



# National Guidance on Good Communication in Health and Social Care: Using Plain Language





# 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.

## Our responsibilities

- We set standards for health and social care services.
- We monitor and inspect these services.
- We also develop guidance and tools to support health and social care workers to deliver care.
- We provide evidence to help make decisions on health information.
- We carry out health technology assessments. Health technology includes things like medicines and medical equipment.
- We carry out national surveys of people's experiences of care with the Department of Health and the HSE.

## Supporting National Standards

This guidance from HIQA supports the implementation of national standards. You can use this guide to develop good practice in the care and support of people using all health and social care services.



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# Section 1

## About this guide

Communicating in plain language is vital to providing high-quality, safe and efficient health and social care services.

This guide will help you to think about how you communicate more clearly with:

- adults, children and young people using your services
- their families, friends and caregivers.

This will help you to communicate in a way that ensures everyone has the information they need to make informed decisions about their health and social care. This also reduces misunderstandings and helps your service to run more efficiently.

Front-line staff and service managers deal with information that can be difficult to read, understand and communicate to others. Often this information can be long and complicated. It may also contain jargon. When you use plain language, you will:

- help people using your services be more involved in and informed about their care
- help make your service's communication more effective
- help make your service more accessible
- help make your service more efficient.

### People using services

In this guide we refer to 'people using services'. This generally refers to both adults **and** children or young people using health and social care services. It may also cover family, friends and caregivers.



## Section 1 About this guide

Effective communication between health and social care staff and people using your services is a key focus of standards. This guide supports you to implement national standards for health and social care.

National standards describe how to achieve safe, quality, person-centred care and support. HIQA has a set of principles underpinning all national standards for health and social care services. The four principles are:

- a human rights-based approach
- safety and wellbeing
- responsiveness, and
- governance and accountability.

Figure 1 below sets out the four principles and shows that the person receiving care and support should be at the core of everything. Each of the principles works together to achieve this.

**Figure 1: HIQA's Four Principles**



Good communication will help you to deliver rights-based care. Human rights are about people being treated with fairness, respect, equality and dignity, having a say over their lives and participating as fully as possible in decisions about their care and support.

### Who this guide is for

This guide is for managers and front-line staff across all health and social care services. It will help you write and design communications that are easy to understand and use. It will also give tips on interacting with adults, children and young people using services, who have a wide range of abilities and needs. Your aim is inclusive communication. This means sharing information in a way that everyone can understand and is respectful to all people who use services.

If you are a manager, think about communication across your service.

- Do you identify the communication needs and preferences of the people using your service, including their physical, sensory and language needs?
- Do you have a plain language policy?
- How do you check that there is clear written and spoken communication across your service?
- How do you support staff to develop and maintain their communication skills?

### How to use this guide

You can read this guide from start to finish, or jump to the section that you need right now. Here is a quick overview to help you find your way:

- **Section 2:** We explain why plain language is so important for people using health and social care services.
- **Section 3:** We explain why health literacy, numeracy and digital health literacy are key to ensuring good health and social care outcomes. We provide tips on clearly communicating health information and numbers, and on how to support people as digital communication becomes more common.
- **Section 4:** We explain how to be a literacy-friendly service, including providing support on filling in forms, using 'Teach-back' and 'Chunk and Check'.
- **Section 5:** We help you to think about the person's journey through your service. What information do they need before using your service, on first entering your service, as a regular user or on leaving your service?
- **Section 6:** We give specific tips on using plain language when speaking with people using your service, and in your written communication. We also look at designing accessible documents.



## Section 1 About this guide

- **Section 7:** There is no one-size-fits-all approach to communication and you need to tailor your communication to the individual. We describe how to achieve inclusive communication, for example, with people who do not speak English as a first language or who have differing needs and abilities.
- **Section 8:** Good communication with children, young people and their families requires particular skills. We help you think about a child-centred approach to communication.

Finally, there are a few extra tools on the [HIQA Learning Hub](#) that can help you on the path to clear communication. The hub is an online resource with a range of material to support national standards, including online learning courses, guidelines or guides, and videos. At the Learning Hub you can find a checklist for written communication, tips on writing forms and examples of good practice.

## Plain language

Before we go any further, we need to define plain language. Using plain language is a more effective way of writing and speaking. It helps people to access, understand and use information quickly and effectively.

### What is plain language?

'A communication is in plain language if its wording, structure, and design are so clear that the intended readers can easily find what they need, understand what they find, and use that information.'



Definition from the International Plain Language Federation: <https://www.iplfederation.org/plain-language/>

Plain language is useful for communicating both written and verbal information that people rely on to make decisions. For example, a leaflet about deciding whether or not to have a procedure that is not always successful must be in plain language.

## Section 1 About this guide

When you use plain language you:

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

Before you continue reading, consider using our **checklist** on p.54: 'Are you communicating effectively with the people using your service? Is your service communicating well? Are there areas where it could improve?' You might use this checklist again after you have read this guide and put some tips into practice.

Now, we will look at why using plain language matters to you and the people using your service.



## Section 2

# Why your communication must be clear

Clear communication in health and social care is important for four main reasons. Let's look at each of these in turn.

### 1. Clear information improves understanding and decision-making

It is ethical and fair to give people the information they need in language they find easy to understand. This enables them to:

- understand their situation
- be involved in their care and support
- use health information
- make informed decisions
- access their entitlements.

Clear information improves the person's experience of the service and improves outcomes.

### 2. Clear information is vital for people who are unwell, anxious and stressed

At certain stages of a person's life and when receiving care and treatment, they can be more vulnerable than others due to their circumstances. It helps to use plain language to try to ease their worries and help them deal with their concerns more effectively.

### 3. Clear information is especially important for people with literacy needs

People with literacy needs are more likely to report poor health.<sup>1</sup> People are at risk of poor health and social care outcomes if they struggle to understand instructions for self-care or to find reliable health information.

1. [www.nala.ie/literacy-and-numeracy-in-ireland](http://www.nala.ie/literacy-and-numeracy-in-ireland)

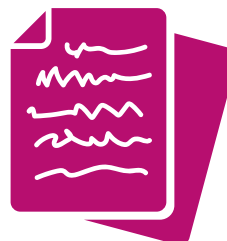
Remember that people need you to provide clear information in different ways – through documents, on your website, and in person.

When you provide information that is accessible to people with literacy needs, it helps all readers.

### Did you know that in Ireland...?

#### **One in five adults has a literacy difficulty**

This means these people find reading and understanding everyday written material difficult. For example, they find reading a health leaflet, following medicine instructions and filling in forms difficult.



#### **One in four adults has a problem with numeracy**

This means these people find everyday maths difficult, from simple addition and subtraction to working out averages.<sup>2</sup>

## 4. Clear information is important for all ages and abilities

You should consider how age and ability can affect understanding of health information.

