



Multicultural Health Communication Service

better health through better communication

www.mhcs.health.nsw.gov.au

Guidelines for the Production of Multilingual Resources

Revised 2019

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This document provides practical guidance for the production of multilingual health resources by Local Health Districts (LHD), NSW Ministry of Health and Non Government Organisations funded by the NSW Ministry of Health.

A. Planning the project

Once you have decided to produce a multilingual resource, and the topic has been chosen, first check if there is information (in other languages or in English) already available in print, electronic or audiovisual form to avoid duplication.

1. Check with the multicultural health officer in your LHD
2. Visit the website of the NSW Multicultural Health Communication Service (MHCS) on www.mhcs.health.nsw.gov.au.
3. Check with organisations that may have produced specific information already in your chosen area, such as the Cancer Council, Diabetes Australia etc.
4. Check the internet for interstate multicultural health groups that may also have produced the required resource.
5. Check to determine if the resource is available in a clear, unambiguous English text as it is preferable to use that text rather than attempt to rewrite or develop something new.

If you are unable through these avenues to find a resource that has already been produced, you may need advice on the most appropriate way to convey the information, especially if there are possibly culturally sensitive or controversial issues involved in that health resource. This information may be obtained through multicultural health offices in your LHD, the Community Relations Commission, MHCS or specific community organisations that work with the language(s) selected.

Key questions in the planning stage:

1. Are funds available for possible focus group testing, as well as the direct translation and publication of material? Always remember that when dealing with non-alphabetic languages there may be an extra cost.
2. Is the level of language appropriate, based on the literacy, age, length of arrival in Australia and health literacy of the expected users of the resource?
3. Has a distribution plan been developed to ensure that the completed resource materials will reach the intended users?
4. Has careful consideration been given to the format required to determine the best design, for example electronic, audio, print, or audio/visual (or a combination)?
5. Who will be the final authority for deciding on content?
6. Who will write the resource?
7. What checking facilities do you have in place to check for accuracy, currency and information updating in the future?
8. Have realistic deadlines been given that take into account any pretesting or focus testing, translation and re-formatting required? Always check with the agency responsible for the translation to make sure you are not giving out unrealistic deadlines.

B. Production of the resource

Regardless of whether one decides to opt for multilingual publishing in print, or online, there are two options to consider:

Option 1

Write the resource in English, and then have it translated and checked. In this case, you must ensure that the text is written in clear, cohesive, unambiguous, plain English, avoiding medical or specialist health jargon or acronyms. Specifically, writers may consider writing in the active voice, minimising the use of pronouns, using short sentences, and providing definitions for any technical terms.

Option 2

Ask the author to write down (in English) the essential points that need to be conveyed in the resource and then choose bilingual advisors who can write in their own language (which would be acceptable to the majority of language speakers). With this option, each different language version would need to be checked by a second speaker to ensure that all essential information has been included. All suggested changes should then be openly discussed with the bilingual advisor.

It is strongly suggested that except in unusual circumstances, such as with new or emerging languages, a National Accreditation Authority for Translators and Interpreters (NAATI) Accredited Health translator be used in either Option 1 or Option 2. Choosing native speakers, no matter how language proficient can lead to inaccuracies.

Regardless of which option is chosen the following needs to be considered:

1. To include the date of production, details of who owns the publication and who is responsible for the content.
2. To include the title heading and sub-heading in the other language first (with English following in a slightly smaller font. This will help English-only health staff identify the publication and use it effectively).
3. Clearly identify in the top left hand the name of the language in its script and in English, for example Italiano, Italian. This should be repeated on every page.
4. Identify which words you want left in English only, like titles of health staff, organisations, community health centres, addresses, phone numbers etc.
5. Number each page.
6. Where possible, avoid items that are likely to change such as persons, names or individual phone numbers.
7. Consider copyright implications for all text and images in a document. Ensure that appropriate consents are obtained for images of individuals used.

C. Translating and checking

The multicultural health group in your own LHD or NSW MHCS can give advice on Translating and Checking. This may involve either in-house translators or checkers or translation agencies, depending on which languages and how many languages are required for the resource.

It is strongly recommended that whether in-house or translation agencies are used, you should check to see that possible only NAATI accredited Translators, Checkers and Interpreters be used in the production of multilingual health resources. If using an agency check that they can demonstrate experience in health translation and in multilingual typesetting and printing.

For some new or emerging communities there may not be a NAATI accredited translator available, in which case you may be able to contact a “recognised” translator. Details should be provided to translators or bilingual writers on the exact requirements and contact details for someone to respond to enquiries.

