



National Adult Literacy Agency
Áisíneacht Náisiúnta Litearthachta do Aosaigh

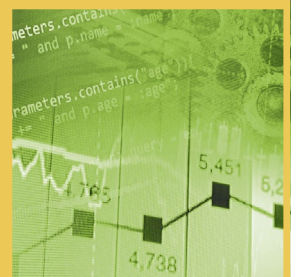
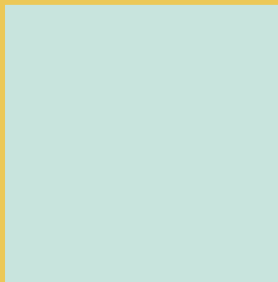


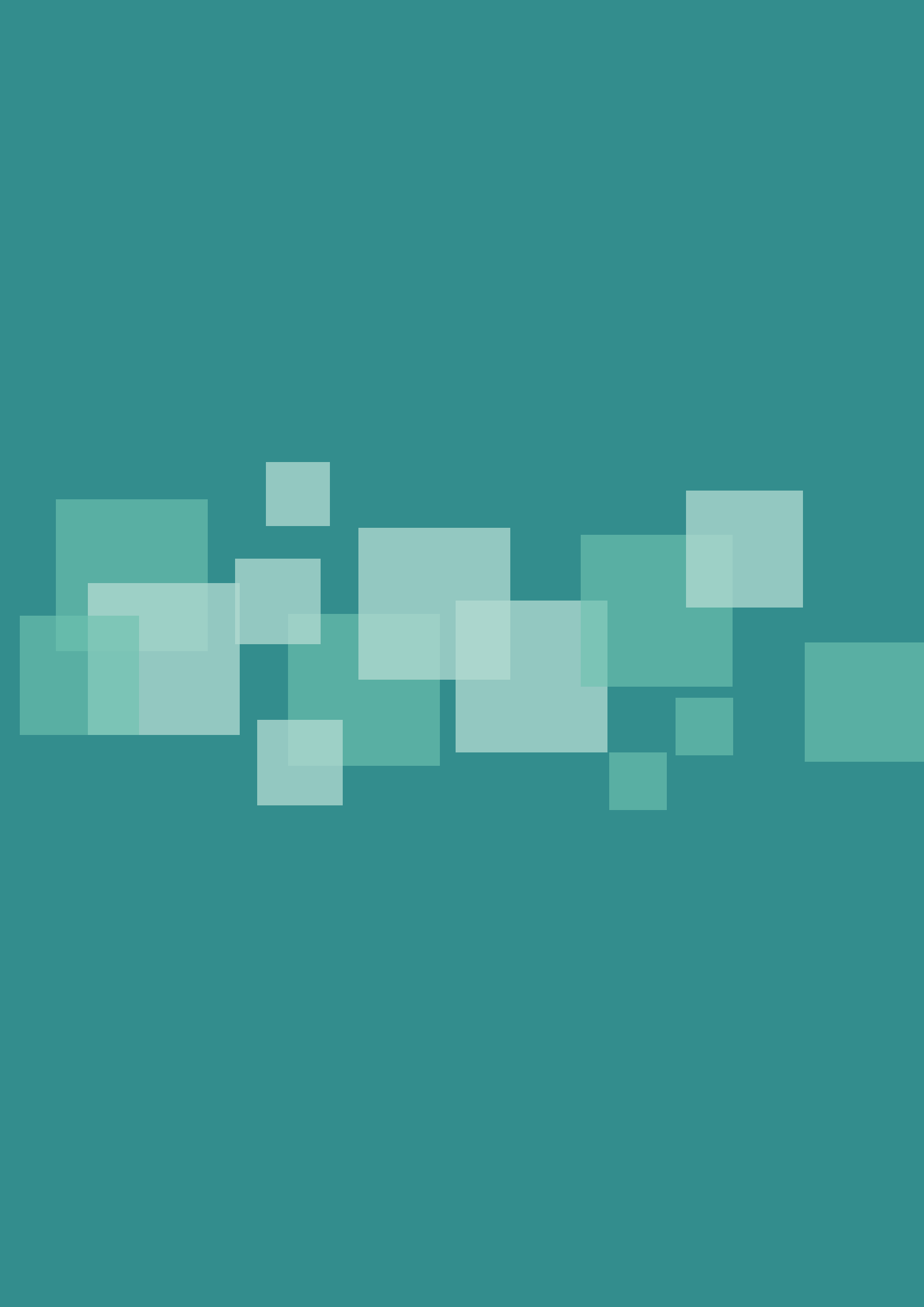
Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Guidance for providers of health and social care services for children

Communicating in plain English with children and their families





Who is the Health Information and Quality Authority?

The Health Information and Quality Authority (HIQA) is an independent organisation. We were set up to help improve the quality and safety of health and social care in Ireland (but not mental health services).

We are responsible for:

- setting standards
- monitoring and inspecting services
- providing guidance on health information
- supporting healthcare workers to do their job better
- carrying out health technology assessments (such as evaluating medicines, equipment and diagnostic techniques).

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This guide was developed in partnership with the National Adult Literacy Agency (NALA).

1. Introduction

How you communicate with children can be different from how you communicate with adults.

Under Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), every child has the right to express their views on all matters affecting them and to have these views given due weight in accordance with the child's age and maturity.

This guide will help you to communicate more clearly with children, their parents or other caregivers, and friends. It will help you to think about how you present information so that children and others will understand it the first time they read or hear it.

By using the plain English tips in this document, you will:

- communicate more effectively with children and their families
- make your services more accessible
- increase your centre's efficiency.