There is evidence that adults in Ireland are losing their literacy and numeracy skills as they age – even adults with third-level education.<sup>2</sup> Furthermore, people with third-level education can have literacy needs in certain settings such as health settings.

Clear information is also very important for people who do not speak English as their first language.

Children and young people also have a right to clear and appropriate communication that meets their needs. Children and young people at different stages of development have very different needs and interests. They also learn in different ways.



2. OECD Programme for International Assessment of Adult Competencies (PIAAC) Survey 2023

## Section 2 Why your communication must be clear

Understanding stages of development in childhood and adolescence will help you to tailor information to suit children, young people and their families. See **Section 8** for more information on these stages.

For people who have difficulty understanding language or who use Augmentative and Alternative Communication (AAC) it is even more important to provide information that is clear. You can read more on AAC in **Section 7**.

### Remember, staff may need training

Service providers must make sure their staff can communicate in a way that is clear and easy to understand.

This training might include:

- literacy-awareness training
- training to tailor information for different people using services.

We mention training supports, such as free online courses, in the section on **Further Resources**. These courses are useful for both managers and front-line staff.

## Section 3

# Health literacy, numeracy and digital health literacy

Many people who do not have literacy needs still find health information difficult to understand. Other people might not feel confident with numbers, or with using digital tools. In this section we focus on health literacy, numeracy and digital health literacy. All of these are important in helping people navigate health and social care services. Let's look at each of these in turn.

### What is health literacy?

Health literacy is the ability to obtain, understand and use health information. People need good health literacy to be involved in decisions about their healthcare and to follow instructions for treatment.

**Just over 1 in 4 adults in Ireland find it difficult to understand and act on health information.<sup>3</sup>**

Good health literacy involves giving people easy to understand health information and checking they understand it so they can make informed decisions.



3. World Health Organization (WHO) Action Network on Measuring Population and Organisational Health Literacy (M-POHL) Survey 2021

### Things that affect health literacy

People's health literacy is affected by things like:

- their ability to read and understand written text and numbers
- their ability to use computers
- the amount of time they have spent in the healthcare system
- cultural factors<sup>4</sup>
- being unwell or feeling anxious or stressed
- how health information is communicated.

#### Everyone can find it difficult to understand health information

When dealing with health information, you need to assume that everyone can have difficulty understanding it. This means you need to communicate clearly in a way that meets the person's needs.

You also need to check that the person understands the information when they get it and still understand and remember it a few weeks or months later.



### Areas where people can lack health literacy

People may find it difficult to:

- understand medical words (for example, myocardial infarction, which means heart attack)
- understand instructions such as how to:
  - use an inhaler
  - read a thermometer
  - carry out complicated self-care
- understand when their next appointment is scheduled
- understand the risks or benefits of treatment.

**Your service has an important role in supporting health literacy.**

4. Sláintecare Healthy Communities Health Literacy Report. 2024.

When health and social care staff communicate health information that is unclear, it can limit how well some people can find, understand and use the information. See **Section 4** to learn about two techniques for spoken communication: 'Teach-back' and 'Chunk and Check'. These can help with both communicating and understanding.

It is always best to involve people using services in developing and giving feedback on your written health information. Everyone will benefit when you check how clear your information is with people who use your service.

Remember, people who know more about their health:

- have better consultations with their health and social care providers
- understand more about the medicines they are prescribed
- are more likely to have better health outcomes.<sup>5</sup>

## What is numeracy?

Numeracy is the ability to understand and apply basic maths concepts. These include:

- simple addition and subtraction
- working out averages
- understanding risks and statistics.

Numeracy may involve reading and interpreting numbers, diagrams, charts, and graphs.

People who find numbers difficult may struggle doing simple addition, subtraction and calculating averages.

**1 in 4 adults in Ireland are at or below Level 1 (the lowest skill level) in numeracy.**

People must use numeracy in health settings. They have to use it to take the right dose of medication, record their heart rate or figure out the sodium content of a food item.



5. NHS Health Literacy 'How to' Guide



### Areas where people can lack numeracy skills

We can all make mistakes with numbers, but people with numeracy needs can more often:

- make a mistake taking medicines
- become confused about appointment times
- have difficulty understanding the risks of a treatment, procedure or medicine
- have difficulty understanding finances or the costs of a service.

**Your service has an important role in supporting clear numbers-based information.**

There are simple ways to communicate more clearly. Here are some examples:

- use numerals instead of words, for example, 'take 1 tablet'
- use '7.00am' and '7.00pm' rather than the 24-hour clock
- explain risks or benefits in whole numbers rather than fractions, decimals or percentages, for example, '1 in 4 people may have a side effect'
- use simple pictures or graphics to explain numbers
- explain risk as the actual chance of something occurring, especially when talking about changes in risk. This gives a more realistic sense of the level of risk involved. For example, say 'your risk of infection has gone from 4 in 100 to 2 in 100' rather than saying 'your risk of infection has dropped by 50%'.

**TIP: Give precise instructions. Instead of telling someone to take one tablet 'twice daily', say: 'Take 1 tablet in the morning and 1 tablet in the evening.'**



## What is digital health literacy?

As defined by the World Health Organization (WHO), digital health literacy is about:

- searching
- finding
- understanding
- evaluating health information from electronic sources, such as websites and databases.

It is also about using the knowledge gained to solve health-related problems.<sup>6</sup>

A person may need digital skills to:

- book or confirm appointments online, by text or email
- take part in phone or video call appointments (telehealth)
- use the HSE health app
- use any Artificial Intelligence (AI) health and social care technology your service may have in place, for example, engaging with a virtual assistant such as an AI chatbot.

Some groups, like older people, may be at higher risk of being digitally excluded. Many people may rely on family members or friends to help with digital tasks.

**TIP: Remember, if Artificial Intelligence (AI) is used in your service, you should check that users are aware they are interacting with an AI system. You should also check that they know that some outputs (like web content, recommendations or decisions) have been developed using AI.**



**Your service has an important role in making digital tools easier to use.**

6. WHO Regional Office for Europe. The ongoing journey to commitment and transformation: Digital health in the WHO European Region 2023

### Section 3 Health literacy, numeracy and digital health literacy

Digital communications include text messages (SMS), web content, social media posts and information videos. There are simple things you can do to make digital tools easier to use, but do ask a person about their preferences. For example, a person might prefer a phone call to a text reminder. Here are some tips:

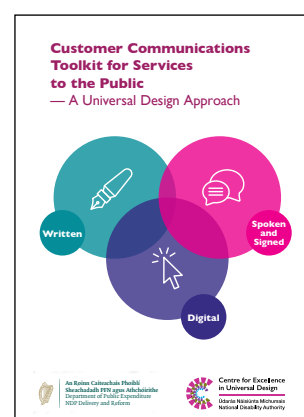
- provide an alternative to online booking or a paper version of online forms
- provide an alternative to digital appointment reminders (for example, instead of texting, phone the person)
- offer help to complete online forms, if the person prefers this format
- ask people if information on your website is easy to find and to understand
- direct people to websites with reliable health information, like [www.hse.ie](http://www.hse.ie)
- use best practice (see below) when designing any digital communications.

