it is worth noting that there is a diversity in beliefs depending on which denomination they follow. This includes a wide range – for example, Pentecostal, Anglican, Catholic, Seventh-day Adventist, Baptist and Methodist.

Source: Cultural Intelligence Hub insight



Communication guidance

This section provides guidance on how to develop campaigns that resonate with and engage black African, black Caribbean and south Asian audiences. We look at barriers and levers to behaviour change, how to develop compelling messages, using imagery that works, when and how to translate information, making communications accessible to disabled people, and the preferred channels and timing for communications.

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6.1 Barriers and drivers to Type 2 diabetes prevention

The insight research highlighted a range of barriers that can prevent people from black and south Asian communities from making better lifestyle choices to reduce their risk of developing Type 2 diabetes, and better managing the condition if they have it.

These issues can also hinder participation on the Healthier You NHS Diabetes Prevention Programme. However, a range of positive factors can potentially overcome these barriers, and therefore become drivers for change.

Attitudes

Barriers	Drivers
<ul style="list-style-type: none"> • 'Fatalism', a belief that there is no point and nothing can be done to reduce the risk/ complications of Type 2 diabetes • Disbelief or mistrust in the increased risk of Type 2 diabetes for those from south Asian, black African and black Caribbean backgrounds. Also, disbelief that the risk increases after the age of 25 for these groups • Cultural and family expectations to eat and serve cultural foods cooked in traditional ways, in larger portion sizes, high-carb foods, and expectations around celebratory cultural foods • A belief that it's 'God's will' and that prayer is sufficient 	<ul style="list-style-type: none"> • Messages around the fact that Type 2 diabetes is not inevitable and positive lifestyle changes can improve health and quality of life • Strong messages around the increased risk after the age of 25 compared to other ethnic groups. Also, around how positive behaviour changes can reduce the risk of Type 2 diabetes • Case studies of people from their communities who have managed their diabetes well • Tailored approaches and messages that take account of the cultural and religious lives of people from black and south Asian backgrounds • Faith leaders are key influencers and are best placed to address issues relating to religious beliefs that may be preventing behaviour change



Healthier You NHS Diabetes Prevention Programme

Barriers	Drivers
<ul style="list-style-type: none"> • Real experiences and expectations that lifestyle advice and programmes won't be culturally relevant • Perceptions of a lack of inclusivity in diet and lifestyle advice and programmes • Reluctance and lack of confidence by black and south Asian communities to share actual food practices for fear that advice will be hard to incorporate in family meals 	<ul style="list-style-type: none"> • Demonstrating that advice and programmes are culturally inclusive and appropriate – and delivered by experts from various ethnic backgrounds • Development and sharing of existing dietary advice, relevant for black and south Asian communities, that they can easily adapt to their family meals • Increased knowledge and confidence among Healthier You coaches around cultural foods – especially in offering realistic healthier alternatives – to support and encourage full participation by people from black and south Asian backgrounds



Healthcare professionals

Barriers	Drivers
<ul style="list-style-type: none"> • Perceptions that healthcare professionals lack understanding for the cultural lives of black and south Asian communities. Also, beliefs that there is low appreciation of cultural foods and the impact of family dynamics on lifestyle behaviour 	<ul style="list-style-type: none"> • Training to increase healthcare professionals' confidence around cultural awareness to help them better support patients with lifestyle choices

Language

Barriers	Drivers
<ul style="list-style-type: none"> • Lack of proficiency in English • The language around the issue of diabetes can be difficult to understand as it often involves the use of acronyms 	<ul style="list-style-type: none"> • Simplifying the language around diabetes and translating messages where appropriate • Adhering to guidance in Language Matters: Language and diabetes – a guidance document to help healthcare professionals have positive interactions with people living with diabetes

6.2 Messaging

The insight research looked to understand the communications and messaging needs around Type 2 diabetes among those of south Asian, black African and Caribbean backgrounds. The research suggested that, for these groups, there are a number of overarching messaging needs:

- People from black and south Asian backgrounds have a higher risk of getting Type 2 diabetes after the age of 25 (compared with those from a white background, where risk increases after the age of 40).
- The health complications of getting Type 2 diabetes (for example, loss of sight, loss of limbs and increased risk of heart disease) can be serious and life changing.
- Type 2 diabetes can be preventable and for some, can be put into remission.
- There are societal costs of Type 2 diabetes (such as the cost to the NHS, future predictions of increased risk).

