



Guide to Communicating Effectively with Children and Families



Developed in Partnership with



Contents

| | |
|-----------------------------------------------------------------------------------------|-----------|
| Section 1: Why communicating with children and families effectively is important | 2 |
| Section 2: Key principles for effective communication | 4 |
| Section 3: Using strengths based language | 9 |
| Section 4: Review, reflection, and feedback | 12 |
| Section 5: Involving children in communication | 13 |
| Section 6: Key tips | 14 |
| Section 7: Dos and Don'ts: A quick guide | 15 |
| Conclusion | 16 |
| Appendices | 17 |
| Appendix 1: Legal obligations on effective communication in Ireland | 17 |
| Appendix 2: NALA top plain English tips | 19 |
| Appendix 3: Standards for letter writing | 20 |
| Appendix 4: Using visuals to communicate better | 31 |
| Appendix 5: Useful resources HSE Land | 34 |

Section 1

Why communicating with children and families effectively is important

Effective communication is at the heart of delivering quality, compassionate, and child and family-centred care and must be underpinned by the following values;



Focus on Trust

Children and families are more likely to feel comfortable sharing important information about their concerns and their needs when they feel heard, understood and believed.



Focus on outcomes

When the team communicates well, they can better understand the needs of the child and family, leading to more accurate, personalised plans and appropriate supports.



Focus on Partnership and collaboration

Families are the experts when it comes to their child and must be involved in discussions around their child's care. Collaboration means equality- the team brings their professional expertise to the table and children and families bring their lived experience. Both sets of experiences are valuable, both must be present.



Focus on Empathy

Many children and families are stressed, scared and worried. They want help now but are being told they have to wait. This is incredibly difficult and demoralising. Children and families can sometimes be made to feel like they are asking for enormous things when, in fact, they are just looking for some basic access rights. Try, at all times to empathise and see their perspective.

Focus on Family-Centred Care

Good communication involves being sensitive to the cultural, linguistic, and emotional needs of families. Effective communication ensures that families understand the information they are being given and know how to apply it in daily life.



Focus on Emotional Well Being

Clear communication helps ensure that everyone's expectations are aligned and that issues are addressed promptly, preventing misunderstandings that can contribute to stress.



Focus on Valuing Children and Families as Rights Holders

Ensuring that communication works well is fundamentally about respecting the individual rights of each child and family member to a high quality service.



This guide aims to equip teams and other professionals with strategies to communicate in a way that is respectful, clear, and tailored to the needs of the child and family, while also promoting transparency, honesty, and trust.

In compiling this guide, we surveyed six family representatives to gain their insights about what could be improved. We also took feedback from a children's focus group. Quotes from both groups are included throughout the document.



If you enjoyed something the team did do you know how to tell them this?

“Yes, I would speak to my parents and the team.”



Section 2

Key principles for effective communication

a It's not what you say, it's the way that you say it

The WAY you communicate is as important (or even more important!) than the words you are saying.

Before any interaction with a family, take a breath, ensure you are grounded and coming from a compassionate and empathetic place.

How you interact with a family and the way you show up can have a profound effect on them and their child. ***Most people will not remember the mechanics of the service that was provided, but they will remember for the rest of their lives how a team member made them feel.***

- **Be patient and give children and families time.** Stress and worry can sometimes make it hard for families to take in a lot of information. Sometimes parents or caregivers may also be disabled or need time to process. Don't rush families. Understand that they may need time to express their concerns and avoid cutting them off. Silence can also be powerful in giving space for reflection.
- **Body language matters:** Show warmth through your body language, tone, and facial expressions. A gentle tone and open body language can help make the conversation feel more supportive.

- **Physical space:** Some families might need more personal space, while others may feel comforted by a more inviting presence.
- **Highlight resilience:** Stress and worry often make families feel overwhelmed or inadequate. Remind them of the strength they've shown so far and acknowledge their efforts to support their loved one. Statements like, "You've been incredibly open through all of this" can help them feel seen and validated.
- **Be approachable:** Encourage families to ask any questions, no matter how small they may seem. Sometimes, families might be hesitant to speak up out of fear of seeming uninformed. They might also feel you are the "expert" and that can be intimidating.
- **Be non-judgmental:** When responding to questions, remain neutral and open-minded. Reassure them that no question is too trivial or unimportant.

Quote from family on what would improve things:

"Having open, honest and transparent discussions regarding waiting times and progress with waiting lists."

b Communicating in plain English and accessible formats

- Use simple and clear language that is easy to understand, avoiding technical jargon and medical terms unless necessary. If complex terms must be used, always explain them in plain English. Remember you might not think something is complex because you have heard the term 1000s of times and it has become normalised to you. For many families, it might be the first time hearing a word like “intervention” or “assessment”.
- **Plain English Guidelines:** Follow guidelines from organizations such as **NALA (National Adult Literacy Agency)**, which provide tips and advice on using plain English effectively. [NALA Plain English Guidelines](#). This helps ensure that all communications are accessible to individuals with varying levels of literacy and understanding.

- **Visual Aids and Accessible Formats:** For families with different communication preferences, provide information in alternative formats such as easy-read documents, pictures, videos, voice notes and infographics. For families where English is a second language, consider their rights to interpreters or translated materials. *Please see appendix four “guide to using visual aids” for more information.*
- **Acronyms:** Acronyms can often confuse and alienate children and families, particularly when they are unfamiliar with the terminology. If acronyms are absolutely essential, include a glossary or explanation in any written communication. For example, instead of saying “CDNT” or “PHN,” use full terms like “Children’s Disability Network Team” or “Public Health Nurse” and provide a brief explanation for clarity.

