PERSONAL PRACTICE

Making reading easier

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For many years people working in maternal and child health have used written material to communicate with parents, patients, and the public. We attach considerable importance to some of this material, for example parent held records, information about medical conditions or our services, and health promotion leaflets. However, much of the information is difficult to read.^{1,2} As a result we are missing opportunities to relieve parental anxiety, improve the utilisation of our services, and produce long term health benefits for children and their families.

It was recently estimated that 13% of the adult population have difficulty with basic reading skills.³ This group are concentrated among the socially disadvantaged where children's health is poorest and among whom we would most wish our messages to have an impact. Adults with poor reading and numeracy skills are also more likely to complain of health problems which have a direct influence on child health, such as depression, long term illness, and disability.³ But it is not just this group that have difficulties; research carried out by the national Adult Literacy and Basic Skills Unit (ALBSU) found that 37% of the population were not able to extract three pieces of information from simple first aid instructions on hypothermia.⁴ Our written material needs to be accessible to a greater proportion of the population otherwise it will simply add to the factors that propagate widening inequalities in child health.

In Norfolk an alliance between the departments of health and education and ALBSU began to tackle this problem in 1993 by funding a project called Step to Health. The project works with health professionals to raise awareness of the impact of poor reading skills, offering training on making written material easier to read, and helping to simplify written material already produced. At the same time the project works with individuals and groups of clients in the community on health related matters. Building on the recommendations of ALBSU⁵ the project has developed some simple guidelines on how to present written material. These should make information more accessible to everyone and especially to people who find reading difficult.

How to make written information more accessible**BE AWARE OF YOUR AUDIENCE**

This is the most important guideline of all.

Before starting to write have a clear sense of who you are writing for. What are their reasons for reading the information? What do you want them to do as a result? (turn up on time for an appointment, follow a course of treatment, be better informed? etc). Consider how much knowledge the reader may already have but be careful not to overestimate this. Decide on an appropriate tone to adopt and try and keep to this throughout.

WHAT IS THE ESSENTIAL INFORMATION?

Decide what information is essential and stick to it. Try not to be sidetracked into unnecessary detail. Too much detail can distract and confuse the reader.

MAKE THE LAYOUT AND DESIGN EASE READING

Try to lay the information out simply so that it flow down the page. If the reader's eye has to flit from place to place to follow the information they will easily lose the thread. Use white space to allow the reader to take a break between blocks of information. Try to avoid too much print density on the page. Use clear headings or signposts to guide the reader around the direction a piece of writing is taking.

USE GRAPHIC AIDS TO ILLUSTRATE YOUR INFORMATION

Even on a basic letter a simple ✂ or ☎ can highlight an instruction. Such graphics are especially useful when you know readers will 'dip in' for relevant information. Illustrations can also be useful as long as they are directly relevant to the text and do not detract from the overall layout.

AVOID THE PASSIVE VOICE

Try to make your language direct, this creates a more encouraging and reassuring tone as well as being easier to read. For example, 'It is recommended that patients present themselves to reception 15 minutes before their appointment' becomes 'Please be at reception 15 minutes before the time of your appointment'.

AVOID OVERLONG SENTENCES

Try and keep to one idea per sentence. Avoid multiple clauses in a sentence. A good general

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guide is that sentences should not be longer than 20 words.

USE SIMPLE VOCABULARY

Avoid longer words where possible, simple language should be perfectly adequate to describe even complicated systems and procedures. It is a good idea to reduce the overall vocabulary by repetition of important words. However, some longer or specialised words will be familiar to the reader in certain contexts and can be included where appropriate. Avoid health jargon, abbreviations, and 'health service speak'.

EMPHASIS

TRY TO AVOID USING CONTINUOUS CAPITALS FOR EMPHASIS. These are read more slowly by all readers but especially by poor readers as they have no distinct shape. *Italics can also be difficult to read.* **Bold type**, perhaps with **a larger font** is useful for emphasis, or

text can be enclosed in boxes.

Underlining is less helpful as it obscures the shape of words and can imply an authoritarian tone.

FONT TYPE AND LINE SPACING

Use a clear typeface. Fancy fonts such as Gothic may look striking but can be difficult to read. There is debate about whether a serif or sans serif font is better. We recommend the latter as being more direct. Helvetica is a good example and widely available on word processors. Spacing between lines should be adjusted. There are no hard and fast rules but lines which are too close encourage poor readers to drop lines whereas lines printed too far apart may not seem to link together. Further guidance on font type and size and line spacing can be found in a leaflet called *Making Reading Easier* available from ALBSU.⁵

PRINT ON GOOD PLAIN PAPER

Avoid thin poor quality paper as the printing on the page below may show through. Darkly coloured paper provides a difficult background for reading – blue and purple are most tricky. Steer clear of the current fashion for printing over a subdued photograph or image. This draws attention away from the text and is difficult for poor readers.

SEEK OTHER OPINIONS

After your first (or tenth!) draft show it to others, particularly those who have some understanding of the principles of making written material easier to read. Colleagues, friends, and family members often have different perspectives that may be worth incorporating. It is

A

HOW CAN IT AFFECT YOUR CHILD ?

