



National Adult Literacy Agency  
Áisíneacht Náisiúnta Litearthachta do Aosaigh

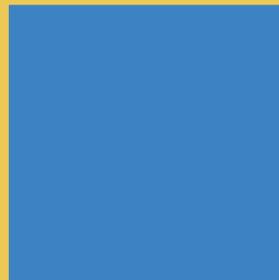


Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Guidance for providers of health and social care services

## Communicating in plain English





## 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

It is important to remember that different people and communities will have different communication needs. This guide will help you to communicate more clearly with your adult service users and their families and friends. It will help you think about how you present information so that the reader or listener will understand it the first time they read or hear it.

As service providers, you deal with information that you have to read, understand and communicate to others. Often this information can be long and complicated. It may also contain jargon. By using the plain English tips in this document, you will:

- make your service users and patients more informed
- make your centre's communication more effective
- make your services more accessible
- increase your centre's efficiency.

This guide was developed to support you in implementing the Health Information and Quality Authority's (HIQA's) standards. It is for adult services, not for children's services.

The relevant standards that this guide supports are:

<b>Subject</b>	<b>Communicating in plain English</b>		
<b>Audience</b>	Providers of health and social care services		
<b>Standards and regulations relevant to this guide include</b>			
<b>Standard</b>	<b>Number</b>	<b>Regulation</b>	<b>Number</b>
National Quality Standards for Residential Care Settings for Older People in Ireland	All Standards	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013	10
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		–

This guide explains concepts and gives examples and templates that may help you to meet regulations and implement standards. It will help you to identify the regulations, standards and best available evidence relevant to your service. 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](http://www.hiqa.ie) for the latest version.

## 2. Why is plain English important?

It is only fair to give people the information they need in language that is easy to understand. This enables them to:

- make informed choices
- access their entitlements
- meet their legal duties.



One in six people find reading and understanding everyday texts difficult: for example, reading a health leaflet, bus timetable 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.

You should also take into account that age can affect health understanding and information. National Adult Literacy Agency (NALA) research on older people showed that one coping mechanism was to rely on others such as spouses, family members, work colleagues or service providers to assist with literacy related tasks.<sup>1</sup>

<sup>1</sup> National Adult Literacy Agency (NALA). Learning Through Life: A Study of Older People with Literacy Difficulties in Ireland (2009): Dublin: NALA, 2009.

It is important that service providers ensure that their staff can communicate in a way which is clear and easy to understand and with respect for the service user. Staff training and supports should address communications with service users. You may also need to consider the literacy needs of your own staff if necessary.

### 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 people 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 service users and patients, their families and friends to increase understanding of your message.

To write in plain English you first need to put yourself in your reader's shoes.



When you use plain English you:

- use clear language when speaking or writing
- give relevant information in the right order
- help people to understand this information quickly.

## 4. What is the user experience of your service?

It is important to consider what happens when a person uses your service. Ask yourself what type of experience do they have? Consider how you engage with them and if you are a 'literacy-friendly' service.

Being literacy-friendly means that your service:

- is aware of adult literacy issues and the need for clear communication
- has removed unnecessary literacy barriers such as having to fill in a form under time pressure
- has policies and procedures to take account of literacy issues
- regularly evaluates and improves literacy friendly service.

### For example

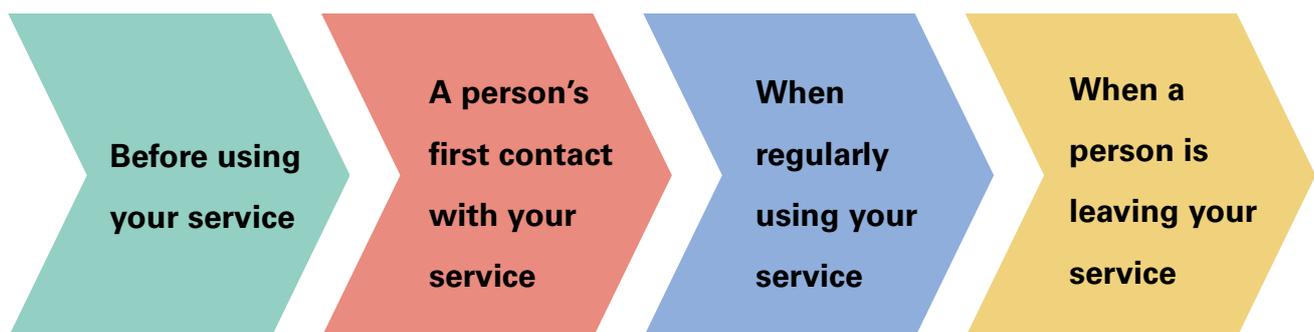
Do you give out written information to service users and patients?