#### Best practice toolkit with helpful resources on accessibility

Best practice in developing digital tools is set out in the digital section of [Customer Communications Toolkit for Services to the Public: A Universal Design Approach](#), from the Department of Public Expenditure, NDP Delivery and Reform (DPER) and the National Disability Authority (NDA) (see **Further Resources** for more information).

Remember, if you are working with a graphic designer or a software developer, ask them to make sure that your digital communications are fully accessible.

If you are short on time, focus on the toolkit's checklists and tips to develop digital content. There is more about this in **Section 6**.



**TIP: Don't assume everyone is confident using digital tools. Provide information in digital and other formats (paper, audio, in person) to reach more people using your service.**



# Section 4

## Being a literacy-friendly service

You need to consider what happens when an adult, child or young person uses your service. Consider how you engage with them and their family and friends, and if your service is a 'literacy-friendly service'.

Being a literacy-friendly service means that your service:

- is aware of literacy issues and the need for clear communication (see the **Further Resources** section for free online courses on literacy awareness)
- has removed unnecessary literacy barriers like having to fill in a form under time pressure
- has policies and procedures to take account of literacy issues
- regularly evaluates and improves its services.

### For example

Do you give written information to people using services?

If so, you could also:

- explain these to the person verbally
- check their understanding by asking questions about the information given
- chunk and check information (there is an example of how this works later in this section)
- ask them to repeat back the information to you in their own words.

When speaking to children and their families or caregivers, you might also consider using visual prompts or stories.



## Making your service more literacy friendly

Here are some suggestions to make your service literacy friendly. They range from filling in forms to making verbal communication easier using 'Teach-back' and 'Chunk and Check'.

### 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 language
- using words, terms and examples that people know
- defining any unfamiliar terms on the form.

#### How to make forms easier to complete

##### Discuss the form first

Don't introduce the form too soon. Try to have a brief discussion first.

If possible, tell the person that they do not have to fill in the form now.



##### Reassure users that most people find forms difficult

When you introduce the form, say something that shows you understand that it's normal to have some difficulties with form-filling. For example, you could say: 'Most of us find some forms difficult'.

##### Explain why the form needs to be completed

Tell the person:

- why you need the form to be completed
- what the form will be used for
- when they will hear what the outcome is.

##### Offer help filling in the form

You can offer to help 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.

## 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. This is particularly relevant when dealing with parents or caregivers who will be giving medicine to children. If the person does not understand a concept or instruction correctly or completely, then you can restate or tailor the message to make it clearer.

### Using 'Teach-back'

#### Do say

- ✓ So I can be sure I explained things properly, can you tell me what you will do next?
- ✓ How will you explain what I have said to your family or friends when you get home?
- ✓ In case I've missed something, can you tell me what I've asked you to do?

#### Don't say

- ✗ Have you understood everything we discussed? (This is not useful, as it is a closed question with a 'yes' or 'no' answer.)



## Chunk and Check

‘Chunk and Check’ means providing information in small sections or ‘chunks’. After each chunk, you can check understanding with Teach-back before moving to the next chunk.

### Example of using ‘Chunk and Check’

#### Chunk 1

Your blood pressure reading is quite high, and we’ve seen that before. Having high blood pressure over a long time is dangerous to your overall health so we will deal with it. I’m going to give you a new medicine to help lower your blood pressure. This is something you’ll take over a long period.

- Check 1: What questions do you have about that?

#### Chunk 2

You will need to take the medicine every day. You take one pill every morning with water.

- Check 2: Can you tell me how you will take this medicine? For instance, what time works best for you to take it in the morning?

#### Chunk 3

Let me tell you a bit more about the medicine and some side effects. Some people feel dizzy when they first start taking it. The dizziness usually goes away as you get used to it. If you feel unwell or unsure, call us or come in to talk.

- Check 3: Just to make sure that I’ve explained everything properly, can you tell me the main points about your new medicine?



Another useful way to check for understanding is to use ‘Ask Me 3.’ It is a good approach to use when you are talking with someone. We discuss this in **Section 6** for tips on clear spoken communication.

## Section 5

# The person's journey through your service

For people using your services there are four broad stages involved.

These are:





**As health and social care staff, here are some questions to think about.**

### **Stage 1: Before a person uses your service**

- What information does the person need before they use your service?
- What information do you need to give them?
- Does the person want information in paper, audio, or a digital format or do they want to hear it in person? Continually consult with people to find out how they prefer to receive their information.
- Is the information in plain language?

### **Stage 2: A person's first contact with your service**

- What happens when someone first comes into contact with your service?
- Do you consider who they are in terms of their age, culture, language, literacy level, and so on?
- Do you welcome the person and introduce yourself?
- Do you explain to them what will happen at this first meeting?
- Do you give them written information?
- Does someone go through that information with the person?
- Do you offer a tour of the service?
- What forms do people need to fill in?
- Who gives them the form? How is it given?
- Do you check the person understands? (Use 'Teach back'.)

### **Stage 3: When the person regularly uses your service**

- What information do you need to give someone who uses your service regularly?
- What do they need to read?
- Do you check in with them to see if they are still clear about their instructions, health care plan and appointment details or updates?
- Do you seek their feedback on your information?

### **Stage 4: When a person is leaving your service**

- How do you communicate with someone leaving your service?
- In what way do you give them information, verbally or in writing?
- Do you show them how to take medication or use equipment?
- Have you clearly outlined the next steps?

## Stage 1: Before the person uses 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

Written material includes:

- your website
- social media posts
- Statement of Purpose – this should clearly describe the type of service you provide
- information brochures, leaflets and forms
- letters, emails and text messages (SMS).

### Verbal communication

Verbal communication includes:

- talking to someone over the phone
- inviting them to visit your service and talking with them there
- a video with audio and closed captions (subtitles) about your service
- doing an assessment (if relevant).

**TIP: Once someone has made the first contact with your service, tell them what the next steps are.**



## Stage 2: A person's first contact with your service

When a person uses your service for the first time, think about who they are. Consider their:



- age
- culture
- language
- literacy
- comprehension
- hearing and vision abilities.

## Section 5 The person's journey through your service

When you have full information about the person, you can communicate with them better. As a result, they will understand your message better. Try to consider parents' or caregivers' own literacy and communication needs. You could do this by asking them to repeat back in their own words what they think you said and or what you have asked them to do.

Remember that for someone who is uncomfortable with reading and writing, the first contact with any service can be difficult. This can be true for people who do not speak English or who may have literacy needs. There is often information they must read and understand, 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.

You can try to reduce their anxiety by, for example, offering to go through the information with them. If you don't have time immediately, schedule a later time or ask a colleague for help.

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

### Welcome and introduction

Make eye contact, smile and introduce yourself. Tell them your name and job title (explain it if difficult). However, be aware of cultural traditions where this may not be appropriate.

