The Easy Read Project

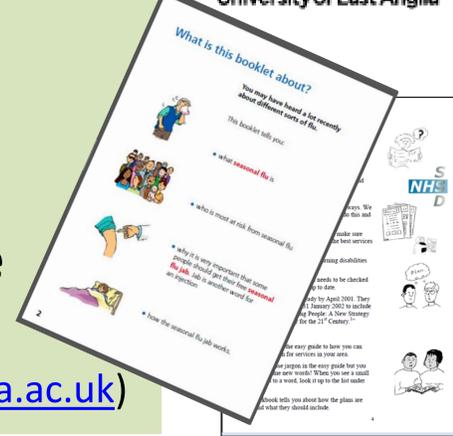## How does 'easy read' material contribute to the construction of meaning?

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Making the case:

- Over 1 million people with intellectual disabilities are estimated to live in the UK[1]
- They are present in every healthcare service and have an elevated risk of comorbid health-related difficulties.
- Five main areas of risk have been associated with inequalities in health for this group, including communication difficulties and lower health literacy[2]
- Being unable to understand crucial information about their own health means that such individuals run a high personal health risk[3].
- Avoidable deaths are reported to be twice the number of those in the general population.[4]
- 'Easy read' material is one form of adapting information to make it simpler to understand
- Very little evidence exists to show it is effective in achieving this goal

Research Overview: Four studies were carried out to address how effective adapted health-based 'easy read' literature was in contributing to the construction of meaning for people with intellectual disabilities (IDs).

Study 1. A survey of the typical features used in UK Department of Health (DoH) 'Easy Read' documents (2000-2012) and their mainstream equivalents.

Forty one document pairs were systematically analysed based on current Department of Health guidelines[5].

- **Language:** 'Readability' scores varied in 'easy read' material and were not consistently more or less complex that those found in non-modified documents.
- **Layout**: Pictures and images were not consistently placed to left or right of the text; more white space and colour was used in the 'easy read' documents
- **Images:** A wide range of different pictures, photos and symbols was found, but only in the 'easy read' material.
- **Typography**: consistently larger in 'easy read' material
- **Co-production**: mentioned in a small number of documents

Wide variability reflects the ***heterogeneity*** of the target population and a range of diverse production principles.

Study 2. A comparison of the linguistic features of DoH 'easy read' documents and their mainstream counterparts

Automated software Coh-Metrix[6] was used to linguistically analyse the forty-one document pairs.

- Strong significant differences on surface level measures were demonstrated ('easy read' used more familiar, concrete vocabulary and shorter words)
- On deeper level measures, the average number of cohesive devices was not evidenced to be used more in 'easy read' material.
- High levels of repetition combined with more familiar words could create less rather than more cohesion

Shortened sentences, lexical containment and the repetition of words and syntactic structures, whilst apparently promoting surface level processing ***could in fact compromise understanding*** at a deeper level rather than facilitate.

Study 3. Easy Read - simplification or reduction? Investigation into critical differences in the discourse of DoH 'Easy Read' literature and their mainstream equivalents.

A systemic functional linguistic analysis was carried out on five pairs of DoH text excerpts.

- Simplification affected the way information was represented in the 'easy read' documents (more imposition and more conditions were imposed)
- Strong power differentials were created in the adapted documents through author stance.
- Weaker cohesion and poorer textual structure was identified in the 'easy read' versions

These issues ***perpetuate recognised inequalities*** between people with and without intellectual disabilities.

Study 4. The Easy Read Task. The effects of linguistic simplification and mediation on the comprehension of 'Easy Read' text.

Sixty participants (M_{age} = 38 years, 9 months; SD = 16 years, 1 month; 43% men) were randomised into one of four conditions where they were given either linguistically complex or simple text to read, with or without support from a helper.

- Neither linguistic complexity of the text nor support, independently or combined, made a significant difference to the understanding of information.

However, when receptive vocabulary was controlled using analysis of covariance (ANCOVA), a significant interaction was present between simplified text and support. Findings suggest that constructing meaning about health needs to extend beyond a consideration of textual form, as found in 'easy read' documents, to ***address language processing*** in relation to individual capacities.

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2. Emerson, E. & Baines, S. (2010) Health inequalities & people with learning disabilities in the UK : 2010. Improving Health and Lives: Learning Disabilities Observatory. UK.
3. Emerson, E., & Hatton, C. (2008). Estimating Future Need for Adult Social Care for People with Learning Disabilities in England.
4. Heslop, P., Blair, P. S., Fleming, P. et al. (2014)The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study. The Lancet, 383(9920), 889-895.
5. Department of Health (2012) Department of Health guidelines: making written information easier to understand for people with learning disabilities (Revised edition) at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766 accessed 07/11/12.
6. Coh-Metrix 3.0 at http://cohmetrix.com/ Graesser, A. C., & McNamara, D. S. (2011). Computational analyses of multilevel discourse comprehension. Topics in Cognitive Science, 3(2), 371-398.