This table prioritises the messaging needs in order of their potential to motivate real behaviour change:

Message	Rationale
South Asian, black Caribbean and Black African people are more at risk from Type 2 diabetes from the age of 25	This puts the ethnicity risk message in context when compared to other ethnic groups and makes the 'prevention' message all that more powerful
There are serious health complications of getting Type 2 diabetes	When these are presented explicitly, this is a real shock factor and, therefore, has the potential to motivate, for younger and older people
Type 2 diabetes is a serious condition that affects health and quality of life but is preventable and for some, can be put into remission	This gives people a sense of responsibility and control to affect their own current and future health outcomes
There are costs to society of the increasing prevalence of Type 2 diabetes	There is shock value when people are presented with the actual cost to the NHS of high and increasing prevalence of Type 2 diabetes
One's ethnicity in itself increases the risk of being diagnosed with Type 2 diabetes	An important message but, on its own this can generate push back (that is, the need for 'data', cynicism, etc.) and it can raise more questions than answers without context



“You could get a credible Caribbean chef...who could show me how to make my traditional dishes to help me...we [black people] need to be educated and reconditioned about the way we eat.”

Black Caribbean male, London

6.3 Why the person delivering the message is important

It is equally important to think about enlisting the expertise of the right people to deliver an inspiring, thought-provoking message. Knowing who your audience is more likely to listen to, trust and identify with is crucial.

Alongside using the correct channel to reach your audience, you should think about who is best placed to deliver that message so that it is as impactful as possible. If you are looking to reach a wide range of audiences, it will be important to ensure that the messages come from lots of different people, rather than people who might look or sound too similar.

6.4 Key communications considerations for improving engagement

Referring to the typologies in the insight research section, here are some communication considerations for each type:

	Proactive	Vacillators	Apathetic	Disbelievers	Fatalistic
Attitudes	'Avoid getting diabetes at all costs'	'Trying my best, but too much pressure'	'Not me'; 'Diabetes not relevant yet'	'I don't believe the ethnicity link'	'What will be will be'; 'Not within my control'
Key message	The increasing risk after the age of 25, and ethnicity	The increasing risk after the age of 25, and ethnicity	The increasing risk after the age of 25, and ethnicity	The increasing risk after the age of 25, and ethnicity	Health complications of getting Type 2 diabetes
Messenger	GPs, HCPs and celebs from the relevant community	GPs, HCPs and celebs from the relevant community	GPs, healthcare professionals, Community Champions	Experts/trusted voices from relevant community, e.g. healthcare professionals, researchers, Community Champions	GPs, healthcare professionals, Community Champions, faith leaders
Language/tone	Positive, empowering, practical support and rational messages	Positive, empowering, practical support in a cultural context	Hard-hitting but simple, straightforward language	Evidence-based, empowering	Hard-hitting but simple, straightforward language
Creative	'People like me' case studies	'People like me' case studies around cultural foods	Visually led with case studies and cultural foods	'People like me' case studies	Visually led with case studies and cultural foods
Channels	Social media, ethnic and selective mainstream media, community spaces	Social media, ethnic and selective mainstream media, community spaces	Social media, ethnic and selective mainstream media, community spaces, GP surgery	Social media, ethnic and selective mainstream media, community spaces	Ethnic media, GP surgery, community spaces, e.g. places of worship, community events

6.5 Translations

It can be tempting to think translating communications materials will increase their reach. However, any successful communications approach will need to take account of the multilingual nature of black and south Asian communities and the need for materials in formats other than written translations. Strategies that assume people speak and read a single language are likely to have limited success.

Translations: Top tips

- Produce the original text in plain and simple English. Complex text is harder to translate, making it more difficult to understand.
- Avoid jargon and technical terms.
- Leave the names of the service – for example, Healthier You: NHS Diabetes Prevention Programme – in English (do not translate). Leave any contact information (telephone number and address) in English.
- Bilingual information (English and mother tongue) is far more effective as different generations within a family can access the information.
- Keep the format short (for example, fact sheets).
- Use bullet points and checklists.
- Have a step-by-step structure with short sections of text.
- Clear typography and large fonts.
- Visual cues on the cover for people who have limited literacy in their mother tongue.
- Have all translation checked prior to production to ensure that the language is straightforward and not in an academic style.
- Consider promoting the availability of translated material and distribution. Publicity materials should highlight that information is available in alternative languages, signposting readers to where it can be accessed.

Key considerations

- Plain, straightforward English provides accessibility for less literate English speakers.
- Some non-English speakers are not literate in their mother tongue language, therefore, visually led materials or oral advice (possibly via an intermediary) may be far more effective.
- Key phrases or names of services have no obvious direct translation – for example, ‘diabetes’.
- The sheer range of languages spoken and read in many areas can make translation expensive and impractical. Oral advice (via a third party) is often preferred and can be more effective than written information. It is also important to think about how communities will access translated materials.
- Visuals and graphic alongside simple language can be another way to make information more accessible and work for multiple communities speaking various languages.

6.6 Creative guidance

Using the right imagery, signs and symbols

Imagery and illustrations are a very important tool for communicating key messages. To make sure your messages and creative materials are communicating effectively and to the right audiences, it is important to ensure that they are culturally appropriate, sensitive and show understanding of the community you are engaging with.