Take a little time to talk before introducing information and or forms that you need them to complete. All this helps someone to feel more at ease. If you can and it is appropriate, offer to show them around your service. A tour can be a good way to get comfortable and encourage questions.



### Tell the person what will happen at this first meeting

Tell the person what information you need to share with them at their first meeting. Try to keep to a small number of points.

For example: 'Today I'm going to go through three points: 1. What services we offer; 2. How to apply; 3. What to do next.'

Give the person the 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.'

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



### 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 with them or do an assessment.



'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.'

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



### Reminder Card

Your next meeting will be \_\_\_\_\_ at  
\_\_\_\_\_ o'clock with \_\_\_\_\_ .

Please fill in these forms and bring them with you:

- ☐ Application form
- ☐ Medical assessment from your GP

**TIP:** A good way to finish a first meeting with a person using your service is: 'I've given you a lot of information. Take some time to think about what we have spoken about. We can chat again if you have further questions.'



### Stage 3: When a person regularly uses your service

Think about everyday communication with the people who regularly use your service:

- by phone
- in person
- at group meetings
- in a written or digital format (for example, text or email).



While they may know more now about your service than when they first contacted you, you still need to confirm and or update their understanding from time to time. Do the following to be sure that you are communicating clearly with people who regularly use your service.

### Make sure they are clear about their health or social care

You need to make sure the people using your service are clear about the instructions or care plan they are following or need to follow.

### Make sure they are clear about appointment details

Clarify if people who use your service are clear on what they need to do before appointments or what they need to bring with them to an appointment.

### Invite questions and feedback

You need to ask people who use your service (particularly regular users) if they have any questions or concerns about their treatment, medication, equipment or care plan.

You might also invite their feedback on your information or how you are communicating.

**TIP:** When you check in with people who use your service, it will reassure them about your service. Ask them how they would like to be contacted for these check-ins. Some people may prefer to talk to you in person. Other people may prefer you to email or write to them.



## Stage 4: When a person is leaving your service

When a person is leaving your service, think about their needs.

Think about the following:

- what information you need to give them.
- the best way to give them this information – written or verbal or both?
- is there a lot of reading and writing involved? Is it all necessary? If you must give a lot of information, draw their attention to the most relevant parts.
- if the person has to use medical equipment, show them how to use it and then get them to show you how they do can do it.
- what to tell them about where they can get follow-up help.

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# Section 6

## How to communicate in plain language

When you are communicating with people using your services, their families and friends, you need to use plain language. This applies to written text, documents and verbal communication.

In this section, we look at three areas:

- writing
- designing documents
- speaking.

We also look at accessibility of documents and online content.

The guidelines in this section are for writing documents and forms. They can also be used when writing for the web. Remember, to write in plain language you first need to put yourself in your reader's shoes and consider their individual needs.



## Writing

The main points to keep in mind are:

- **Keep sentences short.** Keep your sentences an average of 15 words. This helps readers take in information more easily.
- **Use everyday words.** For example, use 'tell' instead of 'advise'; 'fill in' instead of 'complete'; 'start' instead of 'commence'.
- **Avoid jargon.**
- **Use active voice.** For example, use 'I will send you test results shortly', instead of 'The results will be sent to you shortly.'



On the [HIQA Learning Hub](#) you will find a plain language checklist for documents.

## Designing documents

Information that is clearly designed will help people find and understand key messages. Good layout and design make written material easier to read.



**TIP: Make sure documents and web content are accessible to everybody, including people using screen readers and other support tools.**



Use tools like information on accessible documents in the [Customer Communications Toolkit](#) (page 128) and the accessibility checker in MS Word.

For example, to run the accessibility checker in Word 2016, select: **File > Info > Check for Issues > Check Accessibility.**



## Key design tips

- **Choose a readable typeface**  
Sans serif fonts like Arial or Tahoma are best.
- **Use at least 12-point type or ideally 14 point**  
Make important points stand out clearly.
- **Use larger fonts or bold when needed**  
When you want to emphasise a heading or a paragraph of text, use a bigger size or bold or both.
- **Use sentence case over all capital letters** (also called upper case) as sentence case is easier to read (compare: easier to read with EASIER TO READ).
- **Avoid using *italics* and underlining** words because these distort the shape of the word and makes it more difficult to read, especially for people with visual impairments.
- **Allow plenty of 'white space'**  
For example, use at least 1.5 line spacing and increase your margins.
- **Align text to the left.**  
This is easier to read than justified text.
- **Use relevant images**  
Use images if they help your message. Place images as close to the relevant text as possible. Make sure they are appropriate and accessible. Add alt text (short descriptions) for simple images.
- **Avoid images that break the flow of the text.**  
Do not place images in the centre or on the left of the page. Always place them on the right side of the page.
- **Use short paragraphs**  
Readers prefer short paragraphs to long ones. It speeds up reading.
- **Use headings to show structure**  
Headings lead your reader from main points to sub points or new points. Scanning headings gives readers a quick overview of your message. This helps them find, understand and use your information. Use Heading Styles: Heading 1, Heading 2 and Heading 3. Compare the following example to see the impact of headings.

Before headings	With headings
<p>Infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.</p>	<p><b>Lead in water can make you sick</b>  Lead in drinking water can make you sick. Here are some possible health effects of high lead levels in your drinking water:</p> <p><b>Children</b></p> <ul style="list-style-type: none"> <li>• Delayed growth</li> <li>• Learning disabilities</li> <li>• Short attention span</li> </ul> <p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Kidney problems</li> <li>• High blood pressure</li> </ul>

■ **Use good colour contrast**

Use colours to provide a good contrast between text and background. Low contrast colours make it harder for people to read. Don't rely exclusively on colour to highlight a point as some people are colour-blind. Combine with another way of highlighting.

Poor contrast



Good contrast



- **Use consistent layout and design** for each section of your document to make information easier to find. One way you could do this is to use descriptive headings.

■ **Avoid double columns**

Onscreen, double columns require extra scrolling, often both vertically and horizontally.

### Remember when designing documents

- The **Disability Act 2005** requires public bodies to make their services and information accessible to people with disabilities.
- The **EU Web Accessibility Directive 2016/2102** requires public bodies to make their websites and mobile apps accessible to people with disabilities.
- The **Official Languages Acts 2003 and 2021** place obligations on public bodies to communicate with members of the public through Irish as well as English. This includes many forms of direct communication with the public, including the provision of some services and direct mail.



### How to check your written information is accessible and clear

You can use checklists for accessibility mentioned previously, as well as our plain language checklist on the [Learning Hub](#). You can also try user testing. One way to do this is to involve users in developing and testing your information to see how well it performs. Here's one simple example:

Take a leaflet with instructions, for example, a leaflet about how to use an inhaler.

Select the key points from the instructions.