If so, you could also explain these to the person verbally. You can also take the opportunity to check their understanding by asking questions about the information given or asking them to repeat back the information in their own words.

## 5. The service user's journey

For service users there are a number of stages involved in using your service.

These are:



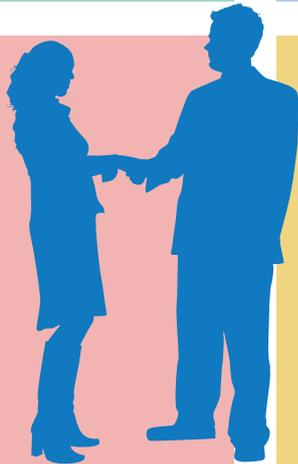
These stages are relevant for a normal admission but not for an emergency admission where individuals would not always get an opportunity to engage in the first stage – 'Before using your service'.

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

- What information does the person 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 someone who uses your service **every day**?
- What do they need to read?

- What happens when someone **first comes into contact** with your service?
- Do you give them written information?
- Does someone go through that information with them?
- Do you offer a tour of the service?
- What forms do they need to fill in?
- Who gives this to them?
- How is it given to them?



- What information do you give to someone **leaving** your service?

## Before using your service

People may look for information about your service before they use it. It is important to consider how you tell people about your service – for example think about:

- **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 to someone over the phone
- inviting them to visit your service
- doing an assessment (if relevant).

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 person's first contact with your service

It is important to know the **diversity** of your service users. When a person engages with your service for the first time, think about who they are. Factors such as age, culture, language, literacy, comprehension, hearing and vision problems will impact on how you communicate with the person and their understanding of the information.

Remember that for someone who is uncomfortable with reading and writing, the first contact with any service can be difficult. In particular for people who do not have English as their first language. There is often information to be read and understood, or they may be expected to fill in a form. All of this can cause anxiety, which can block communication and make it difficult to ask and answer questions. It is therefore important that you reduce any anxiety about this.

If you give the person written materials, think about how much reading and writing is involved. Is it all necessary? If it is, then can you point out the most relevant parts?

## Making your environment more literacy-friendly

Here are some suggestions on making the environment and the standard reception routines as inclusive and 'literacy-friendly' as possible.

### ■ 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 someone to feel more at ease.

## ■ Good 'signposting': Tell the person what will happen at this first meeting

It is good to tell the person 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 cover four points: 1. What services we offer; 2. How much it costs; 3. How to apply; 4. What to do next.'

Give the person the relevant information that they need now and tell them where they can get more information if they wish. For example: 'Here is a list of fees for this service. If you need to apply for a grant towards this, I can give you information on that.'



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

## ■ Filling in 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 for people 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 <b>do not</b> have to fill in the form <b>now</b>.</p>	<p>When you introduce the form, say something that shows you <b>understand</b> that it's normal to have some difficulties with form-filling.</p> <p>For example: 'Most of us find some forms difficult.'</p>
<p>Tell the person <b>why</b> you need the form to be completed, <b>what</b> the form will be used for and <b>when</b> they will hear what the outcome is.</p>	<p>You can <b>offer to help</b> someone to fill in the form. Always ask for the person's 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 people what the next steps will be. For example, you can tell them when you will develop a personal plan and when you will agree a contract of care.

'We will see you back in here on Tuesday. You can fill in the form at home and bring it back with you on your next visit.'



You could use a **Reminder Card** to help the person remember actions.

### 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 people understand what you have told them by asking them to repeat back the key information in their own words. If the service user does not understand a concept correctly or completely, then you can restate or tailor the message to make it clearer.

## When regularly using your service

It is important to think about everyday communication. What do people need to know and how do you tell them?

Think about how you communicate with service users, their families and friends through the telephone, face-to-face and group meetings.

Service users, families and friends 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 person is leaving your service

It is good to think about what a person needs to know when leaving your service.