Quote from family

“Would be great if the family forum wasn’t the only way of communicating about the service. A newsletter every Q would be ideal.”



C Building trust through communication

- **Transparency and Honesty:** Be open and clear about the child’s support requirements, the support services available or not available. Avoid jargon and ‘sugar-coating’ difficult information—families want and need honesty, even when the news is tough. Be open about all the services available to a child and family and be open about the waiting lists for each one.
- **Be prepared:** Read the child’s file in advance. Do not repeat things already done. If the family have answered a lot of questions about their child’s early experiences already, do not ask them again! Let them know you have read the file and you are aware about what they have previously told the team, let them know you appreciate it’s difficult to talk to strangers, so you won’t ask unnecessary questions they have answered before.
- **Consistency:** Communicate regularly with the family, keeping them updated about progress, changes, and next steps. Trust is built when families feel informed and involved at every stage. Families feel neglected and “just another number” if they are not regularly updated. Communicate at every stage in a process so that families know what is happening step by step.
- **Confidentiality and Privacy:** Always be mindful of the sensitive nature of the information being shared. Assure families that their privacy will be respected and maintain confidentiality at all times. If there is a third party in the room e.g. an equipment supplier, be particularly mindful of this.

Quote from family:

“Our communication for appointments is brilliant with reminders the day before.”

- **Active Listening:** Make sure to give families time to express their concerns and ask questions. Show that their opinions are valued by reflecting back on what they’ve shared and addressing their concerns thoughtfully. **Remember, you might have relayed information like this hundreds or thousands of times to different families, but this is the first time THIS particular family has heard the information.**
- **When you write a letter or create a survey, try to read it before sending it from the child and family’s perspective.** Trust is made or broken by the content of that communication. If it sounds like a service trying to “cover itself legally” families will immediately feel disrespected and de-valued. Letters which talk about “interventions” and “supports” when the family does not genuinely feel either of these have been offered in a meaningful way will lose the trust of a family. **Be real, be honest, be clear.**
- **Make sure every child and family walks away from you with at least one tangible, meaningful piece of information they can use to support their child at home.**

Quote from family:

“Regarding communication using ‘clinical terms’ that families either don’t understand or are not ready to hear. Sometimes these terms can be life changing for a child and family but a therapist just sees them as everyday language to classify a child. For example, communicating with families regarding the GMFCS used in Cerebral Palsy.”

d When and how to communicate

- **Early Communication:** At the first point of contact, introduce the concept of the Children's Disability Network Teams, explain what services are available and the waiting times for those services. The national standardised Introduction to family centred CDNT service model leaflet should be provided at this stage.
- **Ongoing Communication:** Keep families updated about the progress of assessments, supports, or any changes in service provision. Regular check-ins help families feel involved and informed. Remember, they are stressed and worried, an update text or call can make all the difference. It also saves families feeling like they need to call/email repeatedly.

Quote from family on what would improve things:

"A newsletter to see what else is going on."

- **Timing is Important:** Be mindful of the timing of your communications. Families may be under significant stress, so avoid overwhelming them with too much information at once. Give them time to process details and ask questions. Important to get the balance right between information families must have right now and not overloading with too much.
- **Preferred Communication Channels:** Ask families about their preferred communication method (e.g., phone calls, voice notes, emails, face-to-face meetings, or written letters) and respect those preferences.
- **Respect Family Schedules:** Understand that families may have busy schedules and be flexible when setting up appointments or meetings. Some families may have multiple children with disabilities or support needs. They may be managing applying to schools, advocating for services, and navigating a very complex system. Families report that they can sometimes be made to feel "difficult" when

they ask for their schedules to be taken into account or to "feel grateful" for the offer of an appointment. Please also bear in mind that a child's school routine can be absolutely critical for them and having appointments during the day far away from their school can be disruptive and challenging.

- **Respect family time/availability:** Asking families to complete **logs/diary's/take videos** of their child trialling equipment or trialling a process can be demanding on families. Ensure supportive communication is used in this regard. Give time for families to complete this task and ensure it is a realistic ask.
- **Home visits:** Recognise the particular vulnerability families may feel if you visit them at home. Be mindful you are in a privileged position to be in the family home and follow the family's lead on what are the norms in their environment. Families experiencing homelessness, in the international protection system or families from the Traveller community will need professionals to be particularly sensitive and respectful to their culture and home environment.
- **Hand over from one therapist to another and to the family** – This is especially true if a therapist leaves or goes on maternity leave. Before you go on leave ensure that the family is brought up to date with where things are at in their file particularly regarding equipment requisitions, funding, timelines etc.

Quote from family:

"I found it really hard when we were told our child's O.T. was on maternity leave and we hadn't been informed. We had met her twice and we were waiting for a follow up appointment; we were really looking forward to it. Of course, am delighted for her and wish her well, but I don't think she took into consideration the fact that we told her so much about our family and now we were going to have to start again with someone else and probably only see the new OT once as well. I think acknowledging that would have helped."

e Writing and communicating with the needs of the child and family at the centre

- **Child-Focused Language:** When writing or speaking with families, ensure that the communication is focused on the child's needs and development rather than the needs of the service or professionals. Language should be positive, strength-based, and solution-oriented, focusing on how the child can be supported.
- **Family-Centred Communication:** Acknowledge the family's unique context. Consider their cultural background, prior knowledge, and individual circumstances when crafting your messages.
- **Goal-Oriented Communication:** Communicate specific goals and actionable steps. Help families understand the plan and how they can support their child's progress. Always relate the information to tangible, real life and easily understood outcomes that benefit the child's development and well-being.