Ask people who need to read this leaflet if they can:

- a) find the key points
- b) understand them
- c) use the instructions (here you might ask them to show you how to use their inhaler following the instructions in the leaflet)
- d) tell you what parts of the leaflet work and what parts need to be improved and how.

If people struggle with a particular instruction, then revise it to make it clearer.

**Important:** Try to do your best to make your information accessible. Also, you need to instruct your designers to check that your final designed documents or web content is fully accessible.

## 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 with people who do not speak English and who have translation needs, you can use an interpreter approved by your service.

### 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, parent or caregiver. Remember, people from some cultures do not like direct eye contact. The HSE has intercultural awareness resources, including [intercultural guidance](#) and [an eLearning programme](#). These give useful tips.

**2. Speak as clearly as possible.**

Speak in a clear voice. Try to clearly articulate your words.

**3. Keep background noise to a minimum.**

To make sure your message is heard, keep background noise to a minimum. Remember that about 1 in 12 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.

**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 person needs 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 the adults, children or young people using your service.

### 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 needs in their own language, and people may struggle with language despite not having a disability (for example, people with developmental language disorder).

You also need to be aware of children and young people's developmental stage and language ability. See **Section 8** for more information on developmental stages.

### 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. 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?'

### 12. Use 'Ask Me 3'

'Ask Me 3' is a programme from the [Institute for Healthcare Improvement](#) that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy. Encourage adults, children and young people using your service to ask 3 questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

# Section 7

## Inclusive communication

Inclusive communication is about designing and delivering messages in ways that are accessible and respectful to all people who use services.

In this section we cover more ways to ensure inclusive communication. We give tips for communicating effectively with people who have specific communication differences, needs and preferences. These will help you to achieve inclusive communication.

### When plain language isn't enough

There are several reasons why using plain language might not be enough to ensure inclusive communication. These include:

- **Cultural differences**

You need to be aware of and respond appropriately to cultural differences. As mentioned earlier, the HSE has an Intercultural Guide which is available online and has useful guidelines.

- **When English is not the person's first language**

Some people who do not speak English as their first language may not easily understand what you are telling them. If you do not have an interpreter, useful resources are the HSE's Language Identification Card and My Lingo Communication Aid. These are available from the HSE National Social Inclusion Office.

Further HSE resources on the healthcare service in Ireland are available in different languages. You can find examples of guides, videos, and posters in different languages through the HSE National Social Inclusion Office.



Cairde develops culturally appropriate information materials about health and health services in Ireland. Some are available in various languages.

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

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

### ■ **Right message, wrong time or place**

Sometimes you have used plain language but the person you are communicating with doesn't get or want to get your message. This can happen when the person isn't ready to get it, for example if they are too tired, unwell or stressed. Where possible, it may be best to ask them to choose a better time to talk.

### ■ **Communication and developmental needs**

Some people have additional communication and developmental needs, for example, people who are d/Deaf or hard of hearing,<sup>7</sup> people with vision impairments, people with a language disorder and so on. It is also important to be aware that people can have a non-visible or hidden disability, for example, an acquired brain injury. You may need to find strategies to meet their needs and abilities.

## Tailoring communication to people's needs and abilities

Treating people with dignity and respect is an essential part of human rights-based care and support. Communication should acknowledge and respect the individuality, dignity and personal identity of people who use services.

Service providers need to use appropriate terms to describe different types of people. Everyone has a preference about how they would like to be described, and it is good practice to ask a person what terminology they prefer, or to copy the words they use themselves. For example, one person may describe themselves as 'a person with a disability' (person first approach) and another might prefer to call themselves 'a disabled person' (identity first approach). This guide uses both approaches at different times.

The following section provides tips on tailoring your communication style to different people. Remember that people may have more than one type of communication need, and this may impact on their communication abilities and preferences:

- Person who is d/Deaf or hard of hearing
- Person who is deafblind

7. A small 'd' (deaf) and a capital 'D' (Deaf) is used to make a distinction between those who use Irish Sign Language and those who do not. d/Deaf is used to refer to both those who do and do not identify as part of the cultural and linguistic Deaf community.

- Person with a vision impairment
- Person with a speech impairment
- Person who has a physical disability or uses mobility aids
- Person with an intellectual disability
- An autistic person
- Person living with dementia

First, let's look briefly at Alternative and Augmentative Communication (AAC). AAC can be used by people with many different communication needs and abilities.

### Alternative and Augmentative Communication (AAC)

AAC is a term used to describe ways of communication other than speech. All of us use AAC – for example, we use facial expressions and gestures to communicate. For people with a communication difference or who are non-speaking, there are methods to supplement speech or to provide an alternative to speech. These can be high-tech, low-tech or no-tech AAC:

1. High-tech AAC devices need a power source, typically batteries, to work. An example would be a speech-generating device, which 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.
2. Low-tech AAC refers to communication books, or boards with pictures and symbols.
3. No-tech AAC includes sign and symbol systems such as [Lámh](#) or [Makaton](#).

In general, when communicating with a person using AAC, you need to:

- Create a quiet environment with low or no background noise. This helps people to concentrate on the conversation.
- Face the person you are speaking to so that you pick up on cues such as facial expressions, gestures and body language.
- Give them plenty of time to express their message. It can take longer for a person using AAC to express themselves.
- Invite questions from a person using AAC. It is often difficult for them to ask questions during the conversation.



## Person who is d/Deaf or hard of hearing

### One-to-one tips

- Never walk up behind a d/Deaf person. Always try to walk around them which will allow them to see you.
- If necessary, to get the attention of a person who is d/Deaf or hard of hearing who is not facing your way, lightly tap the person on the arm or wave your hand.
- Look at and speak directly to the person who is d/Deaf or hard of hearing, not the interpreter.
- Try to speak clearly, naturally and a little slowly to establish if the person can lip read. Not all people who are d/Deaf or hard of hearing can lip read. Those who can lip read rely on facial expressions and other body language to help in understanding. Be aware that lip reading can be tiring.
- Sit or stand under or near a light source but make sure that the light is not behind you.
- Keep your hands or other obstacles away from your mouth when speaking. (Avoid eating while speaking.)
- Ask the person what their preferred way of communicating is. This may include, for example, written messages, Irish Sign Language or lip reading.

### Group tips

- Make sure that each person speaks one at a time. This tip is especially important if sign language interpreters are being used, and it is also useful for someone who is hard of hearing who is trying to follow the conversation on their own.
- Ensure everyone can see your face and gestures.
- Flicker the lights once or twice to attract attention in a group situation.

**TIP: Using 'closed captions' during an online video call can help communication with many people, not just those who are d/Deaf or hard of hearing.**



### Useful resources

- [Irish Deaf Society](#)

## Person who is Deafblind

Deafblindness is a combination of sight and hearing loss that can severely affect a person's ability to communicate with others. Consider the extent of the person's vision and hearing issues. Be aware that some common communication methods a person who is Deafblind may use include:

- Irish Sign Language (ISL)
- Tactile fingerspelling (when letters are spelled out by touch)
- Braille
- Pointing
- Gestures
- Body movements
- Tactile imitation (where a person feels the shape, movement and location of signs by placing their hands on the signer's hands)
- Technological communication aids (AAC).