People who are like me

It is important that materials should be relatable, to encourage audiences to take notice – whether that is encouraging them to pick up a leaflet in a surgery or to watch a commercial on television.

Black and south Asian communities want to see people that look like them in creative materials. However, it is important to pick ‘models’ from the right community.

It is also important to use positive images of black and south Asian people, such as ordinary consumers, patients or professionals. Where appropriate, cultural reference points should be used to bring the execution to life; for example, food, language, scenarios or family relationships.

Images that try to portray one person from each ethnic group to appear inclusive are not recommended. This could be perceived as ‘staged multiculturalism’ which appears artificial and could undermine the credibility of your message.

When developing creative content and materials, it is always advisable to test materials with the target communities to ensure that you are getting this right. This can be achieved via formal creative testing research or cultural advisers. If there are budget constraints, consider getting feedback from critical friends within your organisation. For example, you could ask black, Asian and minority ethnic networks or your local health inequalities team, relevant external community organisations or other organisations from the voluntary, community and social enterprise sector that you’ve built relationships with, but, more importantly, who represent the communities you’re trying to engage.

Note: Images that don’t feature black and south Asian people are less likely to resonate.



6.7 Understanding the role of faith and symbols



Sikhism



Christianity



Islam



Hinduism



Buddhism



Rastafarianism

It is important to know and recognise the different faith symbols that are used.

However, unless you have specific faith-based messaging, try and avoid using these, as misuse can cause offence. Also avoid using quotes from religious books or images that represent religious icons.

Other symbols and faith-based imagery is sensitive and should be used with care. Simple errors may be seen as both disrespectful and lacking in basic cultural understanding.

For example: If you are communicating to mixed Asian audiences or Muslim audiences, do not use an image of a woman wearing a 'bindi'. Although often seen as a fashion accessory, it is traditionally worn (especially the original red circle) by Hindu women and is a symbol of their married status.

When creating messaging around faith-based festivals such as Eid and Diwali, it is often safer to

use generic images associated with the celebratory element of the festivals, rather than using faith icons.

6.8 The use of colour

Colour can help engage, but can also divide communities. Within south Asian communities, there are certain colours that are closely associated with country and faith.

- Saffron is used by Indians as it features in the Indian flag, but is also the colour associated with both Hinduism and Sikhism.
- The dark green in the Pakistani flag is also associated with Islam.

If the aim of creative images is to engage all south Asian communities with the same materials, then it is best to avoid these colours. However, if you are targeting one particular community, then these are colours that bring a sense of connectivity with them.

6.9 Illustrations

Illustrations can support an inclusive creative approach. In particular, when the ethnicity of the characters is unknown, black, Asian and minority ethnic groups are less likely to feel alienated.

However, cartoons can be problematic for some black, Asian and minority ethnic groups, particularly non-English speakers, recent immigrants and more traditional communities, as they perceive them to be for children. This can make it harder for them to take the message seriously. Use of illustrations should be carefully considered, especially when the message is serious.

6.10 Food and alcohol

If images of food are necessary, the food presented should be culturally appropriate and named and described correctly for target communities. Also, there are specific images that may be offensive to certain faith groups. For example, Hindus are vegetarians and the cow is a sacred animal. Similarly, many Muslims do not eat pork in any form, so images of pork should be avoided. It is also important to remember that some faith communities do not drink alcohol.

6.11 Decorum and etiquette

In some south Asian communities and faith groups, public displays of affection, or physical contact between people (such as hugging, or holding hands) should be treated with care, as this may be seen as culturally inappropriate, particularly among the older generation.

Publicity materials aimed at a Muslim community should take into account that many Muslim men and women choose to dress modestly in all contexts – including when exercising.

6.12 The right image vs the wrong image

The leaflet pictured was created by the NHS for the flu jab. It may have worked well for mainstream audiences, as Henry Cooper was a famous former boxer, and the word ‘jab’ is a well-known boxing term.

However, the leaflet jarred when translated into Chinese for two key reasons:

- When translated, the term ‘flu jab’ does not have exactly the same meaning and has no association with the boxing terminology.
- More importantly, many members of the target community did not know who the ‘celebrity’ ambassador was. They did not know how he related to their community and the importance of a flu vaccination.

Tip: Make sure the image used on the cover of a translated document is compatible with the community language used.

The stroke awareness Act F.A.S.T. poster created by Public Health England, features images of people from black and south Asian communities. It demonstrates that strokes are relevant to these communities and therefore encourages audiences to know the signs.



6.13 The ethnic media landscape

The insight research showed that black and south Asian communities receive health information via ethnic media as well as mainstream media.