Quote from family:

"It actually saves time to communicate well. You may feel under time pressure and stretched as a member of the team. However, one phone call /text/mail to explain something to a family may end up saving the team a lot of time in the long term. It stops families feeling they need to send repeated emails (all of which you will need to respond to) or calling multiple times to get answers. Investing time in proactive communication is not just the right thing to do, it also makes sense from a time management perspective."

Quote from family on what would improve things:

"To have a clear method of communication with family - email/ phone/letters. To have contact details for all members of team - email and/ or phone. A key worker to be assigned to each family for communication & coordination of care."

Section 3

Using strengths based language

Many families report feeling devastated when their child is described in negative ways. The effect of these words can last a lifetime. Here are some strategies that a team can adopt to communicate in a more positive way. Always address the child, assume their competence and make sure they feel valued and heard.

1 Focus on the child's gifts, talents and strengths

Strengths-Based Language: Emphasise what the child can do.

Example: "Your child is very creative and often finds new ways to solve problems."

"Jamie, I have noticed how creative you are, that's such a great skill."

2 Be Child-Centred

Always figure out ways to talk about the child that bring attention to their uniqueness and humanity. Address the child and assume they can understand. A lot of communication is addressed to the family, it is important we assume the competence of the child to communicate.

Example: "Alex, you seem to really enjoy music. It seems to bring you a lot of joy and I can see you paying attention to the musical instruments."

"I have really noticed Grace's sense of humour. I think that's a really great way to connect with you, Grace and build your communication skills."

3 Collaborative Language

Engage Children and Families as Partners: Use language that invites collaboration and shows that the family's insights are valued. It conveys respect and acknowledges the family's role in the child's development.

Example: "What strategies have worked well for you at home? Let's see how we can build on those in school."

"We'd love to hear more about your child's interests. I will then figure out how we incorporate them here."

When is your child at their best/happiest?

Sounds like you are doing great things at home with John at bedtime to help him feel safe and regulated. Can you tell me more about that so I can do similar things here as we all want John to feel relaxed and at his best."

4 Acknowledge Growth and Progress

Celebrate Wins: Recognise small progress to show that every step forward matters. This can foster a sense of hope and encouragement.

Example: “It’s wonderful to notice how Jess keeps trying to figure this out, she is really determined. That’s a great skill to have”.

5 Use Neutral and Empowering Language

Avoid negative Terms: Avoid using language that implies something is inherently wrong. Instead, use language that focuses on the child’s needs, desires, and potential. The aim of therapy should never be to make a child “more typical”. It is all about supporting a child to be valued for who they are and support them to build the skills they need to have a good life.

Example: “Maria seems to really love when we use visuals and pictures. Let’s use more of those so she can feel comfortable communicating what she needs.”

6 Use Solutions-Focused Language

Work on Practical Solutions: Focus on how challenges can be overcome, rather than lingering on the problems. This kind of language can be both motivating and empowering for families.

Example: “Let’s work together to create a plan that will help your child with transitions during the day.”

“I have some ideas about how we can address this barrier for Mark. I can give you some practical information that might help at home.”

7 Emphasise the Child’s Unique Contributions

Highlight Diversity: Recognise that every child brings something unique to their environment. This not only focuses on strengths but also celebrates the child’s individuality.

Example: “Josef’s different way of seeing the world is a real gift.”

“I really notice Estelle’s determination and so does everyone who meets her.”

“I really notice your determination Estelle, and so does everyone who meets you.”

8 Use Affirmative and Supportive Tone

Maintain Positivity: Be mindful of tone, using positive, encouraging words that convey hope and a belief in the child’s potential.

Example: “We are confident that with the right support, Filipe will continue to thrive.”

9

Avoid Comparisons

Personalise the Child's Journey: Avoid comparing the child to others, as this can make families feel as though their child is "falling behind." Each child has their own unique timeline of growth and development.

Example: "We're focused on your child's individual strengths and growth. Let's find strategies that align with their pace and needs."

"Your child's path is unique to them, and we're here to support it."

10

Offer Resources and Support

Provide Hopeful, Helpful Information: Offer resources that can help the family feel empowered and informed. Framing support as a tool for empowerment can promote optimism.

Example: "There are some wonderful resources available for helping with communication skills that I can share with you. Here is a really good website that demonstrates what I have just spoken about."

"If you'd like, we can discuss some strategies that could support your transition to school. I have some ideas that could help."

Be aware of and use the social model of disability as the lense through which you do your work.

It is the way the world has been set up which is disabling for children. The role of the team is to highlight the barriers a child is facing and suggest ways in which those barriers can be removed.

By adopting this strengths-based, affirming approach, a team can create a supportive, empowering environment for both the child and their family. This type of language nurtures collaboration, highlights growth, and celebrates the unique qualities that every child brings to the table.

Section 4

Review, reflection, and feedback

a Feedback from families (and closing the feedback loop)

Effective communication is not just about delivering information but also about receiving feedback. Encourage families to share their experiences and suggestions for how to communicate better together.

- 1. Follow-Up:** After important communications, check in with families to ensure they understood the information and address any further concerns.
- 2. Encourage Feedback:** Provide families with opportunities to give feedback about the services and communication they receive. This shows that their opinions are valued and helps improve service quality. For example, at a family forum, use a real example of a letter the CDNT wrote to families and ask for feedback on it, what could have been better/clearer/more child and family centred. Make sure the next letter has taken on board that feedback.
- 3. Closing the loop: When you receive feedback from children and families ALWAYS let them know whether this has been taken on board or not.** If it was not possible to take the feedback on board, let them know why. If it was possible, let them know what has changed and when that change will come into effect.