### General tips

- Make sure you have the person's attention before trying to communicate with them and identify yourself clearly.
- Avoid noisy places and background noise.
- Speak as clearly as possible and a little slower than you might normally.
- Continually check that the person can hear and understand you.
- Keep your face visible and use gestures and facial expressions to make sure that you are understood.
- Be aware that communicating can be hard work for everyone, so ensure to take regular rest breaks.

### Useful resources

- The [Anne Sullivan Centre](#) for people who are deafblind.



## Person with a vision impairment

- Greet the person verbally to let them know that you have approached them. Identify yourself and others who may be with you. Speak normally and face the person.
- When chatting in a group, state the name of the person to whom you are speaking.
- If helping the person, ask them if they would like assistance first. Do not grab their arm or any equipment they might be using.
- If the person would like help, then offer assistance 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.
- Make sure the person knows where the doors, windows and furniture and obstacles are located and how to find the toilet, fire exit and other key parts of the building or room.
- 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.
- Before you move, tell the person in advance when you will be moving from one place to another, and let them know when the conversation is at an end.
- Always describe any images or tables that are part of a presentation. Send documents to the person in advance so they can open them on their own device.

### Useful resources

- Vision Ireland: [Communicating with a Person with Sight Loss](#)
- [The Voice of Vision Impairment Manual on Accessible Communications](#)

## Person with a speech impairment

- Listen carefully. Be encouraging rather than correcting.
- Communicate directly with the person and not the supporter or personal assistant if they have one.
- Be patient. People often need extra time. Don't try to speak for a person with speech difficulties, for example, people who stammer.



- 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.
- Keep it simple. Ask short questions that require short answers, or a nod or a shake of the head.
- Be aware and informed. Check whether the person with a speech difficulty has augmentative or assistive devices to help them communicate, or if they would like to communicate in an alternative format.

### Tips for telephone communication with people who stammer



- People who stammer often find telephone calls more difficult than speaking face-to-face.
- People who stammer can be disadvantaged by telephone answering services which cut off after a short pause in speech. The same applies if the machine has a maximum message length which is set too short.
- Voice recognition systems should include an option to press a key to speak to a real person, either in the initial menu or the first time a person is not understood. Don't just hang up; be willing to listen.
- Don't say someone else must call on the person's behalf.

### Person who has a physical disability or uses mobility aids

- When introduced to a person with a physical 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.
- When talking 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.
- Be considerate of people's assistive equipment. For example, adults might use walking frames, mobility canes, wheelchairs, or assistive speech devices, and children might use K-walkers, tricycles, bicycles or crutches.

- 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 and space. For example, never push someone in their wheelchair unless they ask you to.

### Person with an intellectual disability

- Speak directly to the person and respect their choices or decisions.
- Speak to the person in clear and short sentences and at a moderate pace. Repeat your information and your questions, as needed.
- Be specific in relation to what you say and use visual aids. Allow plenty of time for the person to respond.
- Offer assistance and provide extra time for decision-making. Adults may need help completing forms or understanding written instructions. Wait for the person to accept the offer of assistance; do not 'over-assist' or be patronising.
- If verbal communication is difficult, ask the person or, if appropriate, their supporter, what is their preferred mode of communication. This may be their non-verbal communications, their use of AAC such as objects, pictures, photographs or signs such as Lámh.
- Some people may have a communication passport, which provides information about how a person communicates and what they like and don't like.
- Be patient, flexible and supportive. Take time to understand the person and check that the person understands you. Listen to the answer and look for clarification if you don't understand. Never say 'I think you mean...', use 'Do you mean...?' instead.

### Useful resources

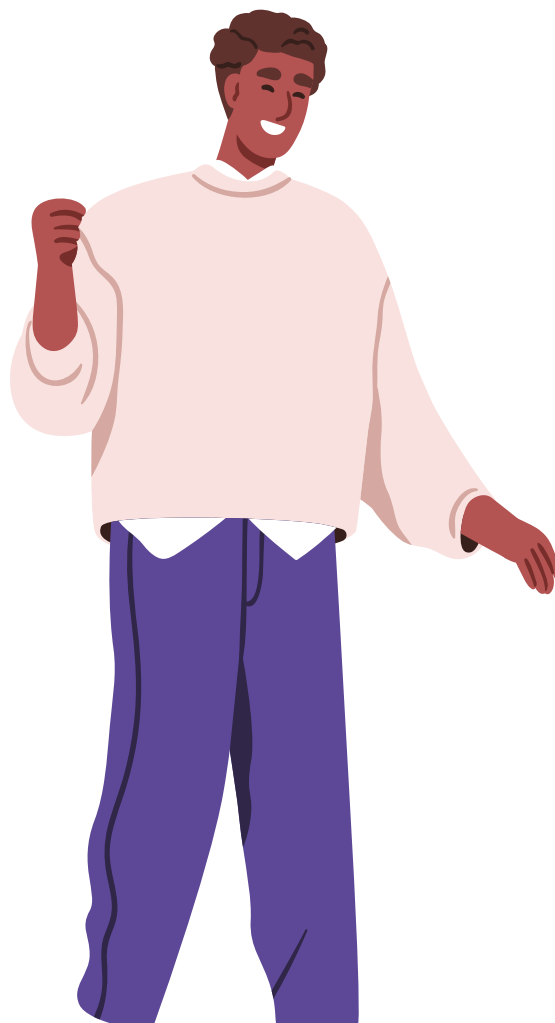
- National Youth Council of Ireland/Youthnet: [Working with young people with a learning disability](#)
- HSE: [Making Safeguarding Personal: Communication Tools](#)

## An autistic person

- Be aware that communication differences vary; some autistic people have no differences in speech development while others may be non-speaking. Some people may only be non-speaking in certain situations, for example, when they are overwhelmed or stressed.
- Give plenty of notice before an appointment so the person can prepare. Consider sending the person a social story to describe what the visit will be like. A social story uses short, descriptive sentences with pictures or photos.
- Do not change an appointment or location (without good reason) and if you do have to make changes, give as much notice as possible.
- Use clear and concise language.
- Be alert to non-verbal cues such as facial expressions, gestures and body language.
- Ask the person how they prefer to communicate and adjust to the person's communication preferences.
- Give the person time to process information and respond.
- Remember that environmental factors can be challenging for someone with sensory issues. For example, some of these factors include:
  - overpowering smells (such as perfume, hot food)
  - noise (such as alarms, people talking in the background)
  - touch (such as difficulty handling certain textures)
  - bright or flickering lights.

### Useful resources

- AslAm: [All About Me – Sensory Checklist](#)
- [Irish Society for Autism](#)
- ASPIRE, The Autism Spectrum Association of Ireland: [Communication](#)
- HSE Children's Disability Network Teams: [Neurodiverse Communication](#)



## Person living with dementia

- Recognise that people living with dementia have problems understanding as well as communicating.
- Find a place and time to talk where there are few distractions. This allows the person to focus all their mental energy on the conversation.
- Speak calmly and as clearly as possible. Speak at a slightly slower pace, allowing time between sentences for the person to process the information and to respond.
- Use short, simple sentences. Avoid asking too many direct questions. People with dementia can become frustrated if they can't find the answer. You may need to ask questions one at a time and phrase them in a way that allows for a 'yes' or 'no' answer.
- 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. 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 is okay to let misstatements go.

### Useful resources

- The Alzheimer Society of Ireland: [Communication, understanding changes in behaviour](#)
- Alzheimer's Society (UK): [How to communicate with a person with dementia](#)



## Section 8

# Good communication with children, young people and their families

Good communication with children, young people and their families requires particular skills. Here are some tips on taking a child-centred approach to communication.

**In general, good communication with children and young people means:**

- Involving the child or young person in health and social care decisions as far as possible, bearing in mind their capacity to understand and willingness to be involved.
- Involving the child or young person's parents, guardians or caregivers in health and social care decisions as well as the child or young person, where appropriate.
- Asking for the views of the child or young person and taking them into account.
- Ensuring the relationship between the health and social care professional and the child or young person is based on truthfulness, clarity and awareness of the child's or young person's age and maturity.
- Listening to the child or young person and responding to their questions clearly and truthfully.
- Communicating on an ongoing basis.
- Ensuring staff have training in communication skills with children and young people as part of their professional education.





**More specifically, you can:**

- Address children and young people directly, for example, by asking them personally about their situation, illness or condition. This is important regardless of the child or young person's age. However, keep age and maturity in mind.
- Take an age-appropriate approach to communicating with children and young people, which takes into account their development and capacity to understand.
- Find out where a child is most comfortable – with their parent or caregiver, or on the floor playing with toys. Pay attention to how near you are to the child. Many children like you to talk to them face-to-face at their level.
- Put aside time at the beginning of each meeting to build rapport. Talk to the child or young person to make them feel relaxed, while also respecting their personal boundaries.
- Prepare children and young people adequately for what is about to happen to them and give them the opportunity to ask questions and to prepare themselves.
- Go through choices with the child or young person and ask what they want.
- Empathise with children and young people; be light-hearted and good-humoured where appropriate.
- Be honest with children and young people to build a relationship of trust.
- Create an environment in which children and young people are encouraged to ask questions. Take children and young people seriously. Don't be patronising. Offer support and praise.
- Offer a clear follow-up plan.
- Make the health or social care environment, including waiting rooms and treatment areas, child-friendly for children and young people of all ages.

**TIP: Fundamentals of Good Communication:**  
**How to Have Everyday Conversations is a toolkit developed by HIQA and Tusla to support effective communication with children, families, and foster carers when they are using children's social services.**



## Developmental stages

Here is a brief overview of four developmental stages. We include suggestions for communicating with children and young people in each age group.

### Four stages

- Infants aged 0-2 years
- Pre-school children: 3-6 years
- School-aged children: 6-12 years
- Adolescents aged 12 years+

## Infants aged 0-2 years old

### Emerging communication skills

- Becoming more interested in their surroundings
- Making sounds and starting to use words
- Showing a range of emotions
- Interacting with others

### Understanding of health and social care information

- Unable to understand why they don't feel well
- Depend on their parents or caregivers for comfort
- Learning how to react based on their parents' or caregivers' behaviour

### Strategies for communicating with infants

- Smile and use friendly body language to make children feel safe
- Use toys to spark infants' interest
- Allow the child to explore their environment, for example, allow the child to hold and play with medical equipment like a stethoscope



## Pre-school children: 3-6 years

### Emerging communication skills

- Using language to give and receive information, ask questions, request, refuse, negotiate, problem solve, share thinking, ideas and feelings
- Developing counting skills
- Learning to solve problems
- Learning about writing by using books and materials for drawing and writing
- Learning what symbols are and what they mean

### Understanding of health and social care information

- Starting to learn about health problems by experiencing them. 'I have to go to the doctor because I have a cough'
- An older child in this age range can understand treatment, such as taking medicine
- Starting to notice symptoms and tell an adult when something is wrong
- Can listen to adults and follow their advice when feeling sick
- Do not understand how their behaviour affects their health

### Strategies for communicating with pre-school children

- Build rapport: talk about everyday things to help the child feel calm before asking about their symptoms or circumstances
- Explain treatment or care plans in simple language, for example, 'this medicine will help you stay strong and healthy'
- Get down to their physical level to interact (for example, sit on the floor)
- Encourage curiosity, questions and opinions
- Display information with books, video games, and cards with faces to express feelings



## School-aged children: 6-12 years

### Emerging communication skills

- Using complex sentences
- Understanding and using different ways to communicate like English, Irish, Irish Sign Language, and Braille
- Starting to pay attention for longer
- Beginning to understand real life examples better than pretend or hypothetical ones
- Beginning to use maths and logic to solve problems and understand the world
- Becoming more confident with digital tools and technology

### Understanding of health and social care information

- Can better understand their illness through real life examples
- Can understand how much medicine to take, when to take it, and how to use it correctly
- Can ask for help with an adult's support
- Can talk about treatment of symptoms with an adult
- Starting to independently avoid things that make them feel sick
- Beginning to see how illness is connected to needing treatment

### Strategies for communicating with school-aged children

- Provide a simple explanation of the diagnosis and treatment options
- Provide honest and specific information about their current situation, and what you might do about it
- Ensure that the child has an appropriately worded copy of their treatment or care plan and consider how to explain the plan
- Use positive language
- In discussions:
  - review what was said
  - check understanding
  - highlight key points
  - repeat the agreed plan
- Ask if they have any questions



## Adolescents aged 12 years+

### Emerging communication skills

- Able to think logically
- Usually able to understand a message like an adult
- Beginning to use skills to look for answers and solve problems
- Beginning to compare themselves with others
- Confident using technology to find and understand information

### Understanding of health and social care information

- Able to understand illness, how it occurs and how they can control it
- Older children might use technical language
- Able to engage in the decision-making process
- Can understand ideas about illness prevention and factors that may cause symptoms, such as stress and physical activity
- Able to use the internet to answer questions about health and social care

### Strategies for communicating with adolescents

- Provide detailed information, including their rights and responsibilities, and encourage them to take part in the decision-making process
- Check their understanding of terminology
- Build a relationship of trust and encourage young people to express their opinions. Discuss hobbies and recent events
- Provide information about who they can talk to if they are worried or need support, such as their social worker, or a trusted adult, or helpline
- Ask how they are using technology. Guide them toward reputable websites and apps for health and social care information





### A useful toolkit for children and young people

Carry a 'toolkit' that includes toys, books, coloured pencils and worksheets with happy and sad faces to help communicate with young children. For young people, tools might include diaries, cameras and scrapbooks.