As with the mainstream media landscape, there are numerous ways to reach your audiences, and it is important to know who you want to reach, in order to effectively select the right media mix for your campaign.

The strength of media channels and relevance to certain audiences may be changing; however, they remain important and very much a part of the black and south Asian community's media consumption.

The strength of these channels is the cultural relevance and resonance they have with their audience. This translates into saliency and loyalty for the products and services they feature.

“My father and mother now go for walks every day and eat so much better because they watch health shows on Asian television. They hear it and they trust the advice.”

Younger Bangladeshi male, London





Ethnic TV

Ethnic TV channels have increased dramatically for all the main black and south Asian groups.

The Asian channels are mainly targeted at older audiences, with the majority of the programmes being produced in India, Pakistan or Bangladesh, in south Asian languages. Also emerging is Asian TV appealing to a younger age profile focused on music and 'Bollywood' (Indian films) entertainment.

The black channels are either generic American-generated entertainment content, or feature 'Nollywood' (Nigerian) films, or African-generated content. Some of the channels do have UK-produced news and social issues/magazine format programmes.

There has also been growth in faith-based channels, some of which have regular health shows.



Radio

Radio is a strong channel for Asian audiences.

There is one national BBC station, a national commercial station, plus a number of regional commercial stations and new digital stations. Most will have opportunities for issue-based content, although these may have to be paid for.

There has been growth in the number of community radio stations that exist for specific communities with very local reach.

During the festivals of Ramadan and Vaisakhi, Ofcom grants a number of Restricted Service Licences that permit special religious programming for a period of 30 days.

There are a number of black radio stations that have a strong community-focused programming schedule.





Print

Like mainstream print, many ethnic print outlets have transferred to digital formats, given diminishing reader numbers. However, it is worth noting that there are a number of national and regional titles that are a key part of the black and south Asian communities' heritage in the UK.



Social Media

The impact of social media and online publishing is just as relevant within the black and south Asian communities. There are now a growing number of social influencers actively reaching out to younger black and south Asian audiences with culturally relevant content. Also, the majority of traditional ethnic media have social media channels that can act as added value alongside paid-for activity.

As part of the insight research, the survey looked at media consumption. The survey revealed that:

- **45%** of south Asians watch Asian TV whilst **30%** of black people watch black TV channels
- **Over 40%** of south Asians listen to Asian radio
- **Over 25%** of black people listen to black radio stations, with **a further 30%** listening to faith-based stations
- **Around 12%** of south Asians read the Asian press and **10%** of black people read black print titles
- Facebook is the most popular social media platform across both groups with **around 75%** of south Asians and **around 65%** of black people using Facebook

6.14 Importance of outreach

Where other forms of communications typically aim to raise awareness or influence attitudes through frequent and broadcast means, outreach is much more targeted and localised, using powerful personal interaction to create dialogue to overcome barriers and change minds. Outreach can help form a bridge between communities and organisations, addressing myths or wrongly held perceptions through conversations and first-hand experience.

Purpose	Techniques	Audiences
<ul style="list-style-type: none"> • Often involves communicating a specific message • Designed to address under-representation or perceived barriers to conventional channels of communications in relation to minority groups • Designed to have significant impact on an individual, changing attitudes or behaviour • Designed to build trust 	<ul style="list-style-type: none"> • Proactive, making an effort to seek out members of the target audience rather than waiting for enquiries to come in • Involves face-to-face contact to create dialogue, better achieved alongside other media • Uses community advocates to build credibility 	<ul style="list-style-type: none"> • Specific audiences usually because of cultural, faith or language barriers • Those reluctant to engage with public services