Quote from parent on what would make communication better:

“CDNT to be contactable - return calls and emails. CDNM to make in person call at point of referral. Key worker to be assigned to families. Newsletter & updates on service provision, activities, workshops, intervention training etc. CDNT website that is updated regularly. Comms App for parents to install on their smart phones with updates and opportunities.”

b Reflective practice for staff at CDNTS

As professionals working on Children's Disability Network Teams, it is incredibly important that we consistently use reflective practice to improve how we do things.

Checklist: Ask yourself the following questions when communicating with children and families.

- Will this communication (written or verbal) empower the family?
- Does how I am communicating respect the child and family's unique cultural and linguistic identity?
- Do I genuinely show the child and the family I believe them, respect them in my words and in my actions?
- Is my communication (verbal or written) genuinely focused on the child and the family or on the needs of the service?
- Do I communicate professional terms in ways that are easily understood by children and their families?
- Do families read my letter /hear from me and feel better or worse?
- After interacting with me, do children and families have one piece of information that will make a real, tangible, meaningful difference in their lives?

Section 5

Involving children in communication

Adapt Language

When communicating with children, adapt your language to their level of understanding. Use visuals, stories, or activities to help them understand.

Encourage Participation

If appropriate, encourage children to express their feelings, ask questions, and share their thoughts about the services they receive.

Respect Their Voice

Listen to the child's needs and preferences, this can be achieved whether the child is speaking or non-speaking. Use alternative communication tools if necessary (e.g. sign language, augmentative communication devices).

Assume their competence

Direct communication to the child. Assume and believe in their competence to understand and respond in their own way.

Useful links

[Scoping Document on the Inclusion of Disabled Children and Young People in Participation in Decision-Making | Hub na nÓg](#)

Quote from family on what would improve communication with their child:

“Utilising his AAC communication system/knowing how to model his aac language.”



Section 6

Key tips



Make every interaction count!

This is particularly true for children and families experiencing long waiting lists. They are looking to you to help and support them. Make sure they walk away feeling more empowered than when they came in. Without flooding families with information, point families in a direction of real supports which may be available in their communities.



Be Patient and Clear

Children and families may need time to process information. Avoid rushing through explanations and check in to make sure they understand.



Use Positive, Supportive Language

Focus on what the child can do, the strengths they have, and the potential for development. Families want to know how their child can progress and how to support them. Use of negative or dehumanising language has a lifetime impact on children and families.



Encourage Questions

Make sure families feel comfortable asking for clarification or more information. Let them know that no question is too small or unimportant.



Provide Written Information

Whenever possible, follow up verbal communications with written summaries in plain language.

Section 7

Dos and Don'ts: A quick guide

Dos

- ✔ Use positive, strengths-based language.
- ✔ Communicate in plain English.
- ✔ Give people time to ask questions and not feel rushed.
- ✔ Read your letters, emails and WhatsApps from the perspective of a family before you press send.
- ✔ Ensure that you focus on a child's gifts, talents and positive vision for the future.
- ✔ Assume that most families will have limited knowledge of "service speak" and explain all terms you use like assessment, intervention, planning, goals.
- ✔ Use visuals to help people feel comfortable coming to appointments.
- ✔ Be honest even when it's hard.
- ✔ See a child as uniquely them and value their diversity.
- ✔ Acknowledge the stress, anxiety, frustration and worry a family might feel.
- ✔ Tell a child and family honestly and openly what services their child will and will not receive. Tell them what the gaps in services are.
- ✔ Assume you will get things wrong sometimes. Apologise openly, honestly and fully. Ask how to repair and move forward together.
- ✔ Question why a thing is done a certain way if it doesn't seem to serve children and families.

Don't

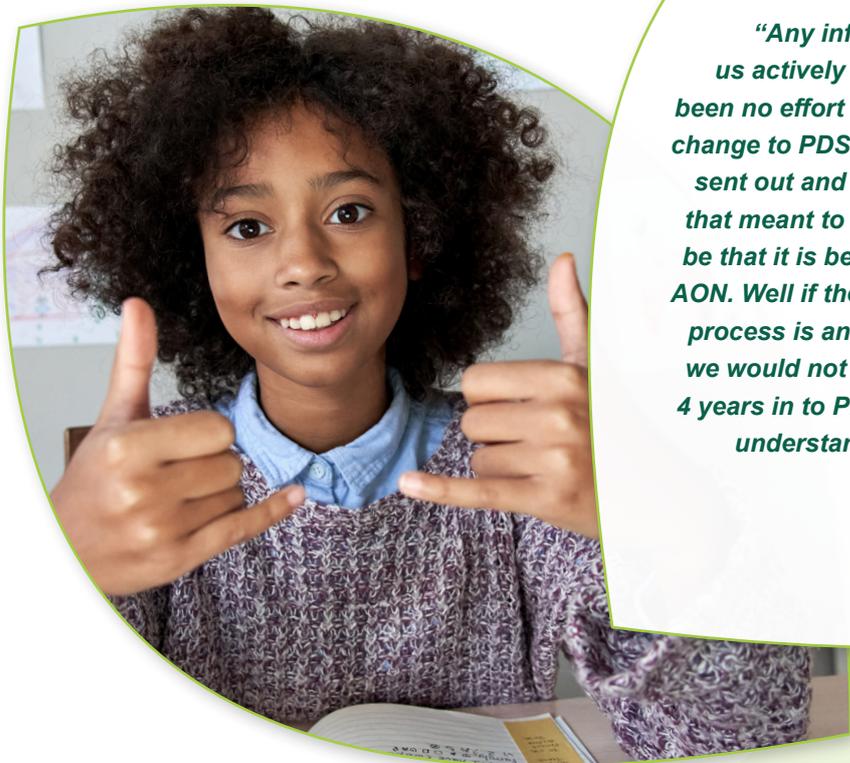
- ✘ Use pathologising medical model language.
- ✘ Use jargon, acronyms or complex words.
- ✘ Make people feel like they are being rushed out the door.
- ✘ Send a letter /email or text without considering how it will make the child and family feel.
- ✘ Make a child and family feel hopeless.
- ✘ Assume that everyone knows regular terms that the team uses.
- ✘ See visuals as extra work. They are a reasonable accommodation and a right.
- ✘ Shy away from the truth. Families have a right to the information.
- ✘ See a child as needing to "be fixed" through therapy and "interventions".
- ✘ Shy away from acknowledging a child and family's feelings.
- ✘ Do not pretend or over-egg the services and supports a child is receiving. If it's inadequate it's inadequate, be real about that.
- ✘ Shy away from apologies or ignore mistakes.
- ✘ Say "this is how we have always done things."