Think about the following:

- What information do you need to give the person?
- 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 a lot of information, then can you draw their attention to the most relevant parts?

Where a person has died, think about how you communicate with the family and friends. Are you using plain English? Remember to also consider cultural issues.

There is a useful End-of-Life Care Map published by the Irish Hospice Foundation.

It contains a sample checklist of what to do after someone dies.



## 6. How to communicate in plain English?

When you are communicating with people using your services, their families and friends, it is important to use plain English. This applies to written text, documents and verbally.

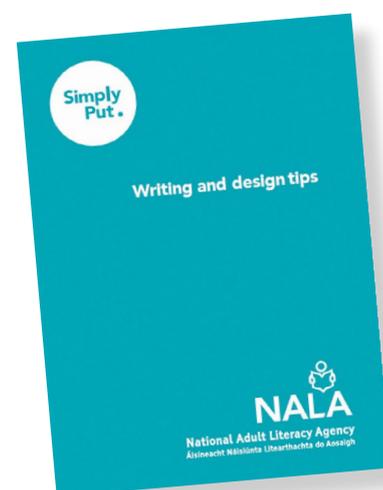
In this section, we look at three areas:

- writing
- designing documents
- 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](http://www.simplyput.ie)

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



## Writing

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.'

In the appendices on page 30 you will find plain English checklists.

## Designing documents

NALA's Writing and design tips 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**.

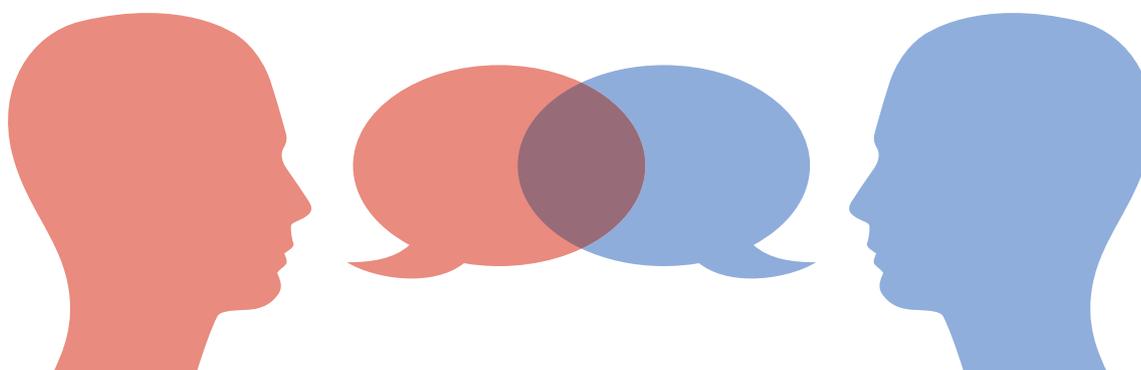
- Choose a readable **typeface** – sans serif fonts like Arial or Tahoma are best.
- Don't crowd the page: have lots of '**white space**'. For example, use at least 1.5 line spacing.

## Speaking

- Spoken communication includes face-to-face and phone interaction. Some people will rely more on spoken communication than others. As a service provider you need to identify any special communication needs that people have and plan how to address these. People from different cultures can prefer to communicate face-to-face rather than over the telephone, especially where English is not their first language.
- When you are speaking to non-native speakers who have translation issues, you can use a registered interpreter.
- Service providers should ensure that staff can communicate in a way which is clear and easy to understand and respects the service user. 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, look at and speak directly to that person, rather than their companion. Remember people from some cultures do not like direct eye contact. The HSE has an Intercultural Guide<sup>2</sup> that has useful guidelines. It is available online at [www.hse.ie](http://www.hse.ie)

### 2. Speak clearly.

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.

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<sup>2</sup>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 person. 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 the service users need to know. As a general guideline, use no more than four main messages. Give the person 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 people. Make visuals culturally relevant and use images that are familiar to your service users.

## 8. Be aware of people's language ability.

Be aware of people's understanding of English and of words that they may not be familiar with. Be aware as well that many adults have literacy difficulties in their own 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 people may use – for example, hearing aids and alternative and augmentative communication (AAC) devices.