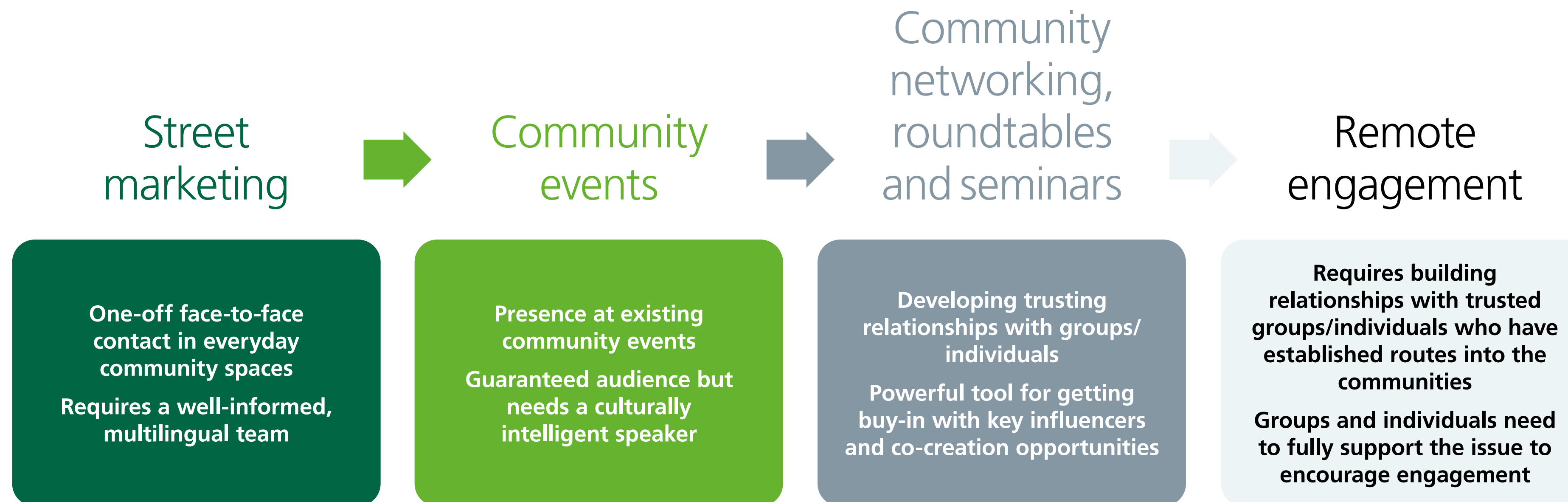
“Why don’t they piggyback what churches do? They have festivals and things like women’s nights or family days. Have events around healthier living and healthy eating on the back of these.”

Younger black African male, at risk of diabetes, London

“Needs to be on their terms, in spaces where they gather, in languages most relevant to them.”

Diabetes UK Community Champion

There are different approaches that can be deployed as part of outreach, including:



6.15 Strengths of outreach approaches

- Reach: outreach allows you to reach audiences that may be excluded from mainstream communications
- Scope to build a network of advocates in the community through investment in strong relationships
- Approaches developed and delivered in collaboration with community and faith organisations are likely to have greater success in engaging your audiences
- Can build trust in the organisation among members of the community and help with 'myth-busting'
- Can increase empathy – both with the community and the organisation
- A visible, tangible way to address specific community needs via targeted materials, visits to community spaces and events, that demonstrates commitment to the community and interest in them and their issues
- Provide an opportunity to discuss the message in more detail, giving target audiences information relevant to them as individuals and answering their questions face to face
- Strong impact – provide the platform to change minds through explanation and discussion. Authenticity and credibility of the information is often stronger than in other forms of communication
- Allow for highly targeted communications with little 'waste', ensuring that outreach teams spend their time with target audiences

“Come into our
community centres
and tell us about
diabetes.”

**Older Caribbean female,
at risk of diabetes, London**





6.16 Limitations of outreach approaches

- Often rely on charismatic, multi-skilled individuals and long-term personal relationships
- Can take a long time to develop trust to the level needed to access the community
- Can be hard to measure as the impacts are generally localised, long term and qualitative
- Though not necessarily an obstacle, some outreach approaches are not as amenable to tight control as other forms of communications. They are most effective when there is flexibility to tailor further to different audiences

6.17 Things to be aware of

- Onboarding members of the target audience to engage others in the community is most effective – for example, Community Champions. The rationale for this is that ‘peers’ have greater credibility, understanding of the audience and access to them
- Get to understand about cultural nuances – for example, mosques are largely used by men; however, some mosques have a separate section for women. Therefore, care should be taken to match the gender of the predominant audience you’ll be engaging in that space
- Also recognise that, in other faith groups, men and women don’t sit together. You should check this prior to engagement, and make sure the team reflects the appropriate gender diversity
- Dress modestly, especially in places of worship. In some places, such as mosques, women will cover their hair and in gurdwaras both men and women are required to cover their hair. Also, the removal of shoes is required in some places of worship
- Check the English language proficiency of your audience so you will know if you need interpreters

6.18 'Passion points': Creating meaningful connections

In addition to traditional media, it is important to know your audiences' characteristics, habits and 'passion points' – the things they care about. These will allow you to create more meaningful interactions, start conversations and debates, and allow your message to have greater reach and impact.

There are passion points that hold great importance within each community; each is a potential opportunity for you to engage effectively:



Food

Black and south Asian communities often put great value on food and hospitality. Food is the cultural connector between 'home' and the family, and so maintaining a cultural diet is important for all generations.



Faith

Faith is a strong driver within many of these communities and plays a central role in keeping them connected with the community. Many send their children to after-school or weekend classes to ensure that the younger members of the family are brought up to respect and follow their faith.



Community

The 'community' acts as a strong support network for these communities, with local centres and venues providing advice, welfare support and safe spaces for members of the community to meet and interact.