Conclusion

Effective communication with children and families is not just about providing information—it's about creating **an environment of trust, respect, and empowerment**. By using plain English and always keeping the needs of the child and family at the centre, teams can help families navigate the complex world of disability services with confidence and clarity. This, in turn, leads to better outcomes for the child and a stronger, more collaborative, relationship.

Quote from family

“Any information we know has come from us actively searching out information. There has been no effort to keep families updated. Even when the change to PDS happened there was an inverted triangle sent out and we were supposed to understand what that meant to us as families. A perfect example would be that it is believed too many people are applying for AON. Well if the CDNT properly communicated what the process is and how it all comes together then maybe we would not be in this situation. I think we are about 4 years in to PDS and we and other families still do not understand the process because it has never been communicated.”



Appendix 1

Legal obligations on effective communication in Ireland

In Ireland, service providers have various legal obligations to communicate effectively with the people they serve, particularly in the context of public services, healthcare, and accessibility. These obligations are rooted in several key pieces of legislation, human rights considerations, and public policy.

Here are some of the key legal obligations:

1. The Equality Acts 2000-2018 (Equality of Access to Services)

- The Equality Acts prohibit discrimination on a range of grounds, including disability, gender, race, age, and sexual orientation. They require service providers to ensure that their communication and services are accessible to everyone, including people with disabilities.
- For example, services must be able to provide communication in alternative formats (such as large print, Braille, or sign language) if required, especially for individuals with visual or hearing impairments.

2. The Disability Act 2005

- Under the Disability Act 2005, public service providers in Ireland must ensure that their services are accessible to people with disabilities. This includes ensuring that communication is appropriate for individuals with various types of disabilities.
- Public bodies are required to make reasonable accommodations in their communication methods to facilitate access for people with disabilities, which can include offering sign language interpreters or written materials in accessible formats.

3. The Freedom of Information Act 2014

- This Act provides individuals with the right to access information held by public service providers. To ensure effective communication, public bodies must have systems in place that allow people to make requests for information in an accessible manner and must respond within certain timeframes.

4. Health Information and Patient Rights

- In healthcare, providers must communicate effectively with patients in a manner that they can understand. This is a requirement under the Health Act 2007 and Patient Rights legislation.
- For example, healthcare providers must give patients clear information about their diagnosis, treatment options, and rights, and ensure this information is communicated in a way that meets the patient's needs, including providing translation or interpretation services when necessary.
- The National Standards for Safer Better Healthcare also emphasise the importance of effective communication between healthcare providers and patients to ensure safety and quality care.

5. General Data Protection Regulation (GDPR)

- The GDPR, which applies across the EU (including Ireland), mandates that personal data must be communicated and managed in a transparent manner. Service providers must inform people of how their data will be used, and individuals must be able to access and correct their personal data if necessary.
- Clear and concise communication is essential in ensuring that individuals understand their rights under GDPR, particularly with regards to consent, access to data, and the processing of sensitive information.

6. Public Sector Duty (Public Sector Equality and Human Rights Duty)

- Under the Public Sector Equality and Human Rights Duty, public bodies in Ireland are required to take proactive steps to ensure that they promote equality and human rights in their services. This includes effective communication with individuals from diverse backgrounds or those with disabilities to ensure equal access to services.

7. Consumer Protection

- The Consumer Protection Act 2007 ensures that service providers, including businesses, communicate fairly and clearly with consumers. Service providers must ensure that terms and conditions, pricing, and contracts are presented in a clear and transparent manner to avoid misleading customers.

8. Language and Translation Services

- The Official Languages Act 2003 encourages public services to provide communication in both English and Irish where appropriate, and for certain public sector services, Irish-speaking people should be able to access services in the Irish language.
- In cases where a person does not speak English, service providers may be required to offer translation or interpretation services to ensure effective communication.

9. Child Protection and Safeguarding

- When dealing with children, service providers have an obligation to ensure communication is clear and appropriate for the child's level of understanding. This is especially important in areas such as healthcare, education, and child protection services, where the child's welfare and understanding are paramount.

10. European Accessibility Act.

This act aims to make products and services more accessible for disabled people. It includes making websites accessible.

Appendix 2

NALA top plain English tips

NALA Plain English Guidelines: NALA Guidelines

1. Think of the person you are writing to and why you are writing

Ask yourself what words or concepts the person is likely to know already, what tone and amount of detail is suitable and what message they are supposed to get from your information.