This guide was developed to support providers of health and social care services for children in implementing HIQA standards.

The relevant standards and regulations that this guide supports are:

Standard	Number	Regulation	Number
National Standards for Residential Services for Children and Adults with Disabilities	All Standards	Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013	10
National Standards for Safer Better Healthcare	All Standards	–	–
National Standards for the Protection and Welfare of Children	All Standards	–	–
National Standards for Special Care Units	All Standards	–	–
National Standards for Children’s Residential Services	All Standards	The Child Care Regulations 1995	All Regulations
National Standards for Foster Care	All Standards	The Child Care Regulations 1995	All Regulations
Standards and Criteria for Children’s Detention Schools	All Standards	–	–

This guide will help you to identify the regulations, standards and best available evidence relevant to your service. It does this by giving examples and templates for communicating more effectively. Please note other requirements relevant to a particular service may not be addressed here. This document is current at the time of printing.

Please check www.hiqa.ie for the latest version.

2. Why is communication important?

It is only fair to communicate with children and their families using language that is easy to understand. This enables them to:

- understand their situation
- make informed choices
- access their entitlements.

Children have a right to clear and child-centred communication that reflects their attention and interest. Children at different stages of development have very different needs and interests, and learn in different ways. When communicating with children and their families, it is important to consider the different abilities and needs of children at different ages.

There are three stages of development in childhood. Understanding these stages will help you to tailor your information to children and their families. This will ensure your services design, deliver and communicate appropriately. See Appendix 1 for more information on these stages.

3. What is plain English?

Plain English is a style of presenting information that helps someone understand it the first time they read or hear it. It is a more effective way of writing and speaking.

It helps everyone to access, understand and use information quickly and effectively.

Plain English is useful for communicating both written and verbal information that we rely on to make decisions, for example, a leaflet or webpage. It is also important when speaking to children, their families and friends to increase understanding of your message.

To write in plain English you first need to put yourself in the other person's shoes.



When you use plain English you:

- use clear language
- give relevant information
- help children to understand information more effectively.

4. Communicating with children and their families

What happens when a child uses your service? What type of experience do they and their family have? Is your service aware of how you communicate with a child and their family?

All services can benefit from becoming literacy-aware and literacy-friendly.

Being literacy-friendly means that your service:

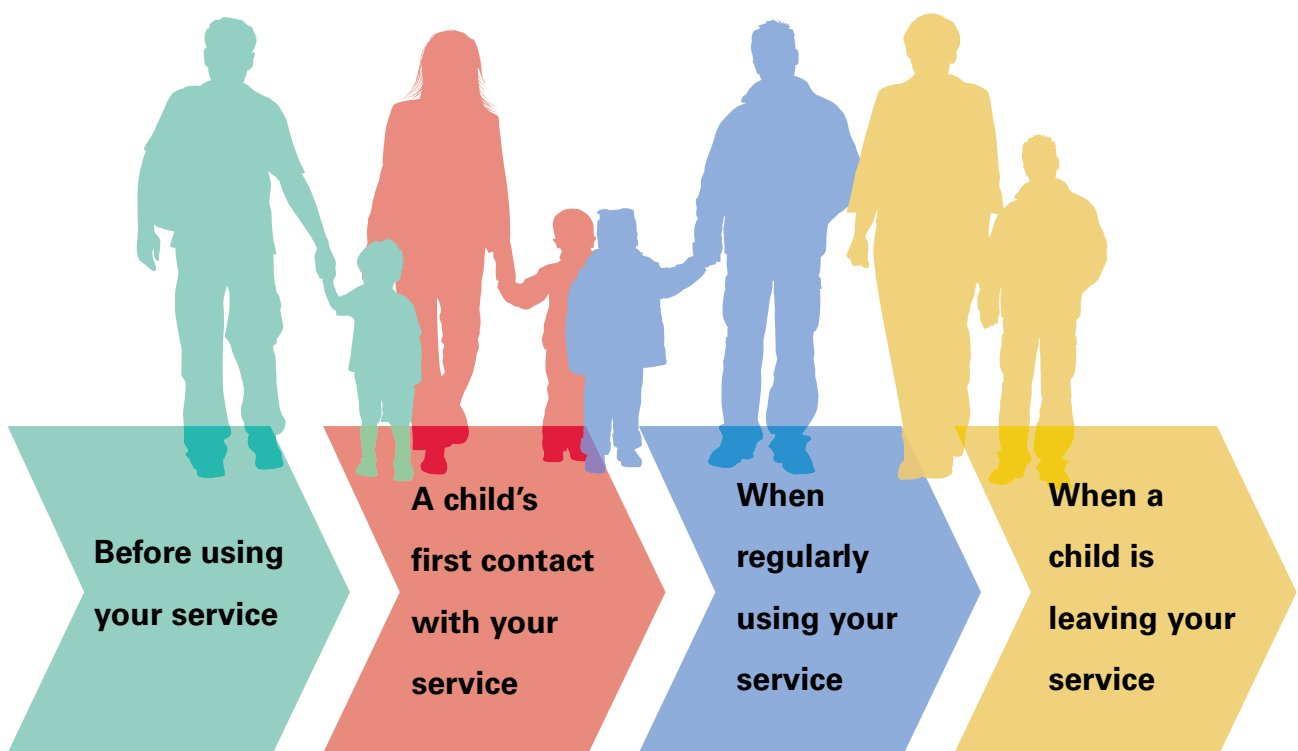
- is aware of literacy issues and the need for clear communication
- has removed literacy barriers such as having to fill in forms under time pressure
- has policies and procedures to take account of literacy issues.