If you are coordinating the project, a Job Sheet can be useful. This can include dates and contact details for each language version as it moves through each stage of the translation process.

An example of a Job Sheet is provided below.

JOB SHEET

Name:
Contact details:

1. Title of the resource:

2. Date of production of the resource:

3. Instructions need to be given to the translator:

4. Name of the translator with their contact details/or the agency used:

5. Name of the checker with their contact details/or the agency used:

6. Languages into which the resource is to be translated:

If the target community has more than one accepted language, always check to make sure which is the language of the NSW community, for example for Afghanistan is it Pashto or Persian (Dari)?

7. Due date for the publication of the resource:

Always make sure you have a completion date that includes translation, checking and re-formatting if required.

8. Specific layout specifications or electronic requirements:

Note:

- Any title headings or sub-headings that need to be maintained in English. This is particularly important with organisational names or titles.
- Make sure that the name of the resource, in English is reproduced on the front page and on the top right hand corner of every page for those who may need to distribute the resource but who only speak English.

With the development of new and automated technologies, web-based translations are available but at present the NSW Ministry of Health does not recommend the use of these technologies for the translation of health resources. The use of machine translation does not involve focus testing or reviewing material with bilingual workers or community members to ensure that it is culturally appropriate.

D. Costing

When budgeting for costs involved in the production of translated materials, these costs should be broken down into: translation; checking (always recommended), proofreading; and typesetting (particularly for non-alphabetised scripts such as Arabic, Hindi etc.). In addition printing costs should also be budgeted.

All these costs will depend on the number of words to be translated and the layout required. It is always suggested that negotiation be entered into with each translator/or agency and to obtain an estimate for all the above costs before committing to the job.

For LHD resources, and subject to the availability of staff, the NSW Health Care Interpreter Service may be able to translate documents of up to 50 words which are essential for patient care. For documents over 50 words or languages not available in the NSW Health Care Interpreter Service, fees may apply.

Organisers/services that produce multilingual resources that would like to include them on the MHCS website, need to plan for future costs of reviewing and updating the accuracy of the content.

E. Selection of languages to be translated

The languages selected for translation need to reflect the community requirements of the intended audience. This does not always mean that all resources should be translated into all of the major languages. Consideration needs to be given to the particular relevance of the information to various language communities, as well as the English language proficiency of the specific target groups.

It is often the newer emerging communities that have the greatest need for information in their own language. However changing demographics may also mean that, for example, a resource that might be more needed for an ageing population might need to be translated if a community language group is ageing and/or the population is increasing due to family reunification programs.

F. Maintenance of accuracy of content

MHCS reviews the accuracy of all the publication on the MHCS website on a regular basis. This is done by contacting the owners of the resource, first to determine if the resource is still correct with regard to its content and secondly to determine that they are happy to have it continue on the website.

Key questions in the review stage:

1. Is the information in the resource still factually correct? Have there been any new developments or changes in this health topic that need to be incorporated into the resource?
2. Are the languages selected still relevant to the health topic? Do they reflect the current population demographics affected by this health issue? For example, pregnancy and breastfeeding resources may not be relevant for an ageing multicultural community.
3. Is the language used in the publication still suitable for the targeted communities? Is there a need to change terms to reflect current usage?
4. Is there a need to translate the resource into new and emerging languages?
5. Were the original resources translated by a NAATI accredited translator? Were they checked? It is strongly recommended that whether in-house or translation agencies are used, you should check that where possible only NAATI accredited Translators, Checkers and Interpreters be used in the production of multilingual health resources.
6. Have your contact details changed, such as name, location, telephone numbers, email and website addresses? Try to avoid specific contact details as they can change frequently.
7. Have you considered developing a new dissemination plan for your resource? Stakeholders may have changed since the initial distribution of your resource.
8. Are funds available for making the changes that you require and/or disseminating your resources? If not, can a budget allocation be made in the next financial year?

If the resource is in need of any type of amendment the cost for those changes need to be covered by the owner of the document. That cost also includes re-translation that may be required. If there is a need for additional language translations to be made to cover new or emerging community groups, this cost must also be borne by the owner of the resource.

Therefore when budgeting considerations are made, there needs to be an adequate budget to cover the cost of the review and any re-translation that maybe involved.

Feedback on this document

These guidelines are part of a series of good practice documents produced by the NSW Multicultural Health Communication Service and are published on our website www.mhcs.health.nsw.gov.au. Please contact MHCS if you have any comments on how these guidelines could be improved. Email:mhcs_seslhd@health.nsw.gov.au, telephone (02) 8753 5047 or fax (02) 8753 5002.