Music and culture

Each of the communities organises and hosts national and local cultural events that celebrate home-grown and British-born talent. There are regular concerts, comedy shows and weekend festivals that generate significant audiences. Cinema (Bollywood and Nollywood) also plays a very strong role within these communities.



Sport

Cricket is the national sport of the south Asian communities and creates immense nationalistic pride and following across the generations. Watching international cricket matches on television or live is a common pastime of both men and women, older and younger members of the community.

Cricket is also popular among segments of black communities – as is football with both UK and international/national African teams being followed ardently.



Celebrity

The spin-off from the passion for music, culture and sport are the celebrities they create. Nollywood and Bollywood stars can be incredibly powerful message-givers, but only if the message is credible and believable. However, there is now a wealth of UK-based talent across the communities that has greater and more impactful appeal across younger generations.

6.19 Timings for campaigns

Planning ahead and understanding the right times to connect with audiences is important. Target audiences need to be in the right mindset and open to information and education. Creating a calendar of important dates for each community is the first step. Understanding the role and meaning of these festivals and dates will help assess whether they are appropriate times for messaging, and what types of messaging would be suitable and welcomed.

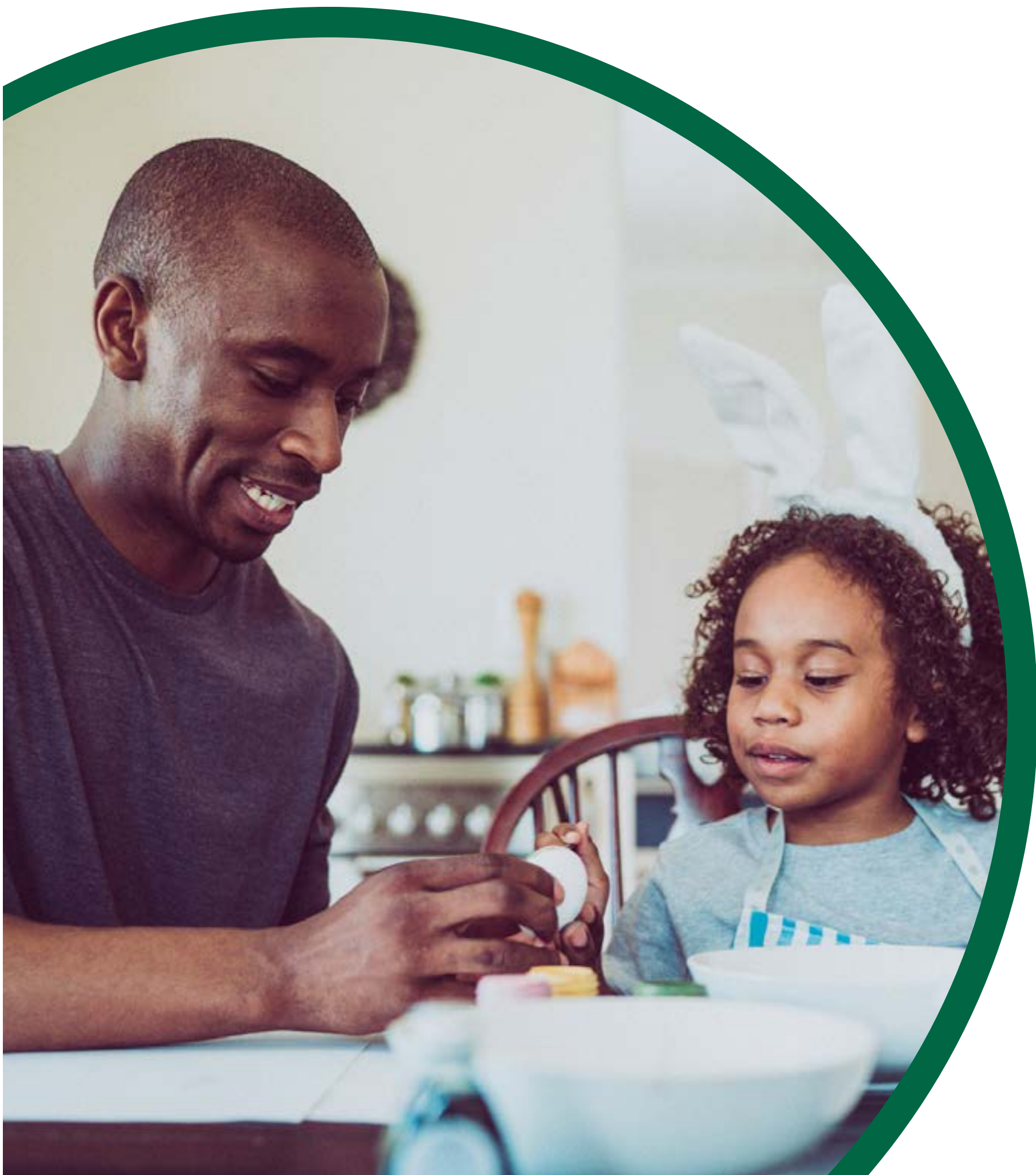
For example:

- Festival periods such as Christmas, Diwali and Eid are good times to simply connect with the community and wish them well and offer dietary advice to those living with diabetes at a time when there is an abundance of food.
- The period before these festivals, as respective communities prepare for the festivities, are times when engagement and education using culturally appropriate messaging can work well.
- The summer months see a lot of local community events and festivals which provide strong and effective vehicles for face-to-face engagement and discussion.

6.20 Calendar of cultural and religious festivals

The table below provides details of common cultural and religious festivals but is not a definitive list of every event.

Festival	Approximate annual timing	Significance/meaning	Audience
Ethiopian Christmas	7 January	Ethiopian Christmas celebration is marked by a large feast	Rastafarians
St Valentine's Day	14 February		ALL
Shrove Tuesday	25 February	Pancake Day – traditionally a way to use up eggs, flour and sugar before 40 days of fasting	Christian
Ghana Independence Day	6 March	Independence Day marks the declaration of independence from the United Kingdom	Ghanaian
Holi	March	Festival of colours, marking the end of winter and the start of spring	Hindu
Vaisakhi	April	The most important festival in the Sikh calendar – originally a harvest festival but also marks the birth of Sikhism	Sikhs



Festival	Approximate annual timing	Significance/meaning	Audience
Lent	February–April	A period of 40 days which comes before Easter in the Christian calendar, traditionally a time of fasting and reflection	Christian
Easter	March/April	Easter is the most important festival in the Christian calendar. It celebrates Jesus rising from the dead, three days after he was crucified	Christian
Ramadan	Varies by year	30 days of fasting, reflection and penance	Muslim
Eid ul-Fitr	Varies by year	Celebration marking the end of the month-long fasting period	Muslim
Eid ul-Adha	Varies by year	Festival of Sacrifice	Muslim
Carnival season	May–August	Celebratory street events held around the country with Notting Hill, London being the largest of its kind	Black, predominantly Caribbean
Mela	May–September	A large Asian outdoor festival that takes place around the country, e.g. Birmingham, Manchester	Asian



Festival	Approximate annual timing	Significance/meaning	Audience
Birthday of Emperor Haile Selassie	23 July	Observes the day on which Emperor Haile Selassie I was born in 1892	Rastafarians
Pakistan Independence Day	14 August	Marks the creation of Pakistan and independence from the British Raj	Pakistanis
Indian Independence Day	15 August	Marks independence of India from British Raj	Indians
Ethiopian New Year's Day	11 September	The start of the New Year in Ethiopia is recognised because Rastafarians believe Ethiopia to be their spiritual homeland	Rastafarians
Black History Month	October	Period to recognise the outstanding contributions people of African and Caribbean descent have made to history	All black communities
Nigerian Independence Day	1 October	Independence Day marks the declaration of independence from the United Kingdom	Nigerians
Navaratri	September/October	Navaratri is a nine-day festival of music and dance when Hindus worship the female expression of the divine	Hindus (predominantly Gujarati Hindus)



Festival	Approximate annual timing	Significance/meaning	Audience
Dussehra	October	Symbolises the triumph of good over evil. The festival traditionally represents the legend of Rama and Ravana and ends with the burning of effigies of Ravana the demon god	Hindu
Diwali	October/ November	The festival of lights, of new beginnings and the triumph of good over evil, and light over darkness	Hindu
Christmas	25 December	The birth of Jesus	Christians

Note: Approximate dates have been provided because the exact dates of some cultural and religious events differ every year.

6.21 Accessibility considerations for disabled people

Diabetes is a leading cause of vision loss and blindness in people of working age. Therefore, consideration should be given to ensuring that creative materials are as accessible as possible to disabled people.

It is estimated that more than 11.5 million disabled people in England are people with visual and hearing impairments, learning disabilities and cognitive impairment.

6.22 Accessible design: Top tips

Here are some top tips to help ensure that your communications are as accessible as possible.

Plain language

- Ensure that all communications are written in plain language

Typeface

- For assets such as leaflets, a minimum of 12-point type is recommended, and for older audiences, a minimum of 14-point
- For other assets, such as posters, the bigger the better
- Use medium or bolder weight fonts wherever possible and avoid light fonts, condensed or very bold faces
- Avoid italics, underlining and excessive use of capital letters

Contrast

- Ensure good contrast between text and background colours
- When reversing-out text in white, consider using bold text to avoid compromising legibility

Images and logos

- Do not reverse text or logos out of images unless the background is uniform

Layout and design

- Layout should be uncluttered and consistent
- Text should be justified left with a ragged right edge
- Do not condense text
- Allow space between lines
- Line length should be a maximum of 70 characters

Call to action, web links and contact information

- Use bold for key information and consider using a larger text size

Alternative formats

- If appropriate, ensure that communications highlight the availability of alternative formats

Online

- Downloadable PDFs should be web accessible, and compatible with screenreaders
- Websites and collateral for online use should meet NHS standards and/or be compliant with Web Content Accessibility Guidelines (WCAG) level AA

6.23 Accessible Information Standard

NHS England and NHS Improvement has an Accessible Information Standard that could be used to support this activity.