1. It affects your child's **responsiveness**, as the ability to hear and speak clearly is reduced.
2. It affects your child's ability to **understand and learn** clear speech. (If a child hears 'mumble' it will learn to speak 'mumble').
3. It can lead to **misunderstanding** of the child's behaviour. Parents and teachers can become irritated with an unresponsive child and may assume that the child is lazy, awkward or a slow learner. This can damage the self-image of the child and may result in behavioural problems.

N.B. Children who have Glue Ear will have learned to distinguish significant words, like "crisps, sweets, ice-cream". but complicated messages, such as "go and hang your coat up" will not be clear. The child cannot understand and so does not obey. The child will feel isolated, may become aggressive, have temper tantrums and/or lose confidence and become withdrawn.

B

What to look out for

Infants and small children:

- Some may get pain in their ears or pull at their ears.
- They may not hear so well although this can be hard to spot.
- Speech may be slow to develop or unclear.

Figure 1 Old (A) and new (B) leaflet.

well worth evaluating your material with service users. There are always improvements and simplifications that can be made.

A

HOW CAN YOU HELP ?

Understanding and management is very important. Make listening fun! When you read to your child sit him/her on your lap so that your mouth is close to the child's ear - language learning will continue normally, if you talk to your child at this distance. If your child is at playschool or school and is known to have Glue Ear, make sure he/she is seated near the teacher at story time and at the front of the classroom.

Always get the attention of your child before you speak. First, call him/her clearly by name. Remember a child with Glue Ear is hearing you as if you were speaking through a wall. It can hear your voice, but may be unable to distinguish clearly what you say, unless you raise your voice and he/she is near you.

B

How you can help**At home:**

- Get your child's attention before you speak - call him or her by name.
- Speak loudly and clearly especially if it is noisy.
- Try to make listening fun.
- Talk and read to your child with your mouth close to their ear.

Glue ear in children is more common in homes where people smoke.

At playschool or school:

- Make sure the teacher knows about the problem.
- Make sure your child sits at the front of the class.

Remember - a child with glue ear will hear as though you are speaking through a wall. Sounds can be heard but not clearly.

Figure 2 Old (A) and new (B) leaflet.

Discussion

A concern often raised is that catering for people with poor reading skills patronises much larger proportions of the population with adequate skills. However, documents that are written well and made easy to read are likely to be welcomed by everyone. Complex concepts can be communicated more easily if reading does not require excessive concentration. In any case, it is important that information is

accessible to parents with poorer reading skills. They form a large proportion of the paediatric workload and health problems are more common in children from these families. Because of their literacy problems they are denied access to alternative sources of health information and they often find difficulty in asking for information in the clinical consultation.

Paediatricians are often one member of a team producing a piece of written information. The advantage of this is that ideas on making the material easier to read can be shared. A fresh opinion can often clarify a complex piece of prose that those familiar with it have wrestled over. The disadvantage is that a diverse group of people may have equally diverse ideas about the content of the document. It is important to try and work towards a consensus but compromises may be necessary as long as they do not lead to a disjointed and confusing document.

You should involve parents or clients in the production of written material. They can help to identify the information of most use and the aspects which are difficult to comprehend. We have been fortunate in the Step to Health project in being able to involve clients with poor literacy in the development of written health information. This has also had beneficial effects on the clients' self esteem and on their involvement in the sense of partnership of promoting their own and their children's health.

Finally, the figures show two different sections of an information leaflet about glue ear, before and after changes to make it more readable. It is by no means ideal, and illustrates some of the compromises that have to be made. Indeed it is a useful exercise to try and improve the second version further using the guidelines we have described. We show the extract from this leaflet as a real life example of how some simple changes can make a big difference to readability. Try it out on some of your own written material!

The Step to Health project has been funded by ALBSU, Norfolk County Council Adult Education Service, Healthy Norfolk 2000, and Norwich Community Health Partnership NHS Trust at various times. The project has been managed by the Adult Education Service and supported by colleagues from health, education, and social services. The guidelines we have described are strongly influenced by the advice given by ALBSU. The illustration is from a leaflet designed largely by Mrs Marion Sharpe of the Norwich Community Health Partnership audiology service.

Further information, including the *Making Reading Easier* pamphlet, is available from the Adult Literacy and Basic Skill Unit (ALBSU), Commonwealth House, 1-19 New Oxford Street, London WC1A 1NU.

- 1 Nicoll A. Written material concerning health for parents and children. In: Macfarlane JA, ed. *Progress in child health*. Vol II. Edinburgh: Churchill Livingstone, 1985: 89-102.
- 2 Albert T, Chadwick S. How readable are practice leaflets? *BMJ* 1992; 305: 1266-8.
- 3 ALBSU. *Literacy, numeracy and adults: evidence from the National Child Development Study*. London: ALBSU, 1987.
- 4 Ekinsmyth C, Bynner J. *The basic skills of young adults: some findings from the 1970 British cohort study*. London: ALBSU, 1994.
- 5 ALBSU. *Making reading easier*. London: ALBSU, 1992.