For example

When giving information in writing (for example, leaflets or booklets), can you also take the time to talk to the child and family? This way you can highlight the main points that they need to know now and point out where extra information is in the written material. You can also use visuals, metaphors and stories to explain the information fully.

5. The family journey

For children and their families there are a number of stages involved in using your service. These are:



These stages may not be appropriate for an emergency admission to services where children and their family would not always get an opportunity to engage in the first stage – 'Before using your service'.

As a service provider, here are some questions to think about

- What information does the child and their family need **before they** use your service?
- What information do you give them?
- In what format?
- Is it in plain English?

- What information do you need to give to a child and their family who use your service **every day**?
- What do they need to read?
- What forms do they need to fill in?
- Who gives this to them?
- How is it given to them?

- What happens when the child and family **first come into contact** with your service?
- Do you give them written information?
- Does someone go through that information with them?
- Do they get a tour of the service?

- What information do you give to a child and their family **leaving** your service?



Before using your service

Children and their families may look for information about your service before they use it.

Think about how you tell children and their families about your service – for example:

- written material such as:
 - your website
 - statement of purpose – this should clearly describe the type of service you provide
 - information brochures, leaflets and forms
 - letters and emails.

- verbal communication such as:
 - talking over the phone
 - meeting them in person.

Remember to be consistent with how you present information.



Once someone has made the first contact with your service, remember to tell them what the next steps are.

A family's initial contact with your service

When a child and their family use your service for the first time, think about who they are. Factors such as their culture, language, literacy, comprehension, hearing and vision issues will impact on how you communicate with them.

You should also consider parents' or caregivers' own literacy levels and communication needs. See HIQA's 'Guidance for providers of health and social care services: Communicating in plain English' for more information.

Some people are uncomfortable with reading and writing. One in six people find reading and understanding everyday texts difficult: for example, reading a health leaflet or medicine instructions. One in four has difficulties in real world maths from simple addition and subtraction to the calculation of averages. You should keep this in mind as you deliver your services and in particular, this can be the case for people who don't use English as their first language. Therefore, it's important to reduce anxiety about the reading and writing involved.

If you give children and their families written materials – think about:

- how much reading and writing is involved?
- is it all necessary?
- if yes, then can you draw their attention to the most relevant parts?

Making your environment more literacy-friendly.

Here are some suggestions to make your service more literacy-friendly.

■ Welcome and introduction

Make eye contact, smile and introduce yourself by name. However, be aware of cultural traditions where this may not be appropriate. Take a little time to talk before introducing information and or forms to be completed. All this helps children and their families to feel more at ease.

■ Good 'signposting'. Tell children and their families what will happen at this first meeting

It is good to tell children and their families what information you need to share with them today. Try to keep to a small number of points. For example: 'Today I'm going to go through two points: 1. What services we offer. And 2. How can you access them?'

Give children and their families the relevant information that they need now and tell them where they can get more information if they wish. For example, 'Here is a guide to the services we provide here. If you need any other information or have any questions, please ask.'



You could provide a list of frequently asked questions and answers.

■ Dealing with forms

Think about how you can reduce the anxiety for people filling in forms.

You can make it easier for people to understand information by:

- speaking in plain English
- using words, terms and examples that people know
- defining any unfamiliar terms you use.

Here are some ways you can make it easier to complete forms or to ask for help:

<p>Don't introduce the form too soon. Try to have a brief discussion first.</p> <p>If possible, tell the person that they do not have to fill in the form now.</p>	<p>When you introduce the form, say something that shows you understand that it's normal to have some difficulties with form-filling. <i>For example: 'Most of us find some forms difficult.'</i></p>
<p>Tell the person why you need the form to be completed, what the form will be used for and when they will hear what the outcome is.</p>	<p>You can offer to help them to fill in the form. Always ask for permission before you begin. If you cannot help them, redirect them to someone who can, for example, the Citizens Information Centre.</p>

■ Tell them about the next steps

It is good to tell the child and family what the next steps will be.
For example, you can tell them when you will do an assessment.



You could use a Reminder Card to help children and their families to remember actions. For example:

Reminder Card

Your next meeting will be on _____ at
_____ o'clock with _____

Please fill in these forms and bring them with you:

- Application form
- Medical assessment from your GP

■ Check for understanding: Use 'teach-back'

The teach-back technique is a way to assess and confirm that children and their families understand what you have told them. To do this you ask them to repeat back the key information in their own words. This is particularly relevant when dealing with parents and or caregivers who will be giving medicine to children.

If they do not understand the information, then you can restate or tailor your message to make it clearer.

When regularly using your service

Think about everyday communication. What do children and their families need to know and how do you tell them?

Think about how you communicate with children and their families through:

- telephone
- face-to-face meetings
- group meetings.

Everyone will be better able to read and understand documents, notices, posters, forms and letters if you communicate using plain English. You will find more information and tips on this in the next section on page 15.

When a child is leaving your service

Consider what children and their families need to know when leaving your service.

Think about the following:

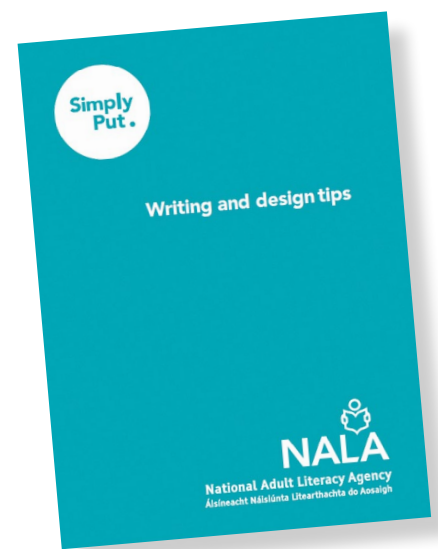
- What information do you need to give them?
- How do you give the information – written or verbal?
- Is there a lot of reading and writing involved? Is it all necessary?
- If you must give all this information, then can you draw their attention to the most relevant parts?

6. How to communicate in plain English?

When you are communicating with anyone, it is important to use plain English. This applies to written text, documents and verbally.

In this section, we look at three areas:

1. Writing
2. Designing documents
3. Speaking



The National Adult Literacy Agency (NALA) has developed a booklet of tips to make your materials easier to read and understand.

It is available at: www.simplyput.ie

These guidelines are for writing documents and forms. They can also be used when writing for the web.

Writing

When writing for children the main points to keep in mind are:

- **Keep sentences short.**
- **Use everyday words.** For example, use 'tell' instead of 'advise'; 'fill in' instead of 'complete'; 'start' instead of 'commence'.
- **Avoid jargon.**
- **Use active verbs.** For example, 'The nurse will arrange a time for you to meet', instead of 'An appointment will be arranged for you by the nurse.'
- **Use pictures or illustrations, where appropriate.**

In the appendices on page 36 you will find plain English checklists.

Designing documents

NALA's **Writing and Design Tips** booklet has tips on document design.

The main points to keep in mind are:

- Use at least 12 point type or ideally 14 point. Make important points stand out clearly.
- When you want to emphasise a heading or paragraph of text use a bigger size or **bold**.

- Choose a readable **typeface** – sans serif fonts like Arial or Tahoma are best.
- Have lots of '**white space**' – don't crowd the page. For example, use at least 1.5 line spacing.
- Use **pictures or illustrations** in the document, where appropriate.

Speaking

Spoken communication includes face-to-face and phone interaction. Some people will rely more on spoken communication than others. Think about:

- Identifying any special communication needs that children and their families have and planning how to address these. For example, people from different cultures may prefer to communicate face-to-face rather than over the telephone, especially where English is not their first language.
- When you are speaking to parents or caregivers who are non-native speakers and who have translation issues, you can use a registered interpreter.
- How does your staff communicate in a way which is clear and easy to understand and which demonstrates respect for children and their families? This should be part of staff training and supports from recruitment onwards.

Here are 12 tips for clear spoken communication:



1. Focus on the person.

When talking to a person, for example, a child, look at and speak directly to them, rather than their parents or caregivers. Remember people from some cultures do not like direct eye contact. The HSE has an Intercultural Guide¹ that has useful guidelines. It is available online at: www.hse.ie

2. Speak clearly and in plain English.

Speak in a clear voice. Clearly articulate your words.

3. Keep background noise to a minimum.

To make sure your message is heard it is important to keep background noise to a minimum. Remember that about one in seven of us have some level of hearing loss.

4. State the purpose of your conversation.

At the very beginning of your conversation state its purpose.

¹ Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in healthcare settings

5. Slow down.

Communication can be improved by speaking slowly and spending just a small amount of extra time with the child and their family. Tailor what you are saying to your audience.

6. Limit the number of messages.

Keep it simple. The number of messages will depend on what they need to know. As a general guideline, use no more than four main messages. Give them specific information, outcomes and actions, if any.

7. Use pictures and subtitles.

Where possible supplement your message with pictures and or subtitles. Don't just 'decorate' with visuals, as this will distract children and their families. Make visuals culturally relevant and use images that are familiar.

8. Be aware of children's developmental stage and language ability.

Be aware of children's understanding of English and of words that they may not be familiar with. Be aware as well that some children may not speak English as their first language.

9. Avoid concept words.

Concept words often describe a general idea or an abstract reference and are often misunderstood. For example, the term 'normal range'. Always follow with an example of what is considered normal.

10. Avoid jargon.

Use user-friendly language and try to explain things in everyday language. If you must use specialist or technical words, explain their meaning clearly.

11. Use communication aids.

Staff should become familiar with communication aids children may use – for example, hearing aids and alternative and augmentative communication (AAC) devices (ways of communication apart from speech).

For children with language impairments, particular communication methods and systems have been developed either to supplement speech or to provide an alternative to speech. One example is a speech-generating device (SGD).

A speech-generating device is an electronic aided communication system for people. It provides voice output and enables one to use pictures, symbols, words and phrases to create messages.

12. Encourage questions.

Use open questions such as 'Tell me about your problem. What may have caused it?'
Try asking 'What questions do you have?' instead of 'Do you have any questions?'

7. When plain English isn't enough

In some situations plain language might not be enough. These are:

■ Limited knowledge and understanding of the English language

People who have English as a second language may not easily understand what is being communicated. Therefore sometimes children and their families will need the information in their primary language.

■ Cultural differences

Be aware of and respond appropriately to cultural differences. The HSE has an Intercultural Guide² that has useful guidelines. It is available online at: www.hse.ie

■ Lack of knowledge and experience

Sometimes children and their families have no experience about services. Don't assume they will know basic information that you perhaps take for granted.

■ Communication and developmental issues

Some children may have communication and developmental issues, for example, hearing loss, language delay, autism spectrum disorder, speech difficulty, traumatic brain injury, mental health issues and so on. You may need to find strategies to meet these needs and abilities.

²Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in healthcare settings

8. Good communication with children and their families

In general, good communication with children includes:

1. Involving the child in health and social care decisions as far as possible, bearing in mind their capacity to understand and willingness to be involved. Although this will depend on the setting, efforts to communicate directly with children should not exclude parents and children should not be excluded when communicating with parents.
2. Involving the child's parents, guardians or caregivers in health and social care decisions.
3. Asking for the views of the child and taking them into account.
4. Ensuring the relationship between the health and social care professional and the child is based on truthfulness, clarity and awareness of the child's age and maturity.
5. Listening to the child and responding to their questions clearly and truthfully.
6. Communicating on an ongoing level.
7. Ensuring staff have training in communication skills with children as part of their professional education.

More specifically, you can:

1. Address children directly during the consultation process. For example, by asking them personally about their situation, illness or condition. This is important regardless of the child's age. However, keep age and maturity in mind.
2. Adopt an age-appropriate approach to communicating with children, which takes into account their development and capacity to understand.
3. Find out where the child is most comfortable – with their parent or caregiver, or on the floor playing with toys. Pay attention to proximity between you and the child - many children like you to be at their level.
4. Put aside time at the beginning of the consultation to build rapport. Talk to the child to make them feel relaxed, while also respecting personal boundaries.
5. Prepare children adequately for what is about to happen to them, and give them the opportunity to ask questions and to prepare themselves.
6. Go through choices with the child and ask what they want.
7. Empathise with children; be light-hearted and good-humoured where appropriate.
8. Use age-appropriate language and props to explain things to children.
9. Be honest with children in order to build a relationship of trust.
10. Create an environment in which children are encouraged to ask questions. Take children seriously and don't be patronising. Offer support and praise.
11. Offer a clear follow-up plan.
12. Make the health or social care environment, including waiting rooms and treatment areas, child-friendly for children of all ages.

9. Other tips to communicate effectively with children and their families

Use appropriate terms to describe different types of people. For example, a child is not an 'epileptic' but rather a 'child who has epilepsy.' Show respect for the dignity of the child by putting the child first in your communications.

The following section has tips for interacting with children who may have a specific difficulty communicating.

A child who has a hearing disability

■ One-to-one tips

- Look at and speak to the child who is deaf, not the sign language interpreter.
- To get the attention of a child who is deaf or hard of hearing, tap the person on the arm or wave your hand. Shouting will not help.
- Look directly at the child and speak clearly, naturally and slowly to establish if the child can lip read. Not all children who are deaf can lip read. Those who can will rely on facial expression and other body language to help in understanding.
- Sit or stand under or near a light source and keep your hands away from your mouth when speaking.
- Avoid eating while speaking.

■ Group tips

- Speak one at a time. This is especially true if sign language interpreters are being used, but also holds for someone with limited hearing who is trying to follow the conversation on their own.
- Ensure everyone can see your face and gestures.
- Flickering the lights can sometimes help.

A child who has a visual disability

- Greet the child verbally to let them know that you have approached them. Identify yourself and others who may be with you. Face the child and speak normally.
- If helping the child, do not grab the child's arm or equipment they may be using. Don't assume they need assistance. Ask first if they would like assistance.
- If the child would like help then offer assistance and describe any obstacles in the path of travel. When arriving at the destination, tell the child that they are standing in front of the chair, the table, the doorway and so on. Guide the child's hand to the chair or railing for additional assistance in orientating them.
- If the child has a guide dog, walk on the side opposite the dog and do not touch or distract the dog at any time.
- When chatting in a group, state the name of the person to whom you are speaking.
- Before you move, tell the child in advance when you will be moving from one place to another, and let it be known when the conversation is at an end.

A child who has a speech disability

- Listen carefully. Be encouraging rather than correcting.
- Be patient. Don't try to speak for a child with a speech disability.
- Never pretend to understand if you are having difficulty doing so. Repeat what you understand, say what you think they said to check that you have heard it correctly. The child's reactions will guide you.
- When necessary, ask short questions that require short answers or a nod or a shake of the head.
- Be aware that the child with a speech difficulty may have augmentative or assistive devices to help them communicate.

A child who has a mobility disability

- When talking at length to a child who uses a wheelchair or crutches, sit in a chair whenever possible so that you are at the child's eye level. This helps the conversation.
- Do not speak loudly and slowly to a child in a wheelchair.
- Be considerate of the child's assistive equipment. Some children with disabilities may use various aids – for example, K-walkers, tricycles, bicycles, crutches, sticks, wheel chairs, assistive speech devices. Do not touch or operate the equipment without the child's prior consent or instructions, as this behaviour is disrespectful and shows careless regard for the child's personal property or space.

- When introduced to a child with a disability, offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.

A child with a learning disability

- Speak directly to the child and respect their choices or decisions.
- For some children, if you are in a public area with many distractions, consider moving to a quiet location.
- Be aware of the possible need to speak to the child slowly in clear and short sentences. Repeat your information and your questions, as needed.
Use concrete words and visual aids or colour-based cues.
- It may be helpful to offer assistance and provide extra time for decision-making. Wait for the child to accept the offer of assistance; do not 'over-assist' or be patronising.
- Be patient, flexible and supportive. Take time to understand the child and check that the child understands you.

A child with a non-visible disability

- A child's disability may not be immediately obvious. For example, children with brain injury, epilepsy, mental illness, autism or developmental disability are often misunderstood because of their behaviours or ways of communicating.
- Be careful when interpreting behaviour. For example, sometimes the actions of children with cerebral palsy or epilepsy may be mistaken for antisocial behaviours.
- What seems like unusual behaviour could be the result of the child's hearing loss, or it could be the child's lack of understanding, or it could be fear.
- Allow extra time for the child to process what you are saying and to respond.
- Be very cautious about seeking the assistance of the child's family, caregiver or personal assistant. While this individual may be able to assist you with communication and interpreting what the child means and or responding to behaviours, it is easy to make an incorrect assumption and fail to communicate directly with the child.

10. Conclusion

We hope this document is helpful in your work with children and families. Good health and social care depends upon effective communication between children and their families and providers. Effective communication in plain English is a key element in the provision of high quality and safe services. By communicating in plain English, children and families know what to expect of services, good outcomes are promoted and children's satisfaction and experience of care is improved.

Appendix 1:

Stages of children's development

The transition from each stage to another is fluid and individual, and there is great variability within each one. While individuals seem to progress through the same stages in a fixed chronological order, genetic and or environmental factors can speed up or slow down the rate of progress from one stage to another. Although children grow up in very different cultures and environments and possess very different genetic maps, they seem to generally proceed through the same stages in the same order.

Stage 1: 0 to 6 years

Children from birth to six years begin to learn how to communicate with others. They learn through touch, repetition and routine and begin to express their feelings and wishes verbally with others. Communicating with children of this age should be highly interactive and creative. Table 1 gives some ideas on how services should communicate with children within this age group.

Table 1: Communication

- Use loving tones and simple language.
- Model a spirit of inquiry and desire to learn.
- Model safe exploration, curiosity and confidence in new-found skills.
- Adapt to the child's growing attention span.
- Be playful and portray learning through play.

Table 1: Communication

- Use lots of repetition, rhythm and song.
- Keep a varied, but not too fast pace.
- Use everyday experiences; stories of other children, families, animals and typical daily activities and routines.
- Use pretend, open ended and imaginative play.
- Present and reinforce daily healthy self-care habits.
- Present children, similar and different than themselves, playing and working together as equals.
- Present loving and caring adults and secure relationships.
- Encourage activities: singing, clapping, dancing movement.
- Involve question and answer interactions and encourage talk.
- Present progressive and non-stereotypical gender language and portrayals of both children and adults.
- Show simple examples of children, with the help of loving adults, expressing a wide range of emotions, mastering their fears and dealing with difficult issues in healthy ways.
- Include examples of confident and resilient children who are fair and who stand up for themselves and others.
- Present children making simple choices and expressing their creative opinions.

Stage 2: 7 to 10 years

At this age children start to use more sophisticated language as they develop emotionally and cognitively. They develop problem solving and critical thinking skills. Communicating with children of this age should be creative and stories should be used to help children understand concepts. Table 2 gives some ideas on how services should communicate with children within this age group.

Table 2: Communication

- Present longer and more dramatic stories.
- Offer child-centred stories and characters.
- Portray learning and school achievement as an opportunity to develop new, interesting skills and talents.
- Use strategies such as visual and auditory humour and cognitive challenges (for example, brain teasers, riddles, tongue twisters and so on).
- Include interactive problem solving and critical thinking.
- Model pro-social actions such as kindness, conflict resolution and caring about others.
- Offer strong, positive adult and child role models with high moral standards.
- Introduce sensitive topics that show other children dealing with social justice or difficult issues like death, anger, abuse, disability and so on, in creative and healthy ways.
- Show children making a difference in their own and others' lives, even in difficult circumstances (realistic heroines and heroes).
- Present stories about friendship, loyalty and 'doing the right thing'.

Stage 3: 11 to 17 years

At this stage children are more capable of adult-like abstract and logical thought. They become more independent and are interested in mastering challenges they are presented with in their daily lives. When communicating with children of this age it is important that their opinions and ideas are recognised and respected. They should be given the opportunity to learn from their own mistakes.

Table 3: Communication

- Present positive peer-group behaviours and other adolescents who are resilient and positive.
- Present divergent points of view, opinions and perspectives.
- While presenting growing independence, continue to portray positive parent-child relationships and nurturing adult-child relationships.
- Portray characters with high self-esteem, especially for girls, children from disadvantaged groups and ethnic minorities, and children with disabilities.
- Portray gender positive roles in adolescents and adults.
- Talk about issues of concern to their particular age group (substance abuse, unprotected sex, violence, romantic relationships, bullying and discrimination, friendships).
- Talk respectfully and avoid lecturing tones. Do not 'talk down'.
- Present high interest, low literacy alternatives.
- Present challenging stories with creative ideas, difficulties and solutions.
- Use a lot of humour and creativity.

Appendix 2

How to know if you are communicating effectively?

	Questions	Yes or No	Comments
1.	Do staff use plain English when speaking with children?		
2.	Do you check that children understand what you have told them?		
3.	Do you produce all leaflets, reports, other printed publications and website information in plain English, with suitable images?		
4.	Do staff members go through these verbally with each child and his or her family?		
5.	Do you display clear posters?		
6.	Are health and safety notices clear and accessible?		
7.	Are there clear instructions on what to do in the event of fire? Have you checked for understanding?		
8.	Do you have a clear complaints procedure on display? Do you clearly communicate with children and their families throughout the complaints process?		
9.	Do you listen to children informally? If you organise or arrange consultations, do you use a number of methods, besides surveys, to gather information?		

Appendix 3

Plain English checklist for documents

This checklist offers a quick way for you to review a letter, leaflet, booklet or short report to see if it uses plain English and is easy to follow. Not all questions will apply to every document, but try to answer 'yes' as much as possible to the questions that do apply.



Written text

	Yes	No
1. Does the document use 'you' and 'we', where possible?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does it use the active voice most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does it keep technical terms and abbreviations to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does it define any necessary terms and abbreviations clearly?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does it avoid 'corporate jargon'?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does it avoid Latin and French phrases and Latin abbreviations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does it use the same term for the same concept throughout?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does it have an average of 15 to 20 words in each sentence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does it use correct punctuation?	<input type="checkbox"/>	<input type="checkbox"/>

Structure

Yes No

1. Does it use informative headings or questions to break up text?
2. Does it include a natural flow from one point to the next?
3. Are paragraphs relatively short?
4. Does it use bullet point lists for detailed or complicated information?

Page design

1. Is the font size at least 12 point or ideally 14 point?
2. Is the font type clear?
3. Is text aligned to the left?
4. Is text 1.5 spaced?
5. Does it avoid underlining, groups of italics and capital letters?
6. Are images, charts or blocks of colour, if any, clear and relevant to the text?
7. Does the text contrast effectively with the background?
8. Is splitting words between two lines avoided?
9. Is the layout consistent and logical? Are recurring features used?
10. Does the paper have a matt finish?

For forms

	Yes	No
1. Does the form have a clear title?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does it include clear instructions at the start?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are 'official use only' sections, if any, near the end of the form?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does it ask questions in a logical order?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does it avoid unnecessary or repeated questions?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does it group similar questions together under useful headings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does it keep numbering as simple as possible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there adequate space to write in if needed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it clear where to give answers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there enough space for answers?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the form use tick-the-box questions where possible?	<input type="checkbox"/>	<input type="checkbox"/>
12. If using tick boxes or tables, is the border solid and bold?	<input type="checkbox"/>	<input type="checkbox"/>

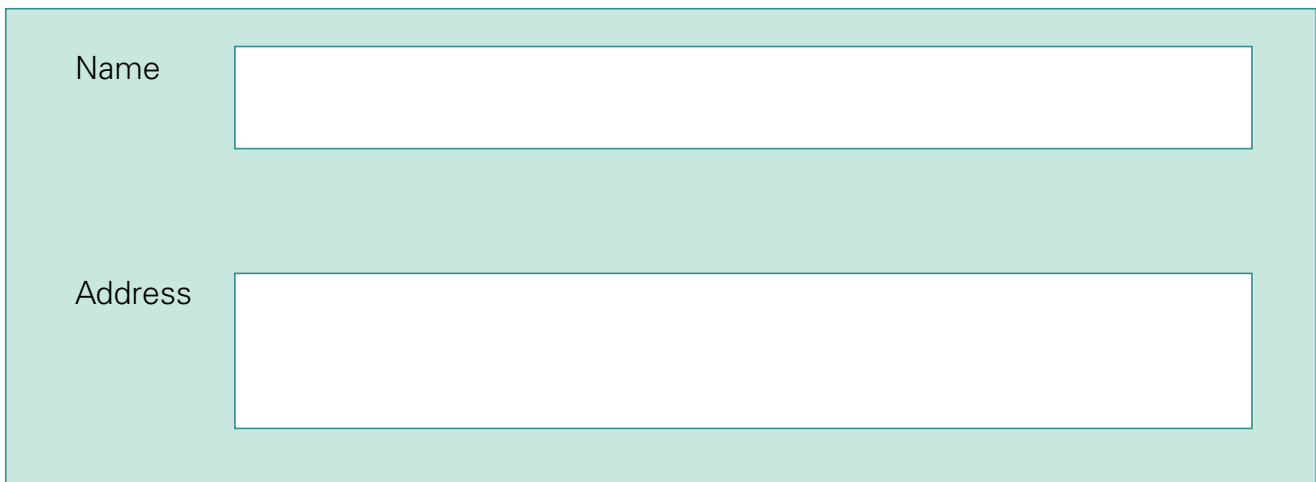


Appendix 4

Tips for writing forms

- Give the form a clear title.
- Say who the form is for at the start and state its purpose.
- Give instructions in bullet points on the first page, particularly if the form is for a range of people and some sections do not apply to everyone.
- Divide the form into clear and logical sections each with an informative heading and a clear number.
- Use a larger font for the name of any section headings. Keep a clear space between the end of one section and the heading of the next section.
- Align questions and answers. In other words, have questions directly across from or directly above the space for giving answers. This pattern will help the respondent move through the form more quickly.
- Make sure people have enough space for answers and can, if they have low vision, complete the form using a thick marker.

- If possible, use boxes rather than simple lines for answers. It's often a good idea to use a 'reversed out' white box on a lightly shaded background (see below).



The diagram illustrates a form layout on a light green background. It features two white rectangular input boxes. The top box is labeled 'Name' and the bottom box is labeled 'Address'. This represents a 'reversed out' white box on a lightly shaded background.

- Use as many tick-the-box questions as possible. For those with low vision, make sure tick boxes are large enough to see and tick.
- Make sure tick boxes are clearly linked to the answer.
- Make sure tick box borders and answer lines are solid and at least 1 point width.
- Scannable forms are becoming more common – these typically only allow one letter per square. While they are not ideal from a plain English point of view, using large enough boxes and adequate space between them can help to keep problems to a minimum.

Appendix 5

Plain English: before and after example

Before

1st September 2014

Parents of Joe Bloggs
Main Street
Any Town
Any County

PSYCHOLOGY APPOINTMENT FOR JOE BLOGGS

Dear Mr and Mrs Bloggs,

I am writing to inform you that an appointment has been arranged for Joe with the psychologist on Thursday 25th September 2014 at 2.00pm. We would be grateful if you could confirm Joe's attendance at this appointment by phoning our office 01-1234567 before **COB on Thursday 18th September 2014** because if you are unable to attend this appointment we will be able to allocate it to the next person on the waiting list.

Yours sincerely,

M O'Connor
Psychologis

After

1 September 2014

Parents of Joe Bloggs

Main Street

Any Town

Any County

Psychology appointment for Joe Bloggs

Dear Parents,

We have made an appointment for your son, Joe, with the psychologist on
Thursday 25 September 2014 at 2.00 pm.

Please confirm Joe's attendance at this appointment **before** 5.00pm on
Thursday 18 September 2014. You can confirm Joe's attendance by:

1. Phoning our office: 01-123 4567, or
2. Emailing: xxx@xxx.ie

If Joe cannot attend this appointment, we will arrange another appointment to see him. If you have any questions, please call the office.

Yours sincerely,

M. O'Connor,

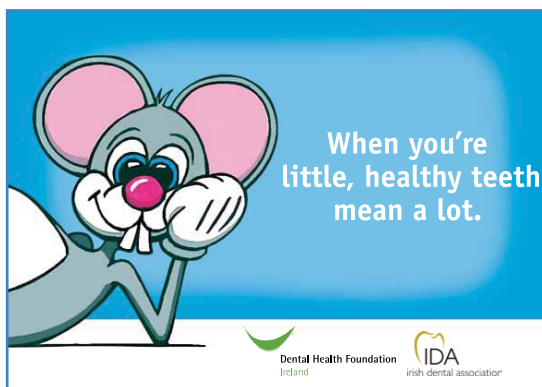
Psychologist

Appendix 6

Good practice templates (leaflets and posters)

Information leaflets

For children:



www.dentalhealth.ie

For parents:



www.barnardos.ie



www.barnardos.ie

Appendix 6

Posters

Tooth Tips *for* 2 to 7 year olds



References

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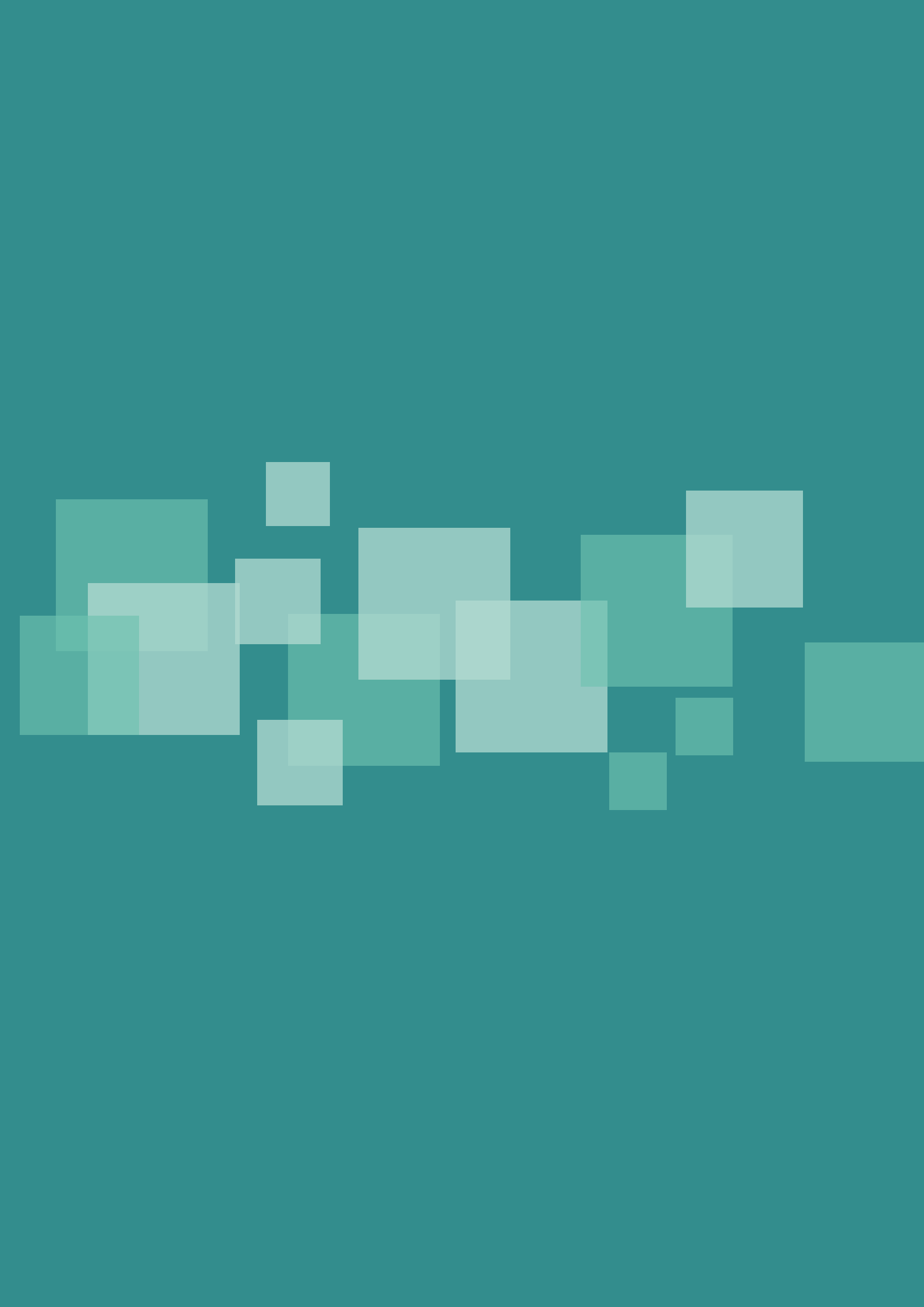
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**For further information
please contact:**

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

Web: www.hiqa.ie

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agus Cáilíocht Sláinte