2. Be personal and direct

Don't be afraid to use 'we' for your organisation and 'you' for the reader. As much as possible, say who is doing what, 'We will write to you' instead of 'A letter will be sent'.

3. Keep it simple

Try not to inflict corporate language on the public – it doesn't serve them or your organisation's reputation! Avoid other complicated and foreign terms if you can use a plainer alternative to get your message across just as accurately.

4. Define or spell out any unavoidable jargon and abbreviations

If you must use a technical word because there is no plain alternative to it, define the term the first time you use it. The same applies to abbreviations – spell them out, especially if you intend to use them several times.

5. Keep sentences to an average of 15 to 20 words

Think about the point you want each sentence to make and stick to it. Try not to pad out your message with wordy and formal phrases such as 'in the event of', 'in accordance with' or 'subsequent to'.

6. Use a clean and clear font

Fonts such as Arial, Verdana and Tahoma work well for printed material and websites alike. A good standard size for most readers is 12 point.

7. Break up long paragraphs and complex information

Keep your reader's attention by using 1.5 line spacing, lots of white space, bullet points and sub-headings.

8. Make important points stand out

If you want to stress a point, use lower case bold for isolated words or sentences. Italics and underlining make it harder to decipher the shape of a word, while all block capitals can make it appear that YOU ARE SHOUTING!

Appendix 3

Standards for letter writing

This section contains:

1

A set of standards for letter writing

2

A set of standards for particular types of letter; e.g. initial appointment, IFSP, therapy appointment.

CDNT Letter Writing Standards for Families of Disabled Children

1. Language and Tone

- **Plain English:** Use clear, simple language. Avoid jargon, abbreviations, or clinical terminology unless necessary—and always explain it clearly.
- **Respectful and Empowering:** Use language that respects the child and family's identity.
- **Honest and Compassionate:** Be truthful about delays, limitations, or decisions, while showing understanding of their impact on families.
- **Warm and Human:** Use a warm, respectful tone. Acknowledge the family's efforts and the challenges they face.

2. Structure and Clarity

- **Clear Purpose:** Open with a clear statement of the reason for the letter.
- **Logical Flow:** Organise information in a logical, step-by-step manner using headings or bullet points where helpful.
- **Key Information Highlighted:** Include key points such as appointment details, actions needed, or service changes in bold or separate sections.
- **Next Steps Clearly Outlined:** Clearly explain what the family can expect next and what (if anything) they need to do.

3. Transparency and Openness

- **Explain Decisions:** Clearly explain the reasons behind decisions (e.g. changes in service delivery, delays, eligibility outcomes).
- **Be Honest About Delays or Limits:** If waitlists or staff shortages are affecting services, state this transparently and explain what's being done to address the issue.
- **Provide Contact Information:** Always include a named contact person and direct contact details for follow-up questions.

4. Personalisation

- **Use the Child's and Family's Names:** Avoid generic greetings like "Dear Parent/Guardian" when names are available.
- **Reference Previous Contact:** If this is a follow-up, refer to earlier conversations or letters to show continuity and attentiveness.
- **Avoid Templates That Feel Robotic:** Even standardised letters should be reviewed to ensure they sound human and caring.

5. Accessibility and Inclusion

- **Language and Format Options:** Offer letters in alternative formats or languages as needed (e.g. Easy Read, audio, translated versions).
- **Inclusive Language:** Avoid assumptions about family structure, roles, or experiences.
- **Support Understanding:** Where relevant, include links to websites, leaflets, or organisations that can help the family understand what was shared.

6. Review and Quality Assurance

- **Peer Review:** Letters should be reviewed by a second staff member before being sent, particularly when delivering sensitive or complex information.
- **User Involvement:** Co-design templates with family representatives to ensure they meet real communication needs.
- **Regular Updates:** Review standard letter templates annually to ensure alignment with current policy, practice, and feedback.

7. Sample Closing Statement

“If you have any questions about this letter, or if there’s anything you’re unsure about, please feel free to contact me directly. We know how important timely, clear information is for families, and we’re here to support you.”

Letter 1: Initial contact meeting appointment letter: Must haves

Letter outline for Initial Contact meeting

1. Warm Welcome

- Begin with a friendly greeting.
- Acknowledge that this may be their first time at the clinic.
- Express appreciation that they are attending.

Example:

Dear [Parent's/Guardian's Name],

We look forward to welcoming you and your child to the [Clinic Name] for your first appointment with the Children's Disability Network Team (CDNT).

2. Purpose of the Appointment

- Briefly explain what the assessment is for.
- Reassure them about the purpose: understanding the child's strengths and needs.

Example:

This appointment is part of our initial contact process. It helps us learn more about your child so we can work with you to plan the right supports and services.

3. Appointment Details

Include:

- **Date and time** of the appointment(start and end time)
- **Location and address** (with Eircode)
- **Directions and parking information**
- **Who will be meeting them** (name and job title of the staff members)
- Information on accessible toilet facilities and access – has it changing places?
- Disabled parking bays

Example:

Your appointment is on Tuesday, 10th September at 10:00 AM. It will last about one hour.

It will take place at:

Sunrise Child Development Centre, Main Street, Newtown, Co. Dublin, D00AB12.

Disabled Parking is available at the front of the building. Our reception team will greet you when you arrive. There is a changing facility/ bathroom just inside the door at reception on the right.

4. Orientation to the Building

- Include photos of outside of building and particular therapy rooms as well as route from waiting room to where the assessment will happen. A photo of the key contact would also be helpful.
- Describe what they can expect when they enter the building.
- Mention the rooms they'll be in.
- Explain any waiting room or quiet space options.