## Other resources for communicating with children and young people

### Healthcare

- Bell, J. & Condren, M. [Communication Strategies for Empowering and Protecting Children](#). *The Journal of Pediatric Pharmacology and Therapeutics*. 2016; 21 (2): 176-184
- Patient Information Forum. [Guide to producing Health Information for Children and Young People](#)
- Frontline. [Communicating effectively with children under five](#)

### Social Care

- HIQA /Tusla. [Fundamentals of good communication: how to have effective everyday conversations](#)
- Dept of Education (UK). [Communicating effectively with children and young people: Fostering and Adoption](#)
- Center for Justice Innovation. [Stages of Child Development and Implications for Communicating with Children](#)

# Section 9

## Conclusion

We hope this document is helpful in your work. Good health and social care depend on effective communication between adults, children and young people using services and their service providers.

This is a key element in the provision of high quality and safe services. By communicating in plain language, people know what to expect of services, their rights are protected, and good outcomes are promoted.

Clear communication improves a person's satisfaction and experience of care and support. It also helps you to implement national standards and take a human rights-based approach to care.



# Checklist

## Are you communicating effectively with the people using your service?

You can use this checklist to assess if you are communicating effectively with people in your service. It asks you questions about your spoken communication, written communication and your service environment. You may wish to tweak or add points and use this tool to improve the quality of your service. You might want to schedule using this tool once or twice a year or more often, as appropriate.

### Spoken Communication

Questions	Y/N	Comments
1. Do you use plain language when speaking with people using services? Do you use a person's own words and terms in a way they can understand?		
2. Do you check that people using services understand what you have told them? (For example, does the person understand information to make an informed choice about medical care treatment?)		
3. Do you encourage questions? (For example, do you ask 'what questions do you have?' rather than 'do you have any questions?')		
4. Do you know how to access a translator or ISL interpreter, where needed?		
5. Are you aware of how to support a person with communication difficulties?		



## Checklist

Questions	Y/N	Comments
6. Do you ask people to describe or demonstrate how they take their medicine or use equipment?		
7. Do you provide a clear guide about your services? Do you talk through it with each person?		
8. Do you listen to people using services informally? If you organise or arrange consultations, do you use a range of methods, not just surveys, to gather information and people's feedback?		

## Written Communication

Questions	Y/N	Comments
1. Do you produce all leaflets, reports, other printed publications and website information in plain language, with suitable images?		
2. Do you offer help with digital tools or provide alternatives?		
3. Do you test your written material with people using services and ask for feedback?		
4. Do you routinely offer help with filling in forms or using a patient portal?		
5. Do you write precise instructions for taking medicine? (for example, 'take 1 tablet in the morning and 1 tablet at bedtime')		
6. Is your document accessible? (for example, is it able to be read by screen readers or do people say it is easy to read and understand?)		

## Service Environment

Questions	Y/N	Comments
1. Do you identify the communication needs and preferences of people using your service?		
2. Are there clear signs to direct people to different services? Are your posters clear?		
3. Are health and safety notices clear and accessible?		
4. Are there clear instructions on what to do if there is a fire? Have you checked that people understand them?		
5. Do you have clear information on feedback or complaints on display?		
6. Do you have literacy-awareness policies?		
7. Do you display or provide clear information on advocacy services?		
8. Are staff trained in good communication?		

# Appendix

## Further resources

In this section, we list further resources on:

- Communication and accessible communication
- Writing and design tips
- Health literacy
- Online learning courses

### Communication and accessible communication

#### **HSE. National Healthcare Communication Programme**

- These 4 modules support healthcare staff to learn, develop and maintain their communication skills with patients, their families and with colleagues.

#### **HSE. Plain language guidelines: How to communicate clearly with people who use our services**

- These guidelines help health and social care staff communicate clearly with colleagues, patients and people using services. It includes tips and a short glossary of health terms and their plain language alternatives.

#### **HSE. Making Safeguarding Personal: Communication Tools**

- This guidance document looks at specific communication tools that aid safeguarding when working with people who have communication needs.

#### **Irish College of General Practitioners. Improving GP Communication with Disabled People**

- This quick reference guide gives further advice on supporting communication. It also has a checklist on the physical accessibility of buildings.

#### **NALA. Making It Happen: five steps to becoming a literacy friendly organisation**

- This guide outlines five steps to becoming a literacy-friendly organisation: analysing current policies and practices, action planning, implementing action plans and reviewing the effectiveness of actions.

### **Irish Hospice Foundation.** Toolkit for Compassionate End-of-Life Care.

- This toolkit supports healthcare workers in their everyday interactions with patients, residents and their family and friends as they provide a compassionate, person-centred approach to end-of-life care.

## Writing and design

### **NALA.** Writing and Design Tips

- This resource shows you how to write and design your documents and materials, so they are easier to read, understand and use.

### The **Department of Public Expenditure, NDP Delivery and Reform** and the **National Disability Authority.** Customer Communications Toolkit for Service to the Public: A Universal Design Approach

- This toolkit shows you how to use a universal design approach in designing customer communications. A universal design approach is about using good design choices to create material for all people. It considers accessibility requirements and ways to meet them.

## Health literacy

### **SOLAS.** Health Literacy Factsheet

- This sheet has tips on being literacy-friendly in healthcare.

### **Agency for Healthcare Research and Quality (AHRQ).** Health Literacy Universal Precautions Toolkit

- This toolkit promotes using health literacy universal precautions. This means providing health information and services in ways that everyone can understand and use.

### **National Health Service (UK), Health Education England.** NHS Health Literacy 'HowTo' Guide

- This guide describes practical tools and techniques for supporting people with low levels of health literacy.

## Online learning courses

### **HIQA.** Applying a human rights-based approach in health and social care: role of good communication

- This online learning module illustrates the importance of good communication in supporting a human rights-based approach to care and support. The module takes about 20 to 30 minutes to complete.

### **NALA (the National Adult Literacy Agency)** has free online courses:

- Understanding adult literacy, numeracy and digital literacy (60 mins)
- Becoming Literacy Friendly (60 mins)
- Cancer Health Literacy (20 mins)

### **SOLAS** – Adult Literacy for Life has three courses on literacy awareness and one on plain language:

- Let's talk about literacy (45 mins)
- Let's talk about health literacy (25 mins)
- Let's talk about a literacy friendly approach in healthcare (40 mins)
- Let's talk about plain language (95 mins)

### **HSE. Intercultural Awareness**

- This programme aims to help HSE staff have a better understanding of the ethnic, cultural and religious diversity of people who use services. The four modules cover inclusive practices and intercultural awareness; working with others; refugees, protection applicants and trauma; and understanding migrant mental health and wellbeing. The course is 2 hours 15 minutes.

## Notes



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