The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

For more information visit:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

Summary: Dos and Don'ts

✓ Dos:

Think about WHO you are targeting:

- Which community/faith group?
- What age group?
- Where and how they receive communication (TV, radio, print, social media, events, community, etc.)

Think about WHY you are reaching out to them:

- Primary message
- What do you want them to do? (Call to action)

Think about WHAT is the best medium to use to communicate with them:

- Levels of literacy
- Levels of English
- The best way to communicate

Use relevant and culturally appropriate, sensitive and respectful imagery

Use simple language to communicate your message

Use images that the audience can relate to – 'People like me'

Test your messages with the target communities to help ensure that you get the message right

✗ Don'ts:

Don't think that one solution fits all – make sure your approach is insight-led

Don't translate for the sake of translation

Avoid using the term '**BME**' or '**BAME**' in external communications, as the majority of people who fall into this category don't identify with the term.



7.0

Evaluation

A good, robust evaluation can make strong statements about the effectiveness of interventions. We need to know which interventions and activities have had a positive effect, which have not, and whether there was any return on investments, such as money, time and resources.

The Government Communication Service (GCS) Evaluation Framework 2.0 provides a useful tool and guidance to measure the impact of any campaign, irrespective of the target audiences. The framework builds on the latest industry best practice and has been endorsed by Directors of Communications and the GCS Strategy and Evaluation Council. It enables us to adopt a clear and consistent approach to evaluation across all communication activities. It has also been purposely designed to reflect the integrated nature of modern communications where all areas have a part to play.



8.0

Glossary and Useful Links



8.0 Glossary of terms

BAME/BME – an abbreviated term for ‘black and minority ethnic’ groups. This should be avoided – especially in external-facing documents

Bollywood – Indian Hindi-language film industry based in Mumbai

Burkha – clothing worn by Muslim women. It is a one-piece veil that covers the face and body, often leaving just a mesh screen to see through

Dreadlocks – also known as locs, dreads and natty. Dreadlocks are thick strands of hair formed by matting or braiding hair and are regarded as a symbol of strength in the Rastafarian community

Halal – this term refers to meat processed and prepared in accordance with Islamic dietary laws

Hijab – headscarves worn by Muslim women that commonly cover the head and neck but leave the face clear

Hindu or Hinduism – an Indian religion and dharma, or way of life, widely practised in the Indian subcontinent and parts of South East Asia

Koran – the central religious text of Islam which Muslims believe to be a revelation from God

Muslims – people who follow or practice Islam according to the Koran

Niqab – a veil for the face worn by Muslim women that leaves the area around the eyes clear

Nollywood – the Nigerian popular film industry, based in Lagos

Passion points – things that excite or are popular among target audiences

Qualitative research – used to understand people’s beliefs, experiences, attitudes, behaviour and interactions through focus groups

Quantitative research – statistical or numerical analysis of data through surveys or questionnaires

Sari – a form of women’s clothing from the Indian subcontinent

Shalwar kameez – a traditional combination dress worn by women, and in some regions by men, in south Asia comprising trousers and a long kaftan top

Socio-economic groups – a method of dividing a population into groups, usually based on income and occupation of the head of household, although other variables can also be used, often abbreviated to SEG

South Asian – in this handbook south Asian refers to Indian, Pakistani and Bangladeshi communities who were included in the insight research

Sikh Dharma – a spiritual path seeking an enduring connection to the divine truth within

Staged multiculturalism – creating artificial depiction of different ethnicities mingling together

Turban – a type of headwear based on cloth winding, most commonly worn by Sikh men

Typologies – classifications according to general ‘types’ of people grouped together through qualitative research

Vacillators – people who alternate between one state and another

Useful links

- **Healthier You toolkit for brand guidelines**
<https://campaignresources.phe.gov.uk/resources/campaigns/72/resources/5135>
- **GCS Evaluation Framework 2.0**
<https://gcs.civilservice.gov.uk/publications/evaluation-framework>
- **Accessibility requirements for websites**
<https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps>
- **Language Matters: Language and diabetes:**
<https://www.england.nhs.uk/publication/language-matters-language-and-diabetes/>
- **Campaign Resource Centre**
campaignresources.phe.gov.uk/resources

For more information on this handbook or to provide feedback, please email england.ndpp@nhs.net