Example:

You will be met in the waiting area by a member of our team. The appointment will take place in our Meeting Room and Sensory Room which are both quiet and child-friendly spaces. If your child needs time to adjust or take a break, we have a calm room nearby.

5. Reasonable Accommodations

- Invite them to let you know in advance if they need any supports.
- Mention language supports, accessible entrances, sensory-friendly adjustments, etc.

Example:

If you or your child has any specific needs—such as wheelchair access, an interpreter, or a quieter appointment time—please let us know. We want to make the visit as comfortable as possible.

6. What to Bring

- List anything the family should bring (e.g. previous reports, comfort item for child, snacks, forms, etc.)

Example:

You do not need to bring anything with you, but if your child has any comfort items or snacks, feel free to bring them along. If you have previous reports or documents you'd like to share, you're welcome to bring those too.

7. Reassurance and Contact Info

- Encourage questions.
- Provide a contact number/email.
- Let them know it's okay to call if they're unsure about anything.

Example:

We understand that first visits can feel new or overwhelming. If you have any questions before the appointment, please call us on 01 234 5678 or email cdnt@hse.ie. We're here to help.

8. Closing

- Positive, friendly close.

Example:

We look forward to meeting you and your child.

Kind regards,

[Your Name]

[Role]

Children's Disability Network Team

Letter 2: First appointment letter: Must haves

1. Introduction & Purpose

- Greet the family warmly.
- Say who the letter is from (e.g. the CDNT, and name the therapist or team if known).
- Explain simply why the letter is being sent – to invite them and their child to a therapy session.

Example:

We are writing to invite you and your child to a therapy session with our team. This session will help us get to know your child better and support their development.

2. Appointment Details

- Date and time of the appointment.
- How long the session will last.
- Name(s) of the therapist(s) the child will be meeting.
- If it's an individual therapist or a team.
- Whether the parent/caregiver will join the child in the room or wait nearby.

Example:

Your appointment is on Tuesday, 16th July 2025 at 10:00am.

It will last about one hour.

You and your child will meet with Mary (Speech and Language Therapist) and John (Occupational Therapist) from the CDNT.

3. What to Expect

- Describe the session in plain English.
- Say if it's an assessment, observation, or a first therapy session.
- Mention any fun or play-based parts of the session.
- Reassure them that there's no need to prepare or worry.

Example:

During the session, we will spend some time talking with you and your child. We may play games or do some simple activities to see what your child enjoys and how they are getting on. You do not need to bring anything or prepare. The session is relaxed, and we are here to help.

4. Location & Orientation

- Clinic name and full address.
- Photos of building exterior and interior including route to therapy rooms.
- Photos of key contacts.
- Directions to the building (include parking, bus stops, landmarks).
- Instructions on how to enter the building (e.g. reception area, buzzer entry, signage).
- Where the appointment will take place (e.g. Room 3, Therapy Room A).
- If possible, include a simple map or offer to send one.

Example:

Your appointment will take place at:

Riverside Health Centre, Main Street, Greytown, A1B 2C3.

*When you arrive, please come in through the front door and check in at reception. You'll be directed to **Therapy Room 2**, which is on the ground floor near the waiting area.*

There is free parking at the back of the building, and bus number 45 stops nearby.

5. Reasonable Accommodations

- Invite the family to tell you about any support they need.
- Mention how to contact you for access needs (e.g. mobility, sensory needs, language/communication support).

Example:

If your child needs any extra support to attend the session – like help with stairs, a quiet waiting space, or visual supports – please let us know. We want to make sure the visit is as easy and comfortable as possible for you and your child.

6. Contact Details

- Include the name and contact info (phone and email) of a staff member the family can reach out to.
- Reassure them that it's okay to call with questions.

Example:

If you have any questions or need to change the appointment, please contact Sarah, CDNT Administrator, at 012-345-6789 or email us at cdnt@clinicmail.ie.

7. Closing

- Friendly and supportive tone.
- Reassure them you're looking forward to meeting them.

Appendix 4

Using visuals to communicate better

Using visuals to communicate services effectively with families is a powerful strategy to ensure clarity and understanding. Visuals can transcend language barriers, simplify complex information, and make messages more engaging. Here are some key ways to use visuals for better communication:

1. Infographics

- **Purpose:** Condense complex information into simple, digestible pieces.
- **How to Use:** Use visual elements like icons, arrows, and charts to break down steps for families. For example, you can create a flowchart showing the steps in a service process (e.g. referral, initial appointment, Family service plan).
- **Tip:** Ensure the font is legible and the layout is clean, avoiding overcrowding of information.

2. Illustrations or Icons

- **Purpose:** Represent key concepts visually for easier recognition and understanding.
- **How to Use:** Use simple icons or drawings to represent common themes like support, healthcare, or education. For example, a heart icon can represent health services, or a book can symbolise educational resources.
- **Tip:** Use universally recognisable symbols or icons that are culturally appropriate to ensure clarity across diverse groups. Make sure you use the same icons consistently.

3. Photos and Photo Stories

- **Purpose:** Help families understand what the service does and support children and families to manage their stress levels.
- **How to Use:** Use photos that show families, individuals, or staff interacting in ways that demonstrate the service being provided. For instance, a photo story could show someone receiving a particular support..e.g. attending a team play based assessment.
- **Particularly for children and families accessing the service for the first time, use photos of the building, the reception area, the clinic rooms in the communication to families.** This may reassure a child or a family who is feeling worried or anxious about attending. ***Do this for every family so families don't need to ask for it.***
- **Tip:** Be mindful of privacy and ensure any photos used respect the confidentiality and dignity of the individuals involved.