AAC is a term used to describe ways of communication apart from speech. All of us use AAC – for example, when we use facial expressions to communicate. For people 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 (SGD) is an electronic aided communication system for people. It provides voice output and enables a person 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

There are a number of reasons why 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 people will need to be communicated with through their primary language.

### ■ **Cultural differences**

It is important that you are aware of and respond appropriately to cultural differences. The HSE has an Intercultural Guide that has useful guidelines. It is available online at [www.hse.ie](http://www.hse.ie).

### ■ **Lack of knowledge and experience**

Sometimes people can lack knowledge and or experience about your service. Don't assume that people will know basic information that you perhaps take for granted.

### ■ **Communication and developmental issues**

Some people 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.

## 8. Other tips to communicate effectively with service users

Use appropriate terms to describe different types of people. For example, a person is not an 'epileptic' but rather a 'person who has epilepsy'. Putting the person first in our communications is not 'political correctness', it is showing respect for the dignity of the individual.

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

### Person who has a hearing disability

#### ■ One-to-one tips

- When a sign language interpreter is present, look at and speak to the person who is deaf, not the interpreter.
- To get the attention of a person 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 person and speak clearly, naturally and slowly to establish if the person can lip read. Not all persons 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.

- Offer the person a means of exchanging written messages to see if that would be helpful to communicate.
- Avoid eating food while you are 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.

## Person who has a visual disability

- Greet the person verbally to let them know that you have approached them. Identify yourself and others who may be with you. Speak normally, but facing the person.
- If helping the person, do not grab the person's arm or walking stick, and don't assume they need assistance. Ask first if they would like assistance.
- If the person would like help then offer your arm as a guide just above the elbow and describe any obstacles in the path of travel. When arriving at the destination, tell the person that they are standing in front of the chair, the table, the doorway and so on. Guide the person's hand to the chair or railing for additional assistance in orientating them.

- If the person 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 person in advance when you will be moving from one place to another, and let it be known when the conversation is at an end.

## Person who has a speech disability

- Listen carefully. Be encouraging rather than correcting.
- Be patient. Don't try to speak for a person 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 person'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 person with a speech difficulty may have augmentative or assistive devices to help them communicate.

## Person who has a mobility disability

- When talking at length to a person who uses a wheelchair or crutches, sit in a chair whenever possible so that you are at the person's eye level. This helps the conversation.
- Do not speak loudly and slowly to an individual in a wheelchair.
- Be considerate of people's assistive equipment. Some people with mobility disability use various aids – for example, walking frames, sticks, wheelchairs, assistive speech devices. Do not touch or operate the equipment without the owner's prior consent or instructions, as this behaviour is disrespectful and shows careless regard for the owner's personal property or space.
- When introduced to a person with a mobility 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.

## Person with a learning disability

- Speak directly to the person and respect their choices or decisions.
- For some individuals, if you are in a public area with many distractions, consider moving to a quiet or private location.
- Be aware of the possible need to speak to the person slowly in clear and short sentences. Repeat your information and your questions, as needed. Be specific in relation to what you say and use visual aids or colour-based cues.

- It may be helpful to offer assistance completing forms or understanding written instructions, and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not 'over-assist' or be patronising.
- Be patient, flexible and supportive. Take time to understand the individual and check that the individual understands you.

## Person with a non-visible disability

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

## Person with dementia

- Recognise that people with dementia have problems understanding as well as communicating.
- Find a place and time to talk when there are few distractions present. This allows the person to focus all their mental energy on the conversation.
- Consider what you are going to talk about. It may be useful to ask yourself what you want to achieve from the conversation.
- Speak clearly and calmly. Speak at a slightly slower pace, allowing time between sentences for the person to process the information and to respond. This might seem like an uncomfortable pause to you but it is important for supporting the person to communicate.
- Use short, simple sentences. Avoid asking too many direct questions. People with dementia can become frustrated if they can't find the answer. If you have to, ask questions one at a time, and phrase them in a way that allows for a 'yes' or 'no' answer.
- Refer to people by their names.
- Talk about one thing at a time. The person may not be able to engage in the mental juggling involved in maintaining a conversation with multiple threads.
- Listen carefully to what the person is saying, and give them plenty of encouragement.

- When you haven't understood fully, tell the person what you have understood and check with them to see if you are right.
- Use nonverbal cues. For example, maintain eye contact and smile. This helps put the person at ease and will facilitate understanding. And when dementia is very advanced, nonverbal communication may be the only option available.
- Do not try to correct every inaccurate statement the person makes. It's okay to let misstatements go.
- Have patience. Give the person extra time to process what you say. If you ask a question, give a moment to respond. Don't let frustration get the better of you.
- Understand there will be good days and bad days. While the general trend of dementia sufferers is a downward decline, people with dementia will have ups and downs just like anyone else.

## 9. Conclusion

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

## Appendix 1

### How to know if you are communicating effectively?

	Questions	Yes or No	Comments
1.	Do staff use plain English when speaking with service users?		
2.	Do you produce all leaflets, reports, other printed publications and website information in plain English, with suitable images?		
3.	Do you check that service users understand what you have told them? <i>For example: Does the service user understand information to make an informed choice about medical care treatment?</i>		
4.	Are there clear instructions on what to do in the event of fire? Have you checked for understanding?		
5.	Do you display clear menu choices?		
6.	Is there clear signage to direct people to different services?		
7.	Are health and safety notices clear and accessible?		
8.	Do you provide a clear guide to service users on your services? Do staff members go through this verbally with each service user?		
9.	Do you have a clear complaints procedure on display? Do you clearly communicate with service users throughout the complaints process?		
10.	Do you listen to service users informally? If you organise or arrange consultation, do you use a number of methods, besides surveys, to gather information?		

## Appendix 2



### 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

Yes No

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?

Yes No

9. Is the layout consistent and logical? Are recurring features used?
10. Does the paper have a matt finish?

### For forms

Yes No

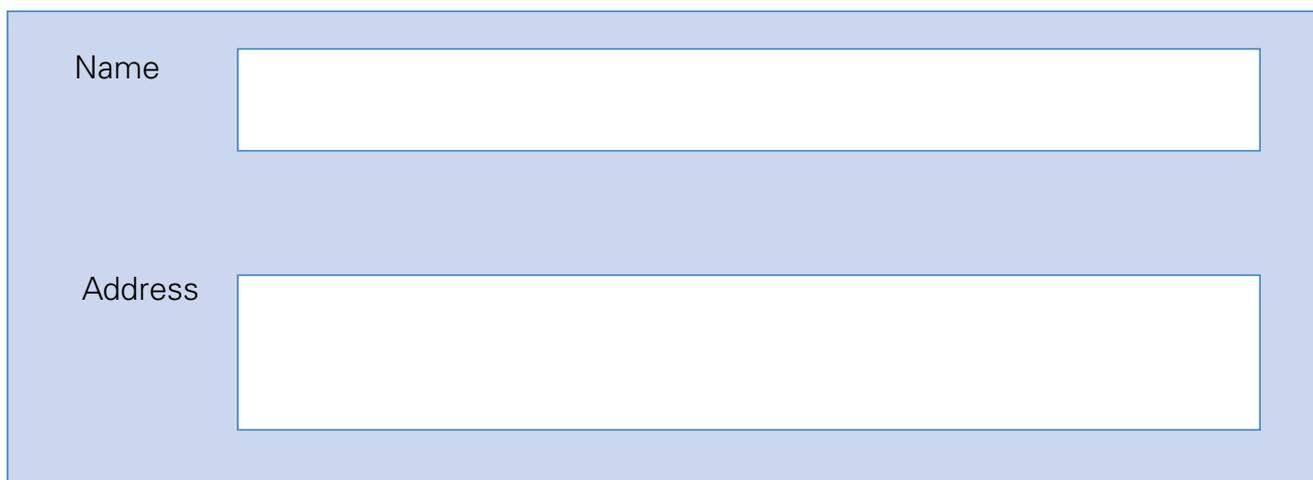
1. Does the form have a clear title?
2. Does it include clear instructions at the start?
3. Are 'official use only' sections, if any, near the end of the form?
4. Does it ask questions in a logical order?
5. Does it avoid unnecessary or repeated questions?
6. Does it group similar questions together under useful headings?
7. Does it keep numbering as simple as possible?
8. If necessary, is there adequate space to write in?
9. Is it clear where to give answers?
10. Is there enough space for answers?
11. Does the form use tick-the-box questions where possible?
12. If using tick boxes or tables, is the border solid and bold?

## Appendix 3

### 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).



Name

Address

- 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 4

### Plain English: before and after example

#### Before

5 June 2014

Joe Bloggs,  
Main Street,  
Any Town,  
Any County.

#### **CONTRACT OF CARE FOR ROSE NURSING HOME**

Dear Mr Bloggs,  
Please find enclosed your contract of care with Rose Nursing Home. I would be grateful if you could sign the appropriate sections of the contract and provide us with your GP's referral letter and relevant identification. I would be grateful if you would return the completed contract and accompanying document to us by **23rd June 2014 and unless your signed contract is received before this date it will be deemed to be invalid.**

Yours sincerely,

---

M. O Connor  
Rose Nursing Home

## After

5 June 2014

Joe Bloggs

Main Street

Any Town

Any County

### **Contract of Care**

Dear Mr Bloggs,

I am writing to you about your contract of care for Rose Nursing Home.

To finalise your contract of care we would be grateful if you could:

- sign the enclosed contract in the highlighted sections
- provide us with a letter from your GP, and
- provide us with your identification (copy of passport or driver's licence).

For your contract to be valid you must:

1. Sign it **and**
2. Send it back to us before **23 June 2014** along with a letter from your GP and photocopy of identification.

If you do not complete these steps, we cannot process your contract.

If you have any questions about this letter, please phone me on 0XX XXX XXX or email me at [moc@xxxx.ie](mailto:moc@xxxx.ie).

Yours sincerely,

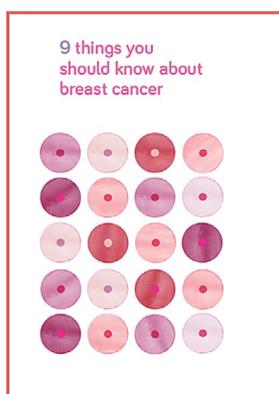
M. O'Connor, Rose Nursing Home

## Appendix 5

### Good practice templates

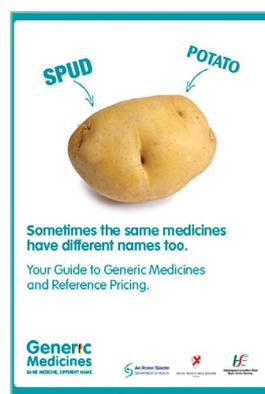
#### Leaflets

Some good examples include:



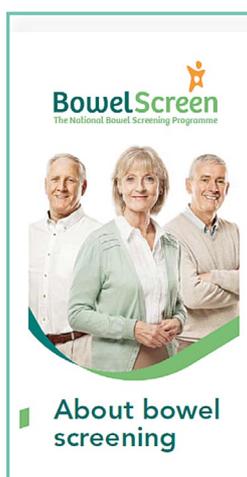
**9 things you should know about breast cancer**

<http://www.europadonnaireland.ie>



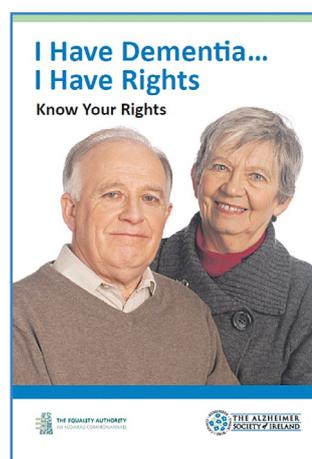
**Your Guide to Generic Medicines and Reference Pricing**

[www.hse.ie](http://www.hse.ie)



**About bowel screening**

<http://www.bowelscreen.ie>



**I have Dementia... I Have Rights: Know Your Rights**

[www.alzheimer.ie](http://www.alzheimer.ie)

## Poster

# A Tobacco-Free Campus



**You are not allowed to smoke on the hospital grounds.**

**A tobacco-free campus means a healthier, safer and cleaner environment for all. It also means a better recovery for patients and service users.**

**If you would like to stop smoking,**

- **Contact the National Smokers' Quitline on 1850 201 203**
- **Visit [www.quit.ie](http://www.quit.ie)**
- **Get support on [www.facebook.com/HSEquit](https://www.facebook.com/HSEquit)**
- **Or contact your local GP or pharmacist**

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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](http://www.hiqa.ie)

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agus Cáilíocht Sláinte