4. Charts & Graphs

- **Purpose:** Provide statistical information in an easy-to-understand format.
- **How to Use:** Use bar graphs, pie charts, or line graphs to show trends, progress, or results. For example, you might show waiting lists, or numbers of children receiving different types of services.
- **Tip:** Label the charts clearly and keep them simple, focusing on key data points that families care about.

5. Timelines

- **Purpose:** Illustrate the steps in a process or a schedule of services.
- **How to Use:** Create a visual timeline to show the duration of a program or when different services are available. A timeline helps families understand the sequence of events and plan accordingly.
- **Tip:** Use simple, chronological markers (dates, stages, or phases) to make it easy to follow.

6. Videos or Animations

- **Purpose:** Provide a dynamic and engaging way to explain services, especially if the service is new or involves a series of steps.
- **How to Use:** Create short, clear videos that demonstrate how the service works, what the family can expect, or even provide virtual tours. Animations can be used to illustrate abstract concepts (e.g., the service flow and what to expect).
- **Tip:** Keep videos short, with subtitles or narration to accommodate different learning styles. Make them culturally appropriate, with diverse representations.

7. Interactive Visuals

- **Purpose:** Encourage families to engage with content, which can improve understanding.
- **How to Use:** Develop online resources that allow families to interact with information. For example, an interactive map that shows service locations.
- **Tip:** Ensure that the interface is intuitive and easy for families of all tech comfort levels to use.

8. Colour Coding

- **Purpose:** Help organise information and make it visually easier to process.
- **How to Use:** Use colour schemes to differentiate between different services, stages in a process, or categories of information. For instance, you could use different colours to highlight different types of programs (e.g., blue for attending an IPSP, green for an assessment of need).
- **Tip:** Be mindful of colour blindness and use combinations of shapes and text alongside colours for clarity.

9. Posters & Flyers

- **Purpose:** Quickly convey important service information in a public or community space.
- **How to Use:** Design simple posters or flyers with bold, eye-catching visuals and brief text. This could be particularly useful for informing families about upcoming events, program details, or important deadlines.
- **Tip:** Keep the text to a minimum; visuals should carry most of the message. Make sure the design is clean and uncluttered for easy reading.

Key Principles for Effective Visual Communication:

- **Clarity:** Ensure that visuals are clear and easily interpretable. Avoid cluttered or overly complex designs.
- **Cultural Sensitivity:** Consider the cultural backgrounds of the families you're communicating with. Ensure that the visuals are appropriate and inclusive.
- **Relevance:** Use visuals that directly relate to the information being conveyed, making sure they support the message.
- **Accessibility:** Make sure the content is accessible to all families, including those with limited literacy or language skills. This might include using simple language and visuals that represent a broad audience.

Appendix 5

Useful resources HSE Land



Communication with Consideration

by Aurlon

★★★★★ 71 Reviews

If you work in the Health Service, you have to be a highly effective communicator. The best way to get your work done efficiently and effectively is to concentrate less on speaking, and put more emphasis on listening. This programme aims to help you explore and practise skills that you need to work with and through others. Divided into four modules - What is Communication?; Communicating with Yourself; Communicating with Others; Getting what you want... - and using a combination of theory and practical examples, this programme will help you to understand your own part in communicating, understand how we process information and apply your learning to ensure successful communication.

Learning Type: Online

Available Languages: • English

Session(s): Communication with Consideration

Seats: Unlimited



Encouraging Team Communication and Collaboration

by SkillSoft

★★★★★ 3 Reviews

Establishing a successful team involves ensuring that team members can communicate with you and with one another and that they will work as a team rather than as individuals. Clear channels of communication are required for both on-site and virtual teams. In this course, you'll learn techniques for encouraging effective communication and overcoming communication problems. You'll also learn strategies for encouraging team collaboration. Finally, you'll learn about tools and technologies that are commonly used for virtual team communication and key considerations for establishing virtual communication guidelines.

Learning Type: Online

Available Languages: • English

Duration: 0.5 hours

- Objectives:**
- match characteristics of healthy team communication with examples
 - recognize strategies for overcoming the team communication issues of overcriticism and groupthink
 - recall strategies for dealing with interrupters and noncontributors
 - identify examples of strategies for fostering collaboration through team-oriented assignments
 - recognize strategies for using team-oriented messages to foster collaboration in action
 - classify examples of virtual team technologies as being for communication or conferencing
 - identify key areas for consideration when setting guidelines for virtual teams
 - recognize techniques for improving team collaboration through communication

Session(s): Encouraging Team Communication and Collaboration

Seats: Unlimited

Appendix 6

Challenging Conversations Strategies to Help



01. Preparation

Know the child, the parent and the issue



02. Setting

What is best for specific issue at hand



03. Listen

Listen to understand and not just to reply



04. Space

Invite them to talk for 5 minutes and list all concerns



05. Empathy

Show understanding and compassion; unconditional positive regard



06. Name It

Identify issue and your role in resolving it



07. Verbal Validation

Reflect back feelings and content of discussion



08. Clarity

Use clear, direct and jargon-free language



09. Body Language

Maintain calm facial expression, gestures and tone of voice



10. Grounding

Take deep breaths and pauses before responding



11. Movement

Move your body, offer a glass of water, suggest a break in the meeting



12. Resolution

Be clear on what is to be done, by whom and when



13. Use Supports

Use your team, supervision, policies and staff support services



**Children's
Disability
Network
Team**



Developed in Partnership with

Inclusion Ireland

The National Association for People
with an Intellectual